



THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH & SOCIAL SERVICES COMMITTEE
AGENDA

PHSSC 7-2025

Tuesday, July 8, 2025

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 visit: niagararegion.ca/government/council

	Pages
1. <u>CALL TO ORDER</u>	
2. <u>LAND ACKNOWLEDGEMENT STATEMENT</u>	
3. <u>DISCLOSURES OF PECUNIARY INTEREST</u>	
4. <u>PRESENTATIONS</u>	
4.1 <u>Social Assistance - Learning, Earning and Parenting Program</u> Lori Watson, Director, Social Assistance and Employment Opportunities	4 - 13
4.2 <u>Update on Niagara's Homelessness Strategy</u> Jeffrey Sinclair, Manager, Homelessness Services	14 - 33
4.3 <u>Homelessness in Niagara: Investment and Impact</u> Cathy Cousins, Director, Homelessness Services	34 - 46
4.4 <u>Warning System Use at Niagara EMS</u> Michael Franklin, Commander, Quality Management and Performance Standards	47 - 56

5. DELEGATIONS

5.1 Mental Health, Homelessness and Addiction Service Needs in Niagara Region

5.1.1 Steven Soos, Resident, City of Welland 57 - 58

6. ITEMS FOR CONSIDERATION

6.1 COM 23-2025 59 - 345
Approval of Community Services Program Audits

6.2 PHD 6-2025 346 - 406
Approval of Public Health and Emergency Services Program Audits

7. CONSENT ITEMS FOR INFORMATION

7.1 COM-C 16-2025 407 - 411
2025-2026 Homelessness Winter Plan

7.2 COM-C 17-2025 412 - 419
Emergency Shelter Service Restrictions

7.3 PHD-C 8-2025 420 - 421
Efforts to Reduce Warning System Use in Niagara

8. OTHER BUSINESS

9. CLOSED SESSION

9.1 Confidential COM 24-2025
A Matter of Labour Relations/Employee Negotiations and Personal Matters about Identifiable Individuals Pursuant to Sections 239(2)(b)(d) of the Municipal Act, 2001: Homelessness Services Negotiated Request for Proposal Award Results – 2025-RFP-38-Housing Focused Emergency Shelters

10. BUSINESS ARISING FROM CLOSED SESSION ITEMS

11. NEXT MEETING

The next meeting will be held on Tuesday, August 12, 2025, at 1:00 p.m. in the Council Chamber, Regional Headquarters.

12. 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).

Social Assistance: Learning, Earning and Parenting Program

Public Health and Social Services Committee
July 8, 2025

Lori Watson, Director
Social Assistance and Employment Opportunities

Social Assistance: Learning, Earning and Parenting Program

Community Services, Social Assistance and Employment Opportunities

July 8, 2025

Lori Watson, Director, Social Assistance and Employment Opportunities

Agenda

- Learning, Earning and Parenting Program
- Niagara Leap 2025
- Service Delivery Agents
- Community Supports
- 2025 Graduates
- Celebrating Success



Learning, Earning and Parenting Program

For parents on Social Assistance:

- Mandatory aged 16 – 17
- Voluntary aged 18 – 25
- Achieve high school diploma
- Increase job readiness
- Build parenting skills





Niagara - 2025

57

Families

6

Aged 16 - 17

51

Aged 18 - 25



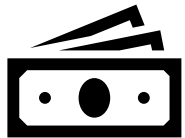
Community Supports

Learning



Attend high school through traditional classes or alternative education options.

Earning



Complete employment readiness programs.

Parenting

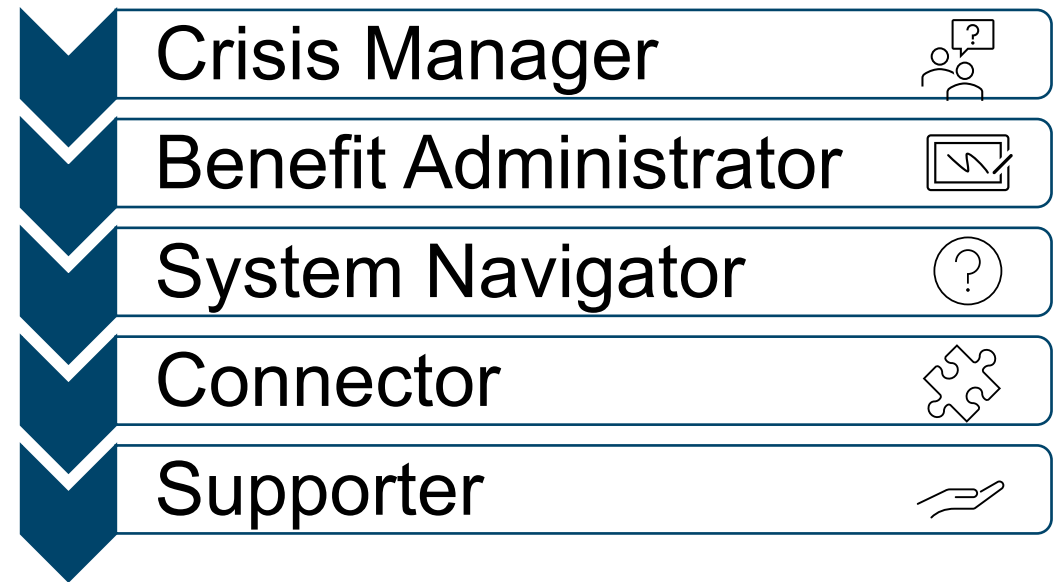


Access to childcare, child development and parenting resources.

Service Delivery Agents

How we Help:

- Determine eligibility
- Create Individualized Plan
- Monitor Progress



2025 Graduates



16

Graduates

11

Entering Post - Secondary

2

Entering Workforce

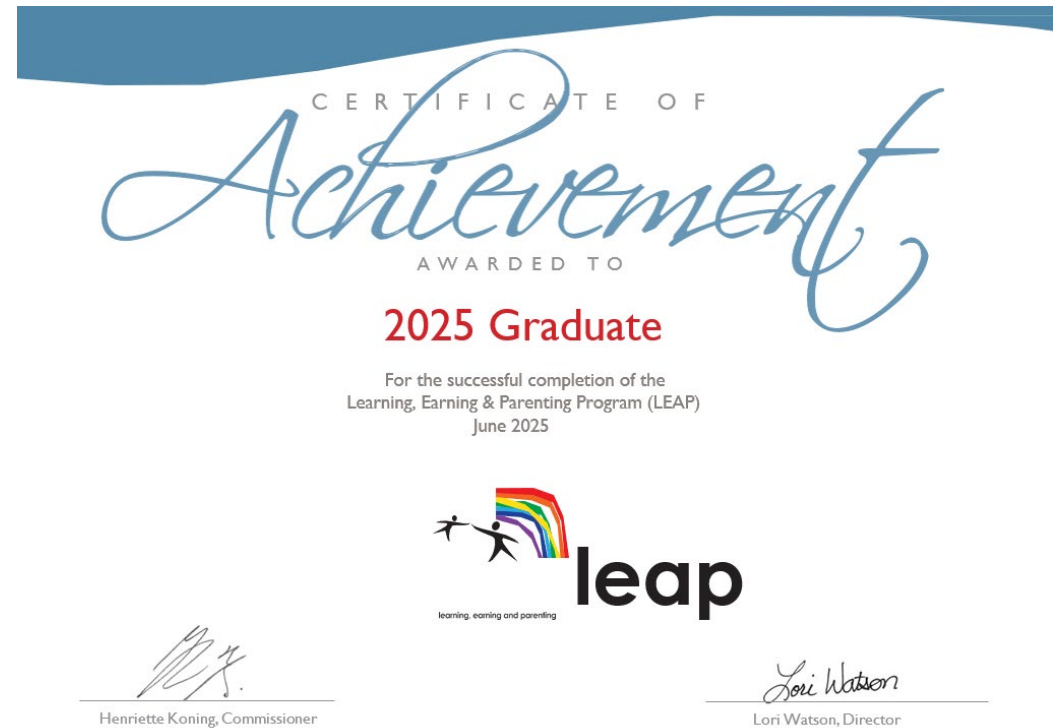
3

Exploring Options



Celebration

\$500 Provincial bursary



Celebrating Success!

[Learning Earning and Parenting Program \(LEAP\) 2025](https://youtu.be/gvkUzJwZQ5M)

(<https://youtu.be/gvkUzJwZQ5M>)



Update on Niagara's Homelessness Strategy

Public Health and Social Services Committee
July 8, 2025

Jeffrey Sinclair, Manager, Homelessness Services

Update on Niagara's Homelessness Strategy

July 8, 2025

Jeffrey Sinclair, Manager, Homelessness Services

Canadian Definition of Homelessness

- Homelessness describes the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.
- It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.

Canadian Definition of Homelessness (Continued)

- Most people do not choose to be homeless and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.
- Gaetz, S.; Barr, C.; Friesen, A.; Harris, B.; Hill, C.; Kovacs-Burns, K.; Pauly, B.; Pearce, B.; Turner, A.; Marsolais, A. (2012) Canadian Definition of Homelessness. Toronto: Canadian Observatory on Homelessness Press.

Homeless Services

In its role as Service Manager the Niagara Region is tasked by the province to:

- Prevent people from becoming homeless
- Support people who are homeless to return to housing

Factors Impacting Tenancies

- Physical Health Needs
- Mental Health Needs
- Addictions
- Brain Injury
- Developmental Disability
- Poverty
- Violence Against Women and Children

How Do We Measure Success?

- Fewer people are experiencing homelessness
- Fewer people are chronically (long term) homeless
- More people are returning to housing each month than are becoming homeless
- More people at risk of losing housing stay housed
- More people are returning to housing

Coordinated Access

Coordinated access helps people access the services they need.

- Why is this important?
- How do we achieve this?
- Some current actions.

Housing Focused Shelters

Housing Focused Shelters are not just a place to stay but a place where supporting a person's safe exit from shelter to housing is the goal from day one.

- Why is this important?
- How do we achieve this?
- Some current actions.

Assertive Street Outreach

Assertive Street Outreach helps keep unsheltered individuals healthy and safe while they work to find housing.

- Why is this important?
- How do we achieve this?
- Some current actions.

Homelessness Prevention & Diversion

Homelessness Prevention and Diversion keep people at risk of becoming homeless in safe and stable homes instead of emergency shelters or unsheltered homelessness.

- Why is this important?
- How do we achieve this?
- Some current actions.

Supportive Housing

Supportive Housing helps people with complex needs achieve and maintain independent living in stable, long-term housing with essential support services.

- Why is this important?
- How do we achieve this?
- Some current actions.

Community Housing

Community Housing provides individuals and families who struggle to find suitable homes in the private market with affordable and stable options.

- Why is this important?
- How do we achieve this?
- Some current actions

Attainable Housing

Attainable Housing provides households with average incomes with housing that meets their budget so that they don't need affordable housing units.

- Why is this important?
- How do we achieve this?
- Some current actions.

Partnerships with other Sectors

Partnerships with other sectors ensure people have the supports they need beyond just homelessness services.

- Why is this important?
- How do we achieve this?
- Some current actions.

System Capacity Building

Building System Capacity ensures that homelessness services provide professional and high-quality care.

- Why is this important?
- How do we achieve this?
- Some current actions.

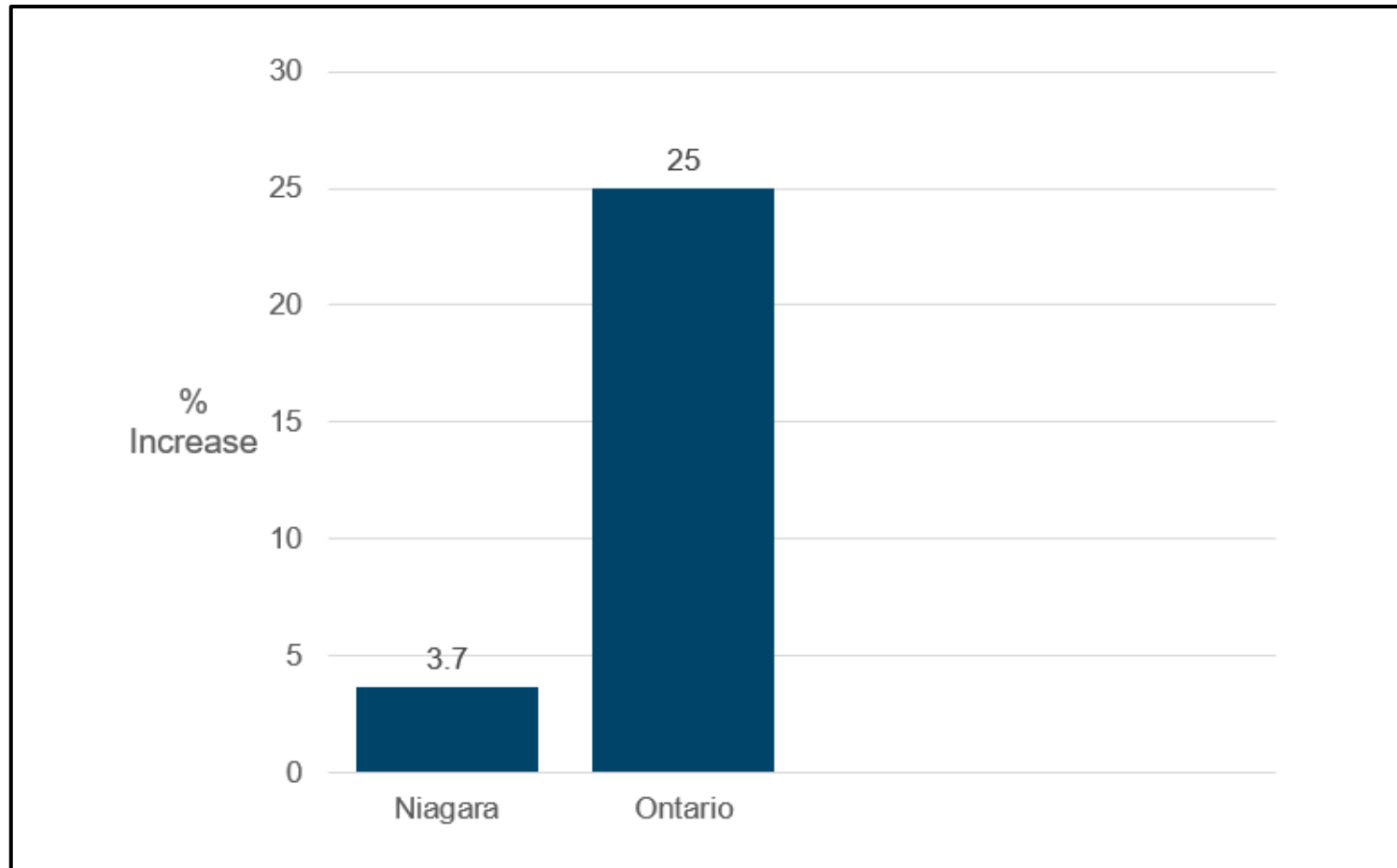
How We Are Addressing Homelessness

- Coordinated Access
- Housing Focused Shelters
- Assertive Street Outreach
- Prevention and Diversion
- Supportive Housing
- Community Housing
- Attainable Housing
- Partnerships with Other Sectors
- System Capacity Building

Homeless Services Housing Outcomes

Time Period	Number of Individuals Rehoused
2022 (Entire Year)	1028
2024 (Entire Year)	1261
2025 (Year to Date)	597
Rehoused from Shelter	340
Rehoused from Unsheltered or Encampment	36

Niagara Homeless Increase Compared to Ontario (2022-2024)



Questions?

Homelessness in Niagara: Investment and Impact

Public Health and Social Services Committee
July 8, 2025

Cathy Cousins, Director, Homelessness Services

Homelessness in Niagara: Investment and Impact

July 8, 2025

Cathy Cousins, Director, Homelessness Services

Additional Investments to Support a Resilient Local Community for All

Help and support individuals experiencing homelessness and living unsheltered by:

- Enhancing services to help more people move from shelters to appropriate housing
- Support more residents in community housing to move to market housing
- Create more supportive housing for key cohorts, including seniors and those experiencing mental health and addictions challenges.

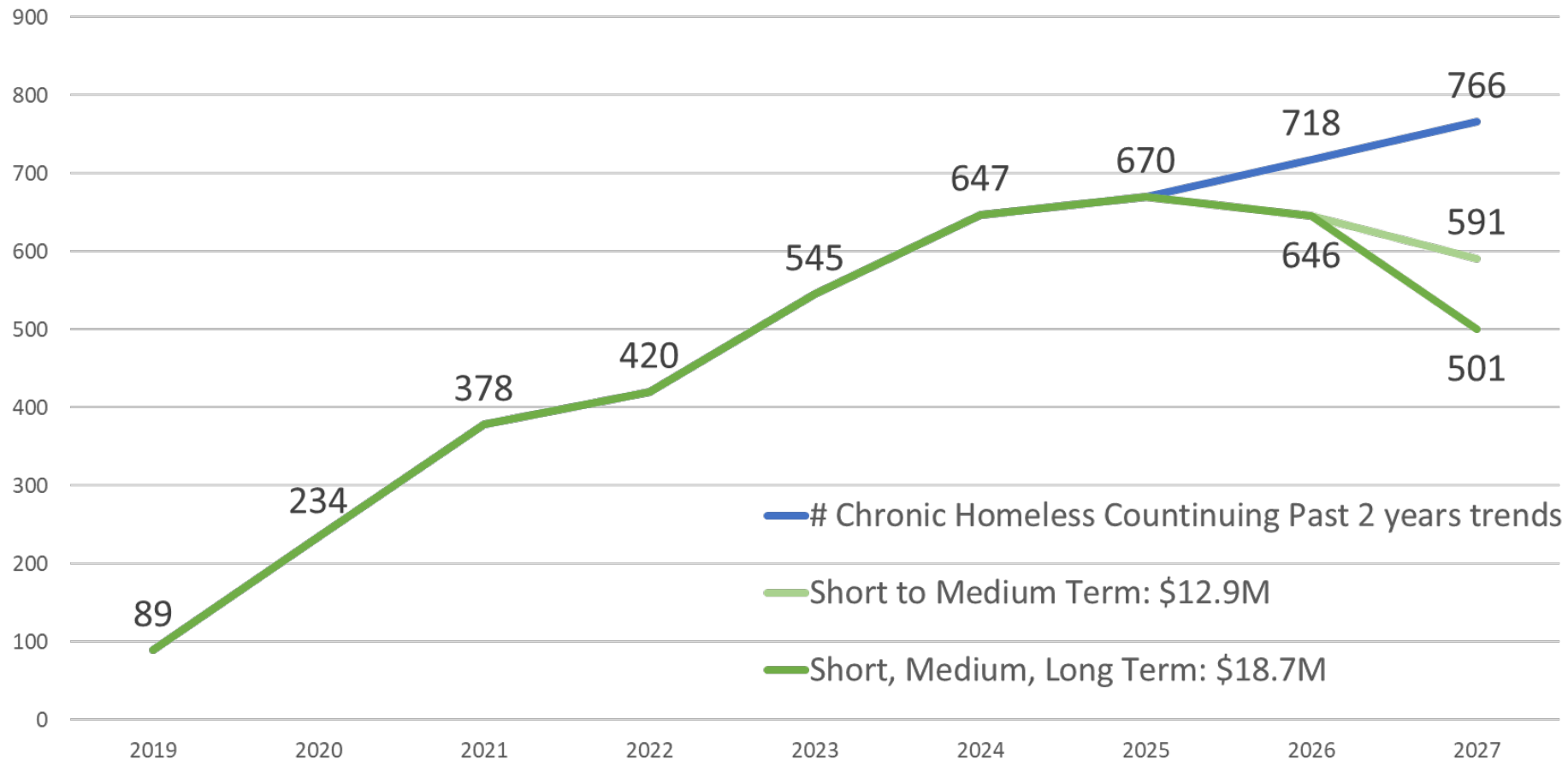
Current State of Homeless Investments

Shelter	Outreach	Prevention	Supportive Housing
\$12.7 M	\$1.4 M	\$2.3 M	\$8.8 M

Total Investments in Homeless budget \$25.2 M

Sources of funding: 60% provincial, 20% federal and 20% levy

Niagara Region Chronically Homeless Individuals Forecasting



Working Assumptions to Build Solutions

- No increases in:
 - funding from levels of government
 - social assistance rates
 - rental rates
- No decreases in vacancy rates for affordable housing
- Too soon to know the impacts of new programs including increased shelter diversion, HART Hub, Geneva Street bridge housing
- Current demographic trends continue, specifically seniors and children/families

Enhancements that can be implemented in the short term

Program	Outreach	Prevention	Shelter	Clients
Welcoming Streets	\$130,000			
Landlord Engagement		\$500,000		
Rent Supplements		\$2,000,000		250
Discretionary Fund		\$1,300,000		220
Behaviour Support			\$910,000	
Peer Support			\$450,000	
Total	\$130,000	\$3,800,000	\$1,360,000	

Medium Term (2–3 years) Supportive Housing Investments

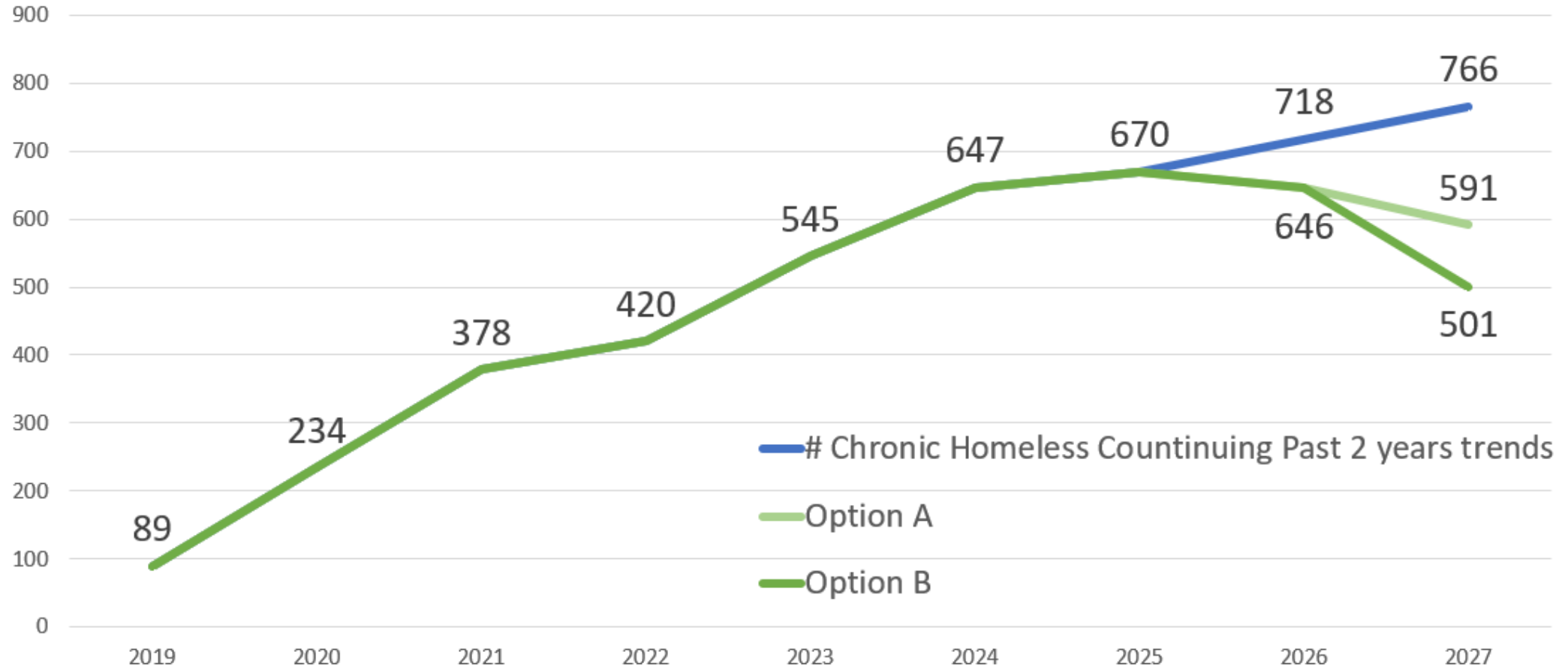
	Units	Capital	Operating	Clients
Transitional Housing	40	\$4,500,000	\$1,800,000	40
Enhanced Cognitive SH	25	\$12,000,000	\$2,900,000	25
Seniors Specialty SH	25	\$12,000,000	\$2,900,000	25
Total	90	\$28,500,000	\$7,600,000	

SH = Supportive Housing

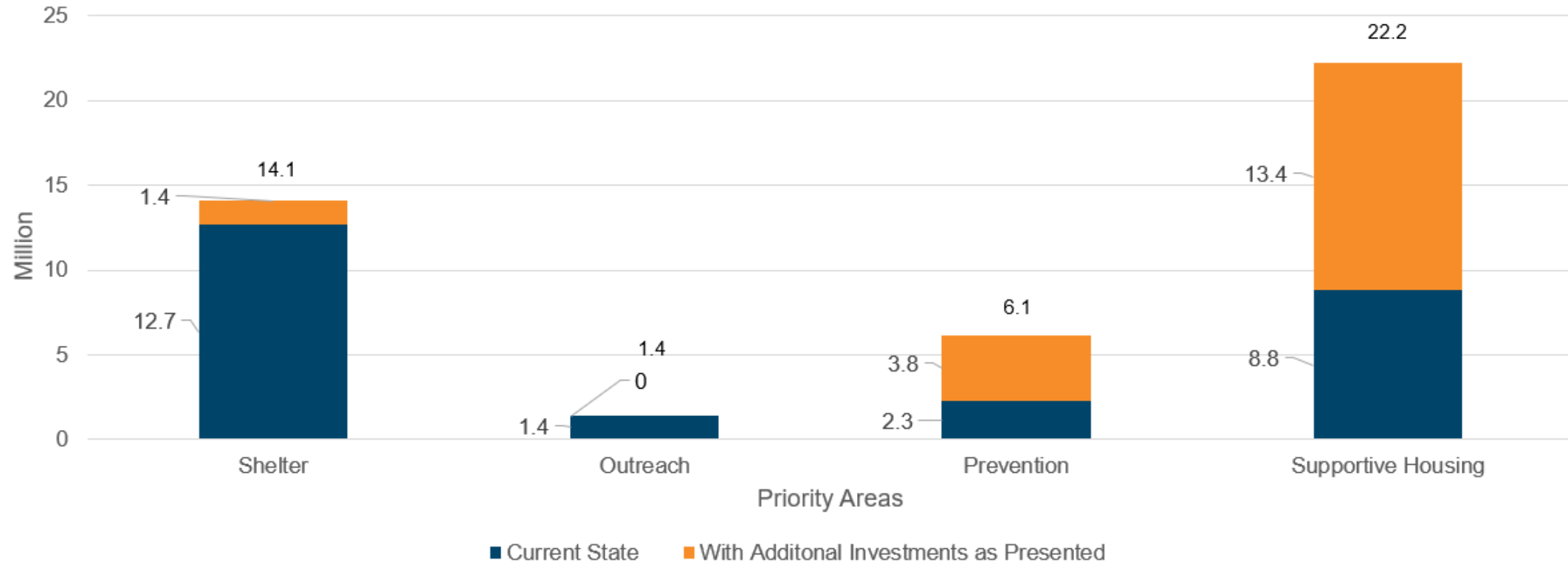
Long Term (4–5 years) Supportive Housing Investments

	Units	Capital	Operating	Clients
Bridge Housing North	40	\$18,000,000	\$2,900,000	50
Bridge Housing South	40	\$18,000,000	\$2,900,000	50
Total	80	\$36,000,000	\$5,800,000	

Niagara Region Chronically Homeless Individuals Forecasting



Expenditures in Homelessness with New Investments



Other Considerations

- 1% increase in unemployment equates to a 9% increase in social assistance caseloads
- Impact of tariffs on construction costs
- Ability to recruit staff

Questions?

Warning System Use at Niagara EMS

Public Health and Social Services

PHD-C 8-2025

July 8, 2025

Michael Franklin, Commander

Quality Management and Performance Standards

Niagara EMS

Warning System Use At Niagara EMS

PHD-C 8-2025

July 8, 2025

Michael Franklin, Commander, Quality Management and
Performance Standards

Niagara EMS

Agenda

- Background
- Why Is This Important
- Improvements That Have Been Made
- Next Steps

Warning Systems

- Warning systems are the flashing lights and sirens on response vehicles
- Thought to improve outcomes by reducing time to get to patients
- Research shows limited benefit with significant added risk

Background

- Using the improved triage system, approximately 50% reduction in warning system use by Niagara EMS since 2005
- Improved prioritization in 2019 led to further 20% reduction
- Next steps: reduce use to 15% of previous baseline by utilizing linked data

Why Reduce Warning System Use

- Increased Health and Safety
- Better Resource Management
- Reduced Wear and Tear



Bus collides with ambulance on QEW by Ontario Street

All lanes re-opened

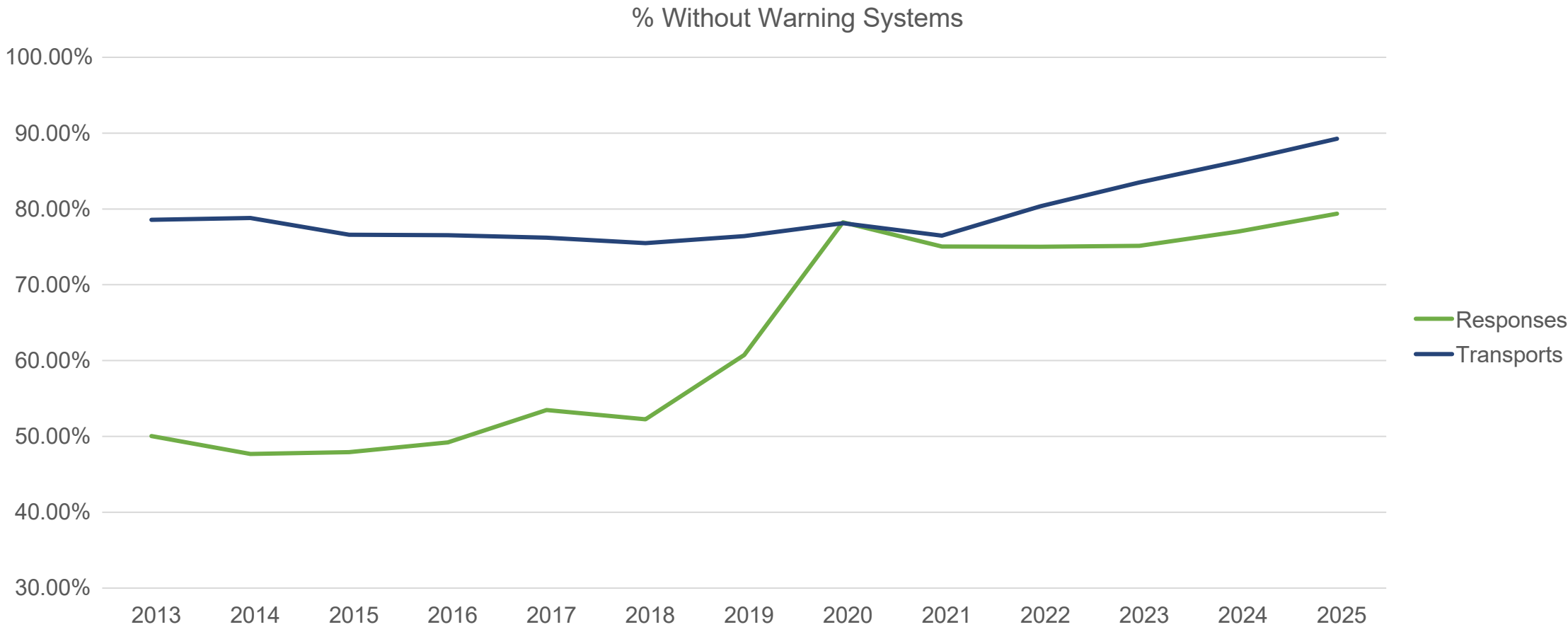
By Niagara This Week - St. Catharines



How Niagara EMS Has Made Improvements

- System Transformation Changes
- National EMS Quality Alliance (NEMSQA) Collaborative
- Changes to Clinical Response Plan
- Paramedic Education and Policy Changes

Calls Without Warning System Use



What's Next?

- Application of further refinements based on clinical evidence to reduce warning system use
- Improved resource utilization to allow for enhanced response to truly critical patients
- Continuous review of clinical evidence to adjust response plans accordingly, along with continued education and monitoring of paramedic compliance

Questions / Comments

From: [PF-Mailbox-01](#)

Subject: FW: Online Form - Request to Speak at a Standing Committee or Regional Council

Date: May 30, 2025 2:00:45 PM

From: Niagara Region Website

Sent: Friday, 30 May 2025 14:00:23 (UTC-05:00) Eastern Time (US & Canada)

To: Clerks

Subject: Online Form - Request to Speak at a Standing Committee or Regional Council

Request to Speak at a Standing Committee or Regional Council

To reply, copy the email address from below and put into 'To'. (if resident entered their email address)

Name

Steven Soos

Address

[REDACTED]

City

Welland

Postal

[REDACTED]

Phone

[REDACTED]

Email

[REDACTED]

standing committee

Public Health and Social Services Committee

Presentation Topic

Comprehensive list of needs for mental health, homelessness and addiction and addiction services capacity in Niagara Region

Presentation includes slides

Yes

Previously presented topic

No

Presentation Details

I would like Niagara Region Public Health and Social Services to support developing a comprehensive list of needs in terms of mental health, homelessness and addiction services in the Niagara Region. Niagara Region remains under a state of emergency for mental health, homelessness and addiction since Feb of 2023 and states of emergencies in Ontario are coordinated through the Provincial Emergency Operations Centre (PEOC), who also bring multiple provincial ministries to the table for better communication, collaboration and coordination of municipal states of emergencies. After the list of needs is developed at the Niagara Region, I would like to see it forwarded to the PEOC for their consideration. After the emergency was declared, the Niagara Region did in fact inform the PEOC, but to my knowledge, there hasn't been additional follow up since. The second part of my presentation pertains to addiction services capacity in the Niagara Region. I am requesting that Niagara Region Public Health and Social Services request that staff develop/draft a report on what is currently available in terms of addictions services in Niagara. This is an important first investigative step in the path to push for increased addiction services in the Niagara Region.

Video Consent

Yes



Subject: Approval of Community Services Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, July 8, 2025

Recommendations

1. That the 2023 draft audited Long-Term Care Home Annual Reports for the year ended December 31, 2023 (Appendices 1-8 to Report COM 23-2025), **BE APPROVED**;
2. That the draft audited annual reconciliation return for the Community Support Services Program (Appendix 9 to Report COM 23-2025) for the year ended March 31, 2025, **BE APPROVED**;
3. That the draft audited schedule of revenue and expenses for the Reaching Home Program (Appendix 10 to Report COM 23-2025) for the year ended March 31, 2025, **BE APPROVED**;
4. That the draft audited schedule of revenue and expenses for the Unsheltered Homelessness and Encampments Initiative (UHEI) program for the year ended March 31, 2025 (Appendix 11 to Report COM 23-2025), **BE APPROVED**;
5. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
6. 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, the audited annual reconciliation return ("ARR") and the schedules of revenue and expenses ("financial schedule") in accordance with the federal and provincial funding requirements.
- The ministry submission deadline for all programs has been extended to July 31, 2025, to allow sufficient time for audit completion and necessary approvals.
- 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 draft 2023 Long-Term Care Home Annual Reports, attached as Appendices 1 through 8 to Report COM 23-2025, have been prepared in compliance with the financial reporting guidelines and policies stipulated by the Ontario Ministry of Long-Term Care. The Long-Term Care Home Annual Reports enable the Ministry to calculate the allowable subsidy for the funding period. Following its review of the audited reports, the Ministry will determine any receivable or payable amounts related to funding for the year ended December 31, 2023.

The ARR of the Community Support Services program (also referred to as Seniors Community Programs), along with the financial schedules for the Reaching Home and UHEI programs, have also been prepared in compliance with the respective ministry guidelines. A draft copy of the ARR for the Community Support Services program is attached as Appendix 9 to Report COM 23-2025, a draft copy of the financial schedule for the Reaching Home program is attached as Appendix 10 to Report COM 23-2025 and a draft copy of the financial schedule for the UHEI as Appendix 11 to Report COM 23-2025.

These reports and financial schedules have been prepared specifically to meet the requirements outlined in the service agreements with the respective funding ministries. As noted in the audit reports, these are mandatory provincial and federal reporting requirements. The financial schedules are intended to assist the Region in complying with these guidelines and may not be appropriate for other purposes.

Analysis

The ARR and the financial schedules were audited by Niagara Region's external auditors, KPMG. 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 requirements identified.

The recommendation for approval of audited schedules performed for ministry funding purposes rest with the Committee to which the department is responsible for the funding reports. Upon approval by Committee and Council, the department's Commissioner and Treasurer will be authorized to sign the auditor's representation letter to obtain the

auditor's signed report. These schedules are then forwarded to the Audit Committee for information.

Below is a summary of the results of the audited schedules. These financial schedules are subject to minor wording changes once the schedules are finalized:

- Long-Term Care Home Annual Reports - As of December 31, 2023, an estimated returnable of approximately \$517,592 (or 0.43% 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 not a result of unspent ministry per diems, but rather it occurs when the actual resident accommodation fees collected are in excess of the resident fees estimated by the Ministry when funding is advanced. This is mainly attributed to lower than normal accommodation fees collected during 2020/2021 due to the pandemic that is still being factored into ministry estimates.
- Community Support Service – no funds returnable for the current reporting period of April 1, 2024 through March 31, 2025
- Reaching Home Program (supporting homelessness services) - commences April 1, 2019, and ends March 31, 2028, and has no funds returnable for the current reporting period of April 1, 2024 through March 31, 2025
- Unsheltered Homelessness and Encampment Initiative (supporting homelessness services) - no funds returnable for the current reporting period of April 1, 2024 through March 31, 2025

Alternatives Reviewed

The audited financial schedules are a Ministry requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

Council Strategic Priority: Effective Region

Objective 1.3 - Deliver fiscally responsible and sustainable core services.

The audited financial reports support this objective by ensuring transparency, accountability, and compliance with reporting standards required by funding partners. The audit process also validates the effective management of public funds, whether from ministry allocations or the levy.

Other Pertinent Reports

None.

Prepared by:

Donovan D'Amboise, CPA, CA
Manager Program Financial Support
Corporate Services

Recommended by:

Henri Koning, MHSc
Commissioner
Community Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Jordan Gamble, Senior Program Financial Specialist and John Pickles, Program Financial Specialist

Appendices

Appendix 1	2023 Long-Term Care Home Annual Report – Deer Park Villa
Appendix 2	2023 Long-Term Care Home Annual Report – Douglas H. Rapelje
Appendix 3	2023 Long-Term Care Home Annual Report – Gilmore Lodge
Appendix 4	2023 Long-Term Care Home Annual Report – Linhaven
Appendix 5	2023 Long-Term Care Home Annual Report – The Meadows of Dorchester
Appendix 6	2023 Long-Term Care Home Annual Report – Northland Pointe

Appendix 7	2023 Long-Term Care Home Annual Report – Upper Canada Lodge
Appendix 8	2023 Long-Term Care Home Annual Report – The Woodlands of Sunset
Appendix 9	Community Support Services Program – 2025 Annual Reconciliation Return
Appendix 10	Reaching Home Program – 2025 Schedule of Revenue and Expenses
Appendix 11	Unsheltered Homelessness and Encampments Initiative – 2025 Schedule of Revenue and Expenses

COM 23-2025
July 8, 2025

Appendix 1 - 2023 Long-Term Care Home Annual Report – Deer Park Villa

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Deer Park Villa (the “Entity”) for the year ended December 31, 2023, and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - Deer Park Villa for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	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

		Resident Days				Resident Revenue						Total Revenue	
Current Revenue Period		January 1 to March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	1,569	1,729	3,450	6,748	101458	110492	229562	42779	46,650	94415	441512	183844
A002	Long-Stay - Semi - Private	611	322	540	1473	39444	20595	35017	7710	3,836	6384	95056	17930
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.)	1,216	1,479	3067	5,762	68733	82801	180132				331666	
A004	Long-Stay two-bed room (Shared by spouses)			0		0	0	0				0	
A005	Short-Stay - Respite Care			0		0	0	0				0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	0	0	0	0	0	0	0	0	0	0	0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	0	0	0	0	0	0	0	0	0	0	0	0
A006	Total Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,396	3,530	7057	13,983	209635	213888	444711	50489	50486	100,799	868234	201774
							68						4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)			0		0	0	0	0			0
A008	Interim Short-Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)			0		0	0	0	0	0	0	0
A009	Interim Short-Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)	90	80	184	354	5815	5088	11921				22824
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)	90	80	184	354	5815	5088	11921	0	0	0	22824
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)					0	0	0	0	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 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 .	0
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		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	69
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	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.	0	0	0	0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.	0	0	0	0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	92	92
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024e	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024f	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024g	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024h	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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					

April 1, 2023

2023-01-01

2023-12-31

MOHLTC Facility #	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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)		

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

HN3448

Operator Name

Deer Park Villa - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	1,967,550		1,967,550					
C002	Employee Benefits	432,183		432,183					
C003	Purchased Services	10,129		10,129					
C004	Medical and Nursing Supplies	51,525		51,525					
C005	Equipment	2,998		2,998					
C006	Physician On-Call Coverage	15,840		15,840					
C007	Other: Education, Training & other supplies	10,984		10,984					
C008	Expenditure Recoveries (enter as negative)	-116,263		-116,263					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	2,374,946		2,374,946					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	109,386	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

April 1, 2023

MOHLTC Facility #	Operator Name
HN3448	Deer Park Villa - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	230,539		230,539					
D002	Employee Benefits	49,408		49,408					
D003	Purchased Services	37,476		37,476					
D004	Supplies	7,254		7,254					
D005	Equipment								
D006	Other: Education & Training, Other supplies	1,488		1,488					
D007	Expenditure Recoveries (enter as negative)	-96,553		-96,553					
D008	Total Program and Support Services (Sum of lines D001 through D007)	229,612		229,612					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.		

April 1, 2023

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
HN3448	Deer Park Villa - 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	313,725		313,725					
E002	Expenditure Recoveries (enter as negative)	-57,831		-57,831					
E003	Total Nutritional Support (Sum of lines E001 through E002)	255,894		255,894					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	224,327		224,327					
F002	Building and Property - Operations and Maintenance (B&P-OM)	127,939		127,939					
F003	Dietary Services (DS)	403,228		403,228					
F004	Laundry and Linen Services (L & LS)	57,188		57,188					
F005	General and Administrative (G&A)	288,052	334,443	622,495					
F006	Facility Costs (FC)	448,510	15,336	463,846					
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	1,549,244	349,779	1,899,023		77			

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.	369,427		369,427				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	1,179,817	349,779	1,529,596				

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.	

April 1, 2023

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
HN3448	Deer Park Villa - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01	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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b	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
Ia01c	Y

Line Ia01d - 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.

	Total Expenditure
Ia01d	0

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
HN3448	Deer Park Villa - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	142975

Line Ia01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	43029

Line Ia01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	146668

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # HN3448	Operator Name Deer Park Villa - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	26071

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	2540

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	7506

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	3328

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	10008

April 1, 2023

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
HN3448	Deer Park Villa - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	80278

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	6215

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	9370

April 1, 2023

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
HN3448	Deer Park Villa - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line la01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
la01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	3646

Line la01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	5621

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
la01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	81522
la01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	15360
la01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	1857

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	436653
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	53118
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	4321

April 1, 2023

MOHLTC Facility #	Operator Name
HN3448	Deer Park Villa - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	0

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line Ia01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

Expenditures for the January 1, 2023 to March 31, 2023 period				
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	3480

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	2610

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	40707

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	0

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	0

April 1, 2023

MOHLTC 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	11803
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	3418
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		21833

April 1, 2023

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
HN3448	Deer Park Villa - The Regional Municipality of Niagara
<input type="checkbox"/>	Check if no accrual amounts as of December 31, 2022

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	158,610	158,610	165,661	165,661
O002	Employee Benefits	32,674	32,674	38,636	38,636
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$191,284	\$191,284	\$204,297	\$204,297

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	13,836	13,836	17,829	17,829
O102	Employee Benefits	3,108	3,108	4,048	4,048
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$16,944	\$16,944	\$21,877	\$21,877

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
HN3448	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:

THE REGIONAL MUNICIPALITY OF NIAGARA

DEER PARK VILLA

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 2 - 2023 Long-Term Care Home Annual Report - Douglas H.
Rapelje

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.

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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Douglas H. Rapelje Lodge (the “Entity”) for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - The Douglas H. Rapelje Lodge for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	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

		Resident Days				Resident Revenue						Total Revenue	
Current Revenue Period		January 1 to March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	3,559	3,498	7,289	14,346	229360	224065	500747	95268	94,386	199294	954172	388948
A002	Long-Stay - Semi - Private	1,603	1,886	3624	7113	104953	116520	246338	22769	23,951	48296	467811	95016
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.)	5,244	5,262	10673	21,179	279030	282931	563323				1125284	
A004	Long-Stay two-bed room (Shared by spouses)											0	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	10,406	10,646	21586	42,638	613343	623516	1310408	118037	118337	247,590	2547267	483964
							99						4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)					0	0	0	0	0	0	0	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
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		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	100
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	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	330	272	475	1077
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	177	234	378	789
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024e	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024f	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024g	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024h	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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					

MOHLTC Facility #	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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt	9,505	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	9,505	

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

H13902

Operator Name

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	5,157,363		5,157,363					
C002	Employee Benefits	1,169,128		1,169,128					
C003	Purchased Services	23,666		23,666					
C004	Medical and Nursing Supplies	176,822		176,822					
C005	Equipment	12,488		12,488					
C006	Physician On-Call Coverage	14,520		14,520					
C007	Other: Education, Training & other supplies	3,397		3,397					
C008	Expenditure Recoveries (enter as negative)	-300,393		-300,393					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	6,256,991		6,256,991					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	328,163	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

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

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	382,657		382,657					
D002	Employee Benefits	84,840		84,840					
D003	Purchased Services	121,192		121,192					
D004	Supplies	10,203		10,203					
D005	Equipment								
D006	Other: Education & Training, Other supplies	17,857		17,857					
D007	Expenditure Recoveries (enter as negative)	-61,744		-61,744					
D008	Total Program and Support Services (Sum of lines D001 through D007)	555,005		555,005					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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		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.		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13902	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	656,780		656,780					
E002	Expenditure Recoveries (enter as negative)	-25,018		-25,018					
E003	Total Nutritional Support (Sum of lines E001 through E002)	631,762		631,762					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	716,183		716,183					
F002	Building and Property - Operations and Maintenance (B&P-OM)	334,144		334,144					
F003	Dietary Services (DS)	952,123		952,123					
F004	Laundry and Linen Services (L & LS)	211,244		211,244					
F005	General and Administrative (G&A)	863,779	786,200	1,649,979					
F006	Facility Costs (FC)	901,066	27,651	928,717					
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	3,978,539	813,851	4,792,390		108			

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.	527,478		527,478				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	3,451,061	813,851	4,264,912				

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministry of Long-Term Care

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13902	Operator Name Douglas H. Rapelje Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	396984

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	130399

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	411007

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13902	Operator Name Douglas H. Rapelje Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	66787

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	7621

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	22527

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	9985

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	30024

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	25735

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	145316

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	20492

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	35472

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13902	Operator Name Douglas H. Rapelje Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	8241

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	244566
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	46080
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	5571

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	1309968
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	159354
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	12972

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

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	38532

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	108463

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line Ia01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

Expenditures for the January 1, 2023 to March 31, 2023 period				
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	10440

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	7821

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	0

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	0

MOHLTC Facility #	Operator Name
H13902	Douglas H. Rapelje 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	159532
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	6153
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		172297

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13902	Douglas H. Rapelje Lodge - The Regional Municipality of Niagara
<input type="checkbox"/>	Check if no accrual amounts as of December 31, 2022

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	416,700	416,700	445,467	445,467
O002	Employee Benefits	92,588	92,588	104,322	104,322
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$509,288	\$509,288	\$549,789	\$549,789

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	27,945	27,945	38,080	38,080
O102	Employee Benefits	7,203	7,203	10,018	10,018
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$35,148	\$35,148	\$48,098	\$48,098

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H13902	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:

THE REGIONAL MUNICIPALITY OF NIAGARA

THE DOUGLAS H. RAPELJE LODGE

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 3 - 2023 Long-Term Care Home Annual Report - Gilmore Lodge

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.

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Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Gilmore Lodge (the “Entity”) for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - The Gilmore Lodge for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore Lodge - The Regional Municipality of Niagara

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 March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	3,665	3,685	7,474	14,824	236561	235478	524365	72938	72,604	149321	996404	294863
A002	Long-Stay - Semi - Private				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.)	3,355	3,386	6764	13,505	184418	182827	344692				711937	
A004	Long-Stay two-bed room (Shared by spouses)		100	342	442	0	6426	12286				18712	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	7,020	7,171	14580	28,771	420979	424731	881343	72938	72604	149,321	1727053	294863
						130							4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)					0	0	0	0	0	0	0	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	131
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	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	23	59	214	296
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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
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					

2023-01-01

2023-12-31

MOHLTC Facility #	Operator Name
H13533	INACTIV - 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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt	1,953	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	1,953	

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore Lodge - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms-Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	3,629,450		3,629,450					
C002	Employee Benefits	841,947		841,947					
C003	Purchased Services								
C004	Medical and Nursing Supplies	145,253		145,253					
C005	Equipment	35		35					
C006	Physician On-Call Coverage	15,528		15,528					
C007	Other: Education, Training & other supplies	6,347		6,347					
C008	Expenditure Recoveries (enter as negative)	-216,861		-216,861					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	4,421,699		4,421,699					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	218,780	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

MOHLTC Facility #

Operator Name

H13533

INACTIV - Gilmore Lodge - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	263,472		263,472					
D002	Employee Benefits	49,542		49,542					
D003	Purchased Services	79,202		79,202					
D004	Supplies	9,323		9,323					
D005	Equipment								
D006	Other: Education & Training, Other supplies	7,513		7,513					
D007	Expenditure Recoveries (enter as negative)	-40,796		-40,796					
D008	Total Program and Support Services (Sum of lines D001 through D007)	368,256		368,256					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore 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	373,220		373,220					
E002	Expenditure Recoveries (enter as negative)	-14,787		-14,787					
E003	Total Nutritional Support (Sum of lines E001 through E002)	358,433		358,433					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	391,639		391,639					
F002	Building and Property - Operations and Maintenance (B&P-OM)	169,855		169,855					
F003	Dietary Services (DS)	676,733		676,733					
F004	Laundry and Linen Services (L & LS)	167,640		167,640					
F005	General and Administrative (G&A)	770,949	584,913	1,355,862					
F006	Facility Costs (FC)	460,785	25,775	486,560					
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	2,637,601	610,688	3,248,289		139			

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.	207,463		207,463				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	2,430,138	610,688	3,040,826				

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H13533	INACTIV - Gilmore Lodge - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	0

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13533	Operator Name INACTIV - Gilmore Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	186722

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	92216

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	305903

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13533	Operator Name INACTIV - Gilmore Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	24644

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	5080

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	15012

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	6656

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	20016

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H13533	INACTIV - Gilmore 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	20814

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	139593

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	12839

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	20738

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13533	Operator Name INACTIV - Gilmore Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	7225

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	163044
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	30720
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	3714

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	873306
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	106236
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	8651

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore Lodge - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	49069

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line Ia01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

Expenditures for the January 1, 2023 to March 31, 2023 period				
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	6960

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	5211

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	0

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	0

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	428499
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	4230
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		439341

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore Lodge - The Regional Municipality of Niagara

☐ Check if no accrual amounts as of December 31, 2022

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	304,518	304,518	345,792	345,792
O002	Employee Benefits	63,633	63,633	77,818	77,818
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$368,151	\$368,151	\$423,610	\$423,610

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	18,347	18,347	25,748	25,748
O102	Employee Benefits	4,199	4,199	5,934	5,934
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$22,546	\$22,546	\$31,682	\$31,682

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H13533	INACTIV - Gilmore 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:

THE REGIONAL MUNICIPALITY OF NIAGARA

THE GILMORE LODGE

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 4 - 2023 Long-Term Care Home Annual Report - Linhaven

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Linhaven (the “Entity”) for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - Linhaven for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	Operator Name
H11559	Linhaven - The Regional Municipality of Niagara

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 March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	8,525	8,397	16,656	33,578	547511	536449	1118459	174216	170,048	342836	2202419	687100
A002	Long-Stay - Semi - Private	2,560	2,316	4845	9721	163054	147971	343180	22709	20,371	43888	654205	86968
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.)	9,537	10,261	20535	40,333	499971	546763	1061925				2108659	
A004	Long-Stay two-bed room (Shared by spouses)	90	94	457	641	4746	4967	23551				33264	
A005	Short-Stay - Respite Care											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	467	502	1003	1972	27623	21905	48015				97543	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)				0							0	0
A006	Total Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	21,179	21,570	43496	86,245	1242905	1258055	2595130	196925	190419	386,724	5096090	774068
						161							4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)					0	0	0	0	0	0	0	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	162
---------------	------------

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

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	486	617	1626	2729
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	464	723	1177	2364

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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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
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					

MOHLTC Facility #	Operator Name
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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt	4,529	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	4,529	

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

H11559

Operator Name

Linhaven - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	11,547,145		11,547,145		452,110		452,110	
C002	Employee Benefits	2,535,714		2,535,714		97,716		97,716	
C003	Purchased Services	93,570		93,570					
C004	Medical and Nursing Supplies	608,401		608,401					
C005	Equipment	13,640		13,640					
C006	Physician On-Call Coverage	25,560		25,560					
C007	Other: Education, Training & other supplies	21,921		21,921					
C008	Expenditure Recoveries (enter as negative)	-94,030		-94,030					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	14,751,921		14,751,921		549,826		549,826	

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	661,800	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.	256,272	

MOHLTC Facility #	Operator Name
H11559	Linhaven - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	685,123		685,123		43,304		43,304	
D002	Employee Benefits	139,610		139,610		8,824		8,824	
D003	Purchased Services	278,568		278,568					
D004	Supplies	7,196		7,196					
D005	Equipment								
D006	Other: Education & Training, Other supplies	30,044		30,044					
D007	Expenditure Recoveries (enter as negative)	-156,747		-156,747					
D008	Total Program and Support Services (Sum of lines D001 through D007)	983,794		983,794		52,128		52,128	

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.	87,957	

	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.	98000	

MOHLTC Facility #	Operator Name
H11559	Linhaven - 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	1,185,215		1,185,215		48,794		48,794	
E002	Expenditure Recoveries (enter as negative)	-49,140		-49,140					
E003	Total Nutritional Support (Sum of lines E001 through E002)	1,136,075		1,136,075		48,794		48,794	

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	1,215,298		1,215,298				
F002	Building and Property - Operations and Maintenance (B&P-OM)	476,911		476,911				
F003	Dietary Services (DS)	1,892,419		1,892,419				
F004	Laundry and Linen Services (L & LS)	455,446		455,446				
F005	General and Administrative (G&A)	1,337,088	1,607,415	2,944,503		241,187	241,187	
F006	Facility Costs (FC)	1,370,388	62,199	1,432,587				
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	6,747,550	1,669,614	8,417,164		241,187 170	241,187	

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.	550,258		550,258				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	6,197,292	1,669,614	7,866,906		241,187	241,187	

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H11559	Linhaven - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H11559	Linhaven - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	439693

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	255066

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	778152

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H11559	Operator Name Linhaven - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	107052

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	15368

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	45423

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	20136

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	60543

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H11559	Linhaven - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	85862

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	320262

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	43369

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	79292

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H11559	Operator Name Linhaven - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	9134

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	493209
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	92928
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	11238

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	2641761
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	321363
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	26168

MOHLTC Facility #	Operator Name
H11559	Linhaven - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	0

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line Ia01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

Expenditures for the January 1, 2023 to March 31, 2023 period				
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	21054

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	15768

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	81405

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	

MOHLTC 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	272592
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	13345
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	16179
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		302116

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H11559	Linhaven - The Regional Municipality of Niagara
<input type="checkbox"/>	Check if no accrual amounts as of December 31, 2022

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	961,784	961,784	994,598	994,598
O002	Employee Benefits	201,120	201,120	224,452	224,452
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$1,162,904	\$1,162,904	\$1,219,050	\$1,219,050

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	55,389	55,389	74,771	74,771
O102	Employee Benefits	12,058	12,058	17,318	17,318
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$67,447	\$67,447	\$92,089	\$92,089

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H11559	Linhaven - 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:

THE REGIONAL MUNICIPALITY OF NIAGARA

LINHAVEN

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 5 - 2023 Long-Term Care Home Annual Report - The Meadows of Dorchester

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Meadows of Dorchester (the “Entity”) for the year ended December 31, 2023, and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - The Meadows of Dorchester for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th , 2025

MOHLTC Facility #	Operator Name
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

		Resident Days				Resident Revenue						Total Revenue	
Current Revenue Period		January 1 to March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	4,378	4,758	10,240	19,376	279398	304062	715706	119555	130,124	283697	1299166	533376
A002	Long-Stay - Semi - Private	1,230	1,329	2564	5123	79270	84857	166289	16294	17,443	34190	330416	67927
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.)	4,292	4,412	8309	17,013	238278	239339	401112				878729	
A004	Long-Stay two-bed room (Shared by spouses)		4	368	372	0	202	19154				19356	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	9,900	10,503	21481	41,884	596946	628460	1302261	135849	147567	317,887	2527667	601303
							192						4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)	90	91	184	365	5815	5815	11631				23261	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)	90	91	184	365	5815	5815	11631	0	0	0	23261	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	193
---------------	-----

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

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	733	712	1218	2663
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	8	45	0	53
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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.	90	90	92	272
A024h	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				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					

2023-01-01

2023-12-31

MOHLTC Facility #	Operator Name
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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt	19,403	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	19,403	

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

H11540

Operator Name

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

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	5,282,973		5,282,973					
C002	Employee Benefits	1,206,152		1,206,152					
C003	Purchased Services	64,539		64,539					
C004	Medical and Nursing Supplies	172,020		172,020					
C005	Equipment	10,796		10,796					
C006	Physician On-Call Coverage	15,840		15,840					
C007	Other: Education, Training & other supplies	10,004		10,004					
C008	Expenditure Recoveries (enter as negative)	-221,893		-221,893					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	6,540,431		6,540,431					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	330,900	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

MOHLTC Facility #	Operator Name
H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	407,878		407,878					
D002	Employee Benefits	89,088		89,088					
D003	Purchased Services	55,739		55,739					
D004	Supplies	9,811		9,811					
D005	Equipment								
D006	Other: Education & Training, Other supplies	15,229		15,229					
D007	Expenditure Recoveries (enter as negative)	-76,380		-76,380					
D008	Total Program and Support Services (Sum of lines D001 through D007)	501,365		501,365					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.	75,010	

	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.		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
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	641,112		641,112					
E002	Expenditure Recoveries (enter as negative)	-25,705		-25,705					
E003	Total Nutritional Support (Sum of lines E001 through E002)	615,407		615,407					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	574,435		574,435				
F002	Building and Property - Operations and Maintenance (B&P-OM)	217,173		217,173				
F003	Dietary Services (DS)	963,814		963,814				
F004	Laundry and Linen Services (L & LS)	238,645		238,645				
F005	General and Administrative (G&A)	1,065,366	1,235,677	2,301,043				
F006	Facility Costs (FC)	839,583	28,851	868,434				
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	3,899,016	1,264,528	5,163,544		201		

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.	534,161		534,161				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	3,364,855	1,264,528	4,629,383				

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministry of Long-Term Care

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H11540	Operator Name Meadows of Dorchester (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	295464

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	147077

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	461042

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H11540	Operator Name Meadows of Dorchester (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	23797

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	7684

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	22707

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	10068

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	30276

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H11540	Meadows of Dorchester (The) - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	23411

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	151806

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	20611

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	35624

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H11540	Operator Name Meadows of Dorchester (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	8207

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	246603
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	46464
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	5619

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	1320885
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	160686
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	13088

MOHLTC Facility #	Operator Name
H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	37617

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	117336

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

	Expenditures for the January 1, 2023 to March 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	10527

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	7884

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	

MOHLTC Facility #	Operator Name
H11540	Meadows of Dorchester (The) - 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	620905
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	8148
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		635665

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara

☐ Check if no accrual amounts as of December 31, 2022

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O001	Salaries	427,159	427,159	489,079	489,079
O002	Employee Benefits	91,268	91,268	110,701	110,701
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$518,427	\$518,427	\$599,780	\$599,780

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O101	Salaries	28,895	28,895	38,279	38,279
O102	Employee Benefits	7,257	7,257	9,883	9,883
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$36,152	\$36,152	\$48,162	\$48,162

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H11540	Meadows of Dorchester (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:

THE REGIONAL MUNICIPALITY OF NIAGARA

THE MEADOWS OF DORCHESTER

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 6 - 2023 Long-Term Care Home Annual Report - Northland Pointe

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - Northland Pointe (the "Entity") for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the "Report").

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - Northland Pointe for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Report**" section of our auditors' report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC 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

		Resident Days				Resident Revenue						Total Revenue	
Current Revenue Period		January 1 to March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	7,147	6,994	14,403	28,544	461571	446940	973105	195873	189,603	396194	1881616	781670
A002	Long-Stay - Semi - Private	215	83	0	298	13824	5279	0	2842	1,085		19103	3927
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.)	5,639	6,068	12492	24,199	323412	346655	681824				1351891	
A004	Long-Stay two-bed room (Shared by spouses)											0	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	13,001	13,145	26895	53,041	798807	798874	1654929	198715	190688	396,194	3252610	785597
						223							4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short-Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short-Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)	90	91	184	365	4985	4985	10619				20589	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)	90	91	184	365	4985	4985	10619	0	0	0	20589	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	224
---------------	------------

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

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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
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					

MOHLTC 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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt	37,549	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	37,549	

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H14442	Northland Pointe - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	6,224,352		6,224,352					
C002	Employee Benefits	1,377,518		1,377,518					
C003	Purchased Services	145,213		145,213					
C004	Medical and Nursing Supplies	283,920		283,920					
C005	Equipment	53,204		53,204					
C006	Physician On-Call Coverage	15,936		15,936					
C007	Other: Education, Training & other supplies	11,130		11,130					
C008	Expenditure Recoveries (enter as negative)	-212,667		-212,667					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	7,898,606		7,898,606					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	412,940	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

MOHLTC Facility #	Operator Name
H14442	Northland Pointe - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	432,466		432,466					
D002	Employee Benefits	92,250		92,250					
D003	Purchased Services	155,850		155,850					
D004	Supplies	11,450		11,450					
D005	Equipment								
D006	Other: Education & Training, Other supplies	15,716		15,716					
D007	Expenditure Recoveries (enter as negative)	-85,899		-85,899					
D008	Total Program and Support Services (Sum of lines D001 through D007)	621,833		621,833					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.		

MOHLTC Facility #	Operator Name
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	731,397		731,397					
E002	Expenditure Recoveries (enter as negative)	-29,432		-29,432					
E003	Total Nutritional Support (Sum of lines E001 through E002)	701,965		701,965					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	796,274		796,274					
F002	Building and Property - Operations and Maintenance (B&P-OM)	379,060		379,060					
F003	Dietary Services (DS)	1,240,946		1,240,946					
F004	Laundry and Linen Services (L & LS)	264,892		264,892					
F005	General and Administrative (G&A)	1,140,255	922,072	2,062,327					
F006	Facility Costs (FC)	1,284,361	39,844	1,324,205					
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	5,105,788	961,916	6,067,704		232			

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.	863,898		863,898				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	4,241,890	961,916	5,203,806				

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministère des Soins de longue durée	For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name			
H14442	Northland Pointe - The Regional Municipality of Niagara			

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14442	Operator Name Northland Pointe - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	401551

Line Ia01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	162214

Line Ia01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	536797

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14442	Operator Name Northland Pointe - 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 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	53301

Line Ia01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	9589

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	28341

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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
Ia01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	12564

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	37782

Ministère des Soins de longue durée		For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name				
H14442	Northland Pointe - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	151479

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	26092

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	45937

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14442	Operator Name Northland Pointe - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	8481

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	307746
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	57984
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	7011

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	1648368
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	200520
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	16325

MOHLTC Facility #	Operator Name
H14442	Northland Pointe - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	47376

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

	Expenditures for the January 1, 2023 to March 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	13137

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	9837

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	

MOHLTC 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	534552
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	9058
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	16306
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		566528

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H14442	Northland Pointe - The Regional Municipality of Niagara

☐ Check if no accrual amounts as of December 31, 2022

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O001	Salaries	522,575	522,575	578,978	578,978
O002	Employee Benefits	108,005	108,005	130,345	130,345
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$630,580	\$630,580	\$709,323	\$709,323

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O101	Salaries	38,035	38,035	45,820	45,820
O102	Employee Benefits	8,581	8,581	12,122	12,122
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$46,616	\$46,616	\$57,942	\$57,942

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
BalancePayment
Settlements in 2023Current Period
AccrualClosing Accrual
Balance

(1)

(2)

(3)

(4) = (1)-(2)+(3)

O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H14442	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:

THE REGIONAL MUNICIPALITY OF NIAGARA

NORTHLAND POINTE

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 7 - 2023 Long-Term Care Home Annual Report - Upper Canada Lodge

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Upper Canada Lodge (the “Entity”) for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - Upper Canada Lodge for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	Operator Name
H13534	INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara

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 March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	3,645	4,017	8,150	15,812	235090	256689	538897	72485	79,144	162704	1030676	314333
A002	Long-Stay - Semi - Private				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.)	2,592	2,925	6305	11,822	147549	159467	333349				640365	
A004	Long-Stay two-bed room (Shared by spouses)											0	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	6,237	6,942	14455	27,634	382639	416156	872246	72485	79144	162,704	1671041	314333
						254							4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)					0	0	0	0	0	0	0	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	255
---------------	------------

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

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	90	91	184	365
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				0
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.				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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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
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					

MOHLTC Facility #	Operator Name
H13534	INACTIV - Upper Canada 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
A030	Basic Revenue: July 1, 1994 to December 31, 2022		

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)		

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

H13534

Operator Name

INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	3,172,296		3,172,296					
C002	Employee Benefits	673,181		673,181					
C003	Purchased Services	23,095		23,095					
C004	Medical and Nursing Supplies	122,912		122,912					
C005	Equipment	6,949		6,949					
C006	Physician On-Call Coverage	14,529		14,529					
C007	Other: Education, Training & other supplies	7,634		7,634					
C008	Expenditure Recoveries (enter as negative)	-50,838		-50,838					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	3,969,758		3,969,758					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	218,780	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

MOHLTC Facility #

Operator Name

H13534

INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	337,575		337,575					
D002	Employee Benefits	70,489		70,489					
D003	Purchased Services	107,871		107,871					
D004	Supplies	3,289		3,289					
D005	Equipment								
D006	Other: Education & Training, Other supplies	8,175		8,175					
D007	Expenditure Recoveries (enter as negative)	-53,069		-53,069					
D008	Total Program and Support Services (Sum of lines D001 through D007)	474,330		474,330					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13534	INACTIV - 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	426,668		426,668					
E002	Expenditure Recoveries (enter as negative)	-21,581		-21,581					
E003	Total Nutritional Support (Sum of lines E001 through E002)	405,087		405,087					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	515,612		515,612				
F002	Building and Property - Operations and Maintenance (B&P-OM)	218,499		218,499				
F003	Dietary Services (DS)	641,414		641,414				
F004	Laundry and Linen Services (L & LS)	170,032		170,032				
F005	General and Administrative (G&A)	959,328	447,924	1,407,252				
F006	Facility Costs (FC)	417,605	18,030	435,635				
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	2,922,490	465,954	3,388,444		263		

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.	213,537		213,537				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	2,708,953	465,954	3,174,907				

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.			

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H13534	INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13534	Operator Name INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	251583

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	80327

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	276345

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H13534	Operator Name INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	32635

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	5080

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	15012

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	6656

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	20016

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H13534	INACTIV - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	24124

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	120821

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	13176

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	21752

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H13534	INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	7578

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	163044
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	30720
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	3714

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	873306
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	106236
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	8651

MOHLTC Facility #	Operator Name
H13534	INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	0

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

	Expenditures for the January 1, 2023 to March 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	6960

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	5211

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	

MOHLTC Facility #	Operator Name
H13534	INACTIV - 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	10528
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	4843
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		21983

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H13534	INACTIV - Upper Canada Lodge - The Regional Municipality of Niagara
<input type="checkbox"/>	Check if no accrual amounts as of December 31, 2022

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	260,808	260,808	284,591	284,591
O002	Employee Benefits	52,962	52,962	60,875	60,875
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$313,770	\$313,770	\$345,466	\$345,466

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	23,916	23,916	33,447	33,447
O102	Employee Benefits	6,052	6,052	7,950	7,950
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$29,968	\$29,968	\$41,397	\$41,397

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H13534	INACTIV - 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:

THE REGIONAL MUNICIPALITY OF NIAGARA

UPPER CANADA LODGE

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 8 - 2023 Long-Term Care Home Annual Report - The Woodlands of Sunset

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited Sections A through F, Section I and Section O of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Woodlands of Sunset (the “Entity”) for the year ended December 31, 2023 and notes to the Report, including a summary of significant accounting policies (Hereinafter referred to as the “Report”).

In our opinion, the financial information in the Report of the 2023 Long-Term Care Home Annual Report of the Regional Municipality of Niagara - The Woodlands of Sunset for the year ended December 31, 2023, is prepared, in all material respects, in accordance with the financial reporting provision of 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated October 10, 2024 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 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Report**” section of our auditors’ report.

We are independent of the Entity 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 – Financial Reporting Framework

We draw attention to Note 1 in the Report, which describes the applicable financial reporting framework and the purpose of the Report.

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 a Report that is free from material misstatement, whether due to fraud or error.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MOHLTC Facility #	Operator Name
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

		Resident Days				Resident Revenue						Total Revenue	
Current Revenue Period		January 1 to March 31, 2023 (1a)	April 1 to June 30, 2023 (1b)	July 1 to December 31, 2023 (1c)	Total Days (1d)	Basic Fees January 1 to March 31, 2023 (2a)	Basic Fees April 1 to June 31, 2023 (2b)	Basic Fees July 1 to December 31, 2023 (2c)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) January 1 to March 31, 2023 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) April 1 to June 30, 2023 (3b)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$65.32) July 1 to December 31, 2023 (3c)	Basic Revenue (4a=2a+2b+2c)	Preferred Fees (4b=3a+3b+3c)
A001	Long-Stay - Private	4,964	5,241	10,884	21,089	321232	334886	723435	136488	142,320	301690	1379553	580498
A002	Long-Stay - Semi - Private	1,350	1,283	1870	4503	87231	81936	138515	17334	16,277	22565	307682	56176
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.)	4,200	4,237	8708	17,145	235227	235684	472749				943660	
A004	Long-Stay two-bed room (Shared by spouses)											0	
A005	Short-Stay - Respite Care											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 Long-Stay, Short Stay-Respite Care Beds and Specialized Unit beds. (Sum of lines A001 through A005b)	10,514	10,761	21462	42,737	643690	652506	1334699	153822	158597	324,255	2630895	636674
						285							4

A007	Interim Short-Stay - Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A008	Interim Short Stay - Semi-Private. (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	0
A009	Interim Short Stay - Basic (include beds funded from sector reallocation and / or Urgent Priorities Fund)	90	91	184	365	4156	4156	6486				14798	
A010	Interim Short-Stay - two-bed room (Shared by spouses) (include beds funded from sector reallocation and / or Urgent Priorities Fund)											0	
A011	Total Interim Short-Stay beds (Sum of lines A007 through A010)	90	91	184	365	4156	4156	6486	0	0	0	14798	0
A012	Convalescent Care Beds(include beds funded from sector reallocation and / or Urgent Priorities Fund)											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 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 .	
------	--	--

		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 to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
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

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

Resident-Days	286
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	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0

	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A023a	Actual resident days in line A003 (Long-stay basic beds) that were attributed to occupied 3rd and above beds in ward rooms.				0
A023c	Actual resident days in line A009 (Interim short-stay basic) that were attributed to occupied 3rd and above beds in ward rooms.				0

	Reimbursement for lost preferred revenues as per Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy)	Resident Days			
	Use lines A024a to A024d as applicable, to report the resident days eligible for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023. Eligible resident days include actual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.1 of the Temporary Measures Funding Policy (formerly the COVID-19 Emergency Measures Funding Policy where Section 3.2 applied), a placement coordinator deems that an applicant who has requested a basic room should be placed in a preferred room. The Ministry will reimburse 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 relating to the Co-payment Waiver Program in this section (see section below) and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024a	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	438	420	585	1443
A024b	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024c	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	47	99	743	889
A024d	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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

Reimbursement for lost preferred revenues - Co-payment Waiver Program.		Resident Days			
	Use lines A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for reimbursement of lost preferred revenue for the period January 1, 2023 to December 31, 2023 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 rate to the licensee for the period the resident occupies a preferred room. DO NOT report on resident days for basic residents admitted to preferred beds at the direction of a placement coordinator in this section, and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A024e	For Newer beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	11	0	0	11
A024f	For Older beds - Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024g	For Newer beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	0
A024h	For Older beds - Semi-Private Accommodation. Report the resident days eligible for reimbursement of lost preferred revenue.	0	0	0	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					

2023-01-01

2023-12-31

MOHLTC Facility #	Operator Name
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

Prior Period Revenue		Revenue	For Ministry Use
A030	Basic Revenue: July 1, 1994 to December 31, 2022	75	

Resident Bad Debt on 2023 Basic Accomodation Fees			For Ministry Use
A040	Basic Accommodation Fees - Bad Debt		
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)		

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)		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #

H14496

Operator Name

Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section C - Actual Expenditures - Nursing and Personal Care

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescen t Care Arms- Length Transactions	Convalescen t Care Non- Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditur e
	Nursing and Personal Care (NPC)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C001	Salaries	5,241,329		5,241,329					
C002	Employee Benefits	1,154,074		1,154,074					
C003	Purchased Services	91,326		91,326					
C004	Medical and Nursing Supplies	183,011		183,011					
C005	Equipment	20,391		20,391					
C006	Physician On-Call Coverage	15,840		15,840					
C007	Other: Education, Training & other supplies	33,185		33,185					
C008	Expenditure Recoveries (enter as negative)	-188,999		-188,999					
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	6,550,157		6,550,157					

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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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	330,900	

	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. Therapeutic Equipment and Supplies expenditure reported must be for the April 1, 2018 to December 31, 2018 period. 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/Interim beds only (exclude 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.		

MOHLTC Facility #	Operator Name
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section D - Actual Expenditures - Program and Support Services

		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure	Convalescent Care Arms Length Transactions	Convalescent Care Non-Arms-Length Transactions	Sub-total	For Ministry Use Only Allowable Expenditure
	Program and Support Services (PSS)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
D001	Salaries	336,072		336,072					
D002	Employee Benefits	74,769		74,769					
D003	Purchased Services	130,254		130,254					
D004	Supplies	9,800		9,800					
D005	Equipment								
D006	Other: Education & Training, Other supplies	12,745		12,745					
D007	Expenditure Recoveries (enter as negative)	-68,452		-68,452					
D008	Total Program and Support Services (Sum of lines D001 through D007)	495,188		495,188					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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.		

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

to

2023-12-31

MOHLTC Facility #	Operator Name
H14496	Woodlands of Sunset (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	598,520		598,520					
E002	Expenditure Recoveries (enter as negative)	-23,902		-23,902					
E003	Total Nutritional Support (Sum of lines E001 through E002)	574,618		574,618					

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 period for Nutritional Support 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)	Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	Allowable Expenditure (8)
F001	Housekeeping Services (HS)	554,218		554,218					
F002	Building and Property - Operations and Maintenance (B&P-OM)	320,263		320,263					
F003	Dietary Services (DS)	982,137		982,137					
F004	Laundry and Linen Services (L & LS)	237,468		237,468					
F005	General and Administrative (G&A)	895,040	795,466	1,690,506					
F006	Facility Costs (FC)	824,234	29,851	854,085					
F007	Total Other Accommodation Expenditures (Line F001 through Line F006)	3,813,360	825,317	4,638,677		294			

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.	485,850		485,850				
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	3,327,510	825,317	4,152,827				

	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 \$7.38 for the January 1, 2023 to March 31, 2023 period and \$7.53 for the April 1, 2023 to December 31, 2023 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)
F011	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.	

Ministère des Soins de longue durée		For the Period From	2023-01-01	To	2023-12-31
MOHLTC Facility #	Operator Name				
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niagara				

Section I: Part A.

Line Ia01- 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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01				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, 2023 to December 31, 2023			
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure
Ia01b				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, 2023 to March 31, 2023 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y

Line Ia01d - 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.

Total Expenditure		
Ia01d	Expenditures for 12 months, January 1, 2023 to December 31, 2023	

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14496	Operator Name Woodlands of Sunset (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01e1 - 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 \$1801,100,000 respectively in additional one-time emergency and Personal Protective Equipment funding to long-term care homes.

For the January 1, 2023 to March 31, 2023 period report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line 1a01e1. 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
1a01e1	Expenditure for the January 1, 2023 to March 31, 2023 period	254087

Line 1a01h1 - Personal Support Worker 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 January 1, 2023 to March 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h1. 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
1a01h1	Expenditure for the January 1, 2023 to March 31, 2023 period	128507

Line 1a01h2 - Personal Support Worker Permanent Wage Enhancement

This section refers to (a) the Minister's letter of March 8, 2023 on the provision of \$349,439,500 in Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2023 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2023 to December 31, 2023 period, report Personal Support Worker Permanent Wage Enhancement expenditure on line 1a01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01h2	Expenditure for the April 1, 2023 to December 31, 2023 period	405672

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14496	Operator Name Woodlands of Sunset (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line 1a01i1- 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Minor Capital expenditures on line 1a01i1. 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
1a01i1	Expenditure on IPAC Minor Capital for the January 1, 2023 to March 31, 2023 period	30893

Line 1a01j1 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j1. 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
1a01j1	Expenditure on IPAC Personnel for the January 1, 2023 to March 31, 2023 period	7684

Line 1a01j2 - Infection and Prevention Control - Personnel

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$20,000,000 in one-time funding during the 2023-2024 funding year to support infection prevention and control capacity in long-term care homes to retain and hire IPAC personnel. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Personnel expenditures on line 1a01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j2	Expenditure on IPAC Personnel for the April 1, 2023 to December 31, 2023 period	22707

Line 1a01j3 - 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 January 1, 2023 to March 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j3. 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
1a01j3	Expenditure on IPAC Training for the January 1, 2023 to March 31, 2023 period	10068

Line 1a01j4 - Infection and Prevention Control - Training

This section refers to the Minister letter of April 3, 2023 on the provision of up to \$26,660,000 in funding for the 2023-2024 funding year to support infection prevention and control training and education efforts. For the April 1, 2023 to December 31, 2023 period, report Infection and Prevention Control - Training expenditures on line 1a01j4. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01j4	Expenditure on IPAC Training for the April 1, 2023 to December 31, 2023 period	30276

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility #	Operator Name			
H14496	Woodlands of Sunset (The) - 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 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 January 1, 2023 to March 31, 2023 period on line 1a01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 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
Ia01k1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01k2 - New Comprehensive Minor Capital Program

This section refers to the (a) Minister's letter of April 3, 2023 on the provision of up to \$99,444,013 in funding for the New Comprehensive Minor Capital program. which incorporates and replaces the Infection Prevention and Control Minor Capital program, the New Long-Term Care Minor Capital program and the Falls Prevention Equipment program.. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation, plus the amount of funding approved for carry over from the April 1, 2022 to March 31, 2023 period to the April 1, 2023 to March 31, 2024 period.

		Total Expenditure
Ia01k2	Expenditure for the April 1, 2023 to December 31, 2023 period	83304

Line Ia01m1 - 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 2022-23 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, 2023 to March 31, 2023 period on line 1a01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation

		Total Expenditure
1a01m1	Expenditure for the January 1, 2023 to March 31, 2023 period	20689

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,337,000 in 2023-24 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, 2023 to December 31, 2023 period on line 1a01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation

		Total Expenditure
1a01m2	Expenditure for the April 1, 2023 to December 31, 2023 period	35856

Ministère des Soins de longue durée	For the Period From	2023-01-01	to	2023-12-31
MOHLTC Facility # H14496	Operator Name Woodlands of Sunset (The) - The Regional Municipality of Niagara			

Section I: Part A. (continued)

Line Ia01p1 - 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 in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01p1. 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
Ia01p1	Expenditure on Clinical Decision Support Tools for the January 1, 2023 to March 31, 2023 period	0

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$6,170,000 in funding in 2023-24 to support the continued use of clinical decision support tools and other similar technologies to improve the quality of care for residents. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01p2	Expenditure on Clinical Decision Support Tools for the April 1, 2023 to December 31, 2023 period	8261

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 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 Nurses, Personal Support Workers (PSWs) 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 January 1, 2023 to March 31, 2023 period on lines 1a01q1a, 1a01q1b and 1a01q1c 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
Ia01q1a	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	246603
Ia01q1b	AHP Staffing Supplement expenditure for the January 1, 2023 to March 31, 2023 period	46464
Ia01q1c	SPGF expenditure for the January 1, 2023 to March 31, 2023 period	5619

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

This section refers to the Minister's letter of March 9, 2023 for the 2023-24 fiscal year on the investment of up to \$1.25 billion to increase the provincewide average hours of direct care provided by Nurses, Personal Support Workers (PSWs) and Allied Health Professionals (AHP) and \$10 million 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, 2023 to December 31, 2023 period on lines 1a01q2a, 1a01q2b and 1a01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01q2a	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	1320885
1a01q2b	AHP Staffing Supplement expenditure for the April 1, 2023 to December 31, 2023 period	160686
1a01q2c	SPGF expenditure for the April 1, 2023 to December 31, 2023 period	13088

MOHLTC Facility #	Operator Name
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section I: Part A. (continued)

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 January 1, 2023 to March 31, 2023 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
Ia01s1	Expenditure for the January 1, 2023 to March 31, 2023 period	0

Line Ia01s2 - 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 \$19,198,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line Ia01s2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
Ia01s2	Expenditure for the April 1, 2023 to December 31, 2023 period	48419

Line Ia01u - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line Ia01u, columns a through d, the total costs for all eligible goods and services purchased between January 1, 2023 to March 31, 2023 and received by March 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. 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.

Expenditures for the January 1, 2023 to March 31, 2023 period				
	Nursing and Personal Care (a)	Program and Support Services (b)	Nutritional Support (c)	Other Accommodation (d)
Ia01u				

Line Ia01u1 - Enhanced Support Neighborhood Pilot

In accordance with Schedule A, report on line 1a01u1, columns a through d, the total costs for all eligible goods and services purchased between April 1, 2023 and December 31, 2023 and received by December 31, 2023 for expenditures that are eligible within the definition of that envelope and funded from the funding provided to support the Enhanced Support Neighborhood Pilot. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditure reported in the 2024 Annual Report for the January 1, 2024 to March 31, 2024 period and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

	Expenditures for the April 1, 2023 to December 31, 2023 period			
	Nursing and Personal Care (a)	Program and Support Services (b)	Raw Food (c)	Other Accommodation (d)
1a01u1				

Line 1a01v - Basic Accommodation Premium

In accordance with the Long-term care homes level-of-care per diem, occupancy and acuity-adjustment funding policy complete the attestation below as applicable.

Y/N		
1a01v1	A minimum percentage of 50% of all the Long-Term Care Home Beds in the Home, based on the licensed bed capacity of the Home, was provided by the Operator as basic accommodation for the January 1, 2023 to December 31, 2023 period. Licensed bed capacity and basic accommodation are defined in the Fixing Long-Term Care Act, 2021, Regulation 246/22, Sections 1 and 3 respectively.	N

Line 1a01w1 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,523,200 in funding for the Resident Health and Well-Being program in 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line 1a01w1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be matched against funding provided for the January 1, 2023 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
1a01w1	Expenditure on Resident Health and Well Being for the January 1, 2023 to March 31, 2023 period	10527

Line 1a01w2 - Resident Health and Well-Being

This section refers to the Minister letter of December 16, 2022 on the investment of up to \$6,653,700 in funding for the Resident Health and Well-Being program in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01w2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
1a01w2	Expenditure on Resident Health and Well Being for the April 1, 2023 to December 31, 2023 period	7884

Line 1a01x - IPAC Leads

This section refers to the Minister letter of April 3, 2023 on the investment of up to \$49,730,000 in 2023-24 funding for the salaries and benefits of IPAC Leads in LTC homes in 2023-24. Report related expenditures for the April 1, 2023 to December 31, 2023 period on line 1a01x. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2023 to December 31, 2023 period will be added to expenditures reported for the January 1, 2024 to March 31, 2024 period in the 2024 Annual Report and matched against funding provided for the April 1, 2023 to March 31, 2024 period in the 2024 reconciliation.

		Total Expenditure
la01x	Expenditure on IPAC Leads for the April 1, 2023 to December 31, 2023 period	61083

Line la01y - Covid-19 Supplementary Enhanced Cooling Allocation

This section refers to the ADM letter of April 20, 2022 on the investment of up to \$46.2 million in funding for Enhanced Cooling in Long-Term Care Homes for 2022-23. Report related expenditures for the January 1, 2023 to March 31, 2023 period on line la01y. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2023 to March 31, 2023 period will be added to expenditure reported in the 2022 Annual Report 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 reconciliation plus the amount of funding approved for carry over from 2021-22 to 2022-23.

		Total Expenditure
la01y	Expenditure on Covid-19 Supplementary Enhanced Cooling Allocation for the January 1, 2023 to March 31, 2023 period	0

Line la01z - 2023-24 Retroactive Bill 124 Resettlements

This section refers to the Minister letter of March 28, 2024 regarding the \$56,632,900 funding provided to eligible long-term care homes that incurred eligible Bill 124 resettlement costs above their program allocation. Eligible long-term care homes are not-for-profit homes (excluding municipal, Indigenous, and for-profit homes that were not subject to Bill 124) whose licensee is a party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the Ministry.

Please use this section to report eligible expenses funded from the 2023-24 Retroactive Bill 124 Resettlements used to support eligible expenditures incurred between April 1, 2023 and December 31, 2023. DO NOT REPORT THESE COSTS IN SECTIONS C THROUGH F AND SECTION I, PART B of the Long-Term Care Home Annual Report.

Homes are required to first address the financial impact of Bill 124 using existing funding allocations for 2023-24. Where the expenses are eligible under the programs, funding available in the Nursing and Personal Care envelope, Program and Support Services envelope, Other Accommodations envelope, Global per diem, Direct care staffing supplement, Staffing Investments (RN, RPN and PSW Staffing Supplement, Allied Health Professionals Staffing Supplement, and Resident Health and Well-Being Program) that has not been budgeted for existing operations must first be applied to address the retroactive Bill 124 resettlements, including arbitration awards, negotiated resettlements and costs related to non-bargaining non-executive frontline staff (including frontline management).

The ministry will add the costs reported in Section I, Part A of the 2023 LTCH Annual Report to eligible costs reported in Section I, Part A of the 2024 LTCH Annual Report for all expenditure between April 1, 2023 and March 31, 2024. The sum of the costs reported in both the 2023 and 2024 LTCH Annual Reports will be reconciled against the 2023-24 funding and any unspent funds will be recovered as part of the 2024 reconciliation. Please see the Technical Instructions and Guidelines for details on eligible and ineligible expenditures.

		Total Expenditure
la01z	Expenditure on Retroactive Bill 124 Resettlements for the April 1, 2023 to December 31, 2023 period	0

MOHLTC Facility #	Operator Name
H14496	Woodlands of Sunset (The) - 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, 2023 thru December 31, 2023 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 2023 Overall Reconciliation.

Line	Funding Initiative	Description of expenses reported for the January 1, 2023 to December 31, 2023 period	Expenses
(A)	(B)	(C)	(D)
Ib1	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.	
Ib2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	45567
Ib3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	6778
Ib4	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.	
Ib5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
Ib6	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.	
Ib7	OH 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.	
Ib8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	6612
Ib9	COVID-19 - ICIP - Claim based funding and ICIP - Claim based funding	Eligible expenditures relating to retrofits, repairs, upgrades for long-term care homes and COVID-19 resilience infrastructure including measures to support physical distancing.	18150
	One-time and project funding	Use lines Ib10a through Ib10e, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2023 to December 31, 2023 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
Ib10a	Description:		

Ib10b	Description:		
Ib10c	Description:		
Ib10d	Description:		
Ib10e	Description:		
	2023/24 One-Time Fundng Increase	Use lines Ib11a through Ib11f, column D to report eligible expenses funded from the 2023/24 One-time Funding Increase used to support eligible expenditures incurred for the period ending December 31, 2023. Report each funding item separately per the categories below and provide a description	
Ib11a	Description: Sprinkler Systems		
Ib11b	Description:Deferred Maintenance Projects:		
Ib11c	Description:Capital Redevelopment		
Ib11d	Description:Staffing		
Ib11e	Description: Supplies & Equipment		
Ib11f	Description: Other		
	Total Expenses from Section I, Part B (sum of lines Ib1 to Ib11f)		77107

MOHLTC Facility #	Operator Name
H14496	Woodlands of Sunset (The) - The Regional Municipality of Niagara
<input type="checkbox"/> Check if no accrual amounts as of December 31, 2022	

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	415,910	415,910	479,130	479,130
O002	Employee Benefits	90,022	90,022	107,564	107,564
O003	Other - (specify):				
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$505,932	\$505,932	\$586,694	\$586,694

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries	27,207	27,207	35,505	35,505
O102	Employee Benefits	7,046	7,046	8,973	8,973
O103	Other - (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$34,253	\$34,253	\$44,478	\$44,478

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	Payment Settlements in 2023	Current Period Accrual	Closing Accrual Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other - (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$	\$	\$	\$

Ministry of Long-Term Care

Ministère des Soins de longue durée

For the period from

2023-01-01

To

2023-12-31

MOHLTC Facility #	Operator Name
H14496	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:

THE REGIONAL MUNICIPALITY OF NIAGARA

THE WOODLANDS OF SUNSET

Notes to Report

For the year ended December 31, 2023

1. Significant accounting policies:

(a) 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 2023 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated October 10, 2024; and
- LHIN Service Accountability Agreement, dated April 1, 2019.

(b) Revenues:

Resident revenue and funding received 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 which the transactions or events occurred to give rise to that revenue.

(c) Expenditures:

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

COM 23-2025
July 8, 2025

Appendix 9 - Community Support Services Program – 2025 Annual Reconciliation Return

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.

Annual Reconciliation Report
The Regional Municipality of Niagara
Community Services Department
Community Support Service Program

March 31, 2025



KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara and
Ontario Ministry of Health – West Region:

Opinion

We have audited the accompanying Schedules (ARRFin1 and ARRFin2) of the Annual Reconciliation Report of the Regional Municipality of Niagara (the "Region") Community Services Department – Community Support Service Program (the "Program") for the 12-month period ended March 31, 2025, and notes to the Schedules (collectively referred to as the "Schedules").

In our opinion, the accompanying Schedules of the Program for the 12-month period ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provisions in guidelines in Chapters 3 of the Ontario Healthcare Reporting Standards 12.0 and the Community Financial Policy (2016) issued by the Ontario Ministry of Health and Ministry of Long-Term Care (collectively referred to as the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Schedules**" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedules, which describes the basis of accounting. The Schedules are prepared to assist the Program in complying with the financial reporting provisions in the guidelines. As a result, the Schedules 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 Schedules

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

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

Auditors' Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the Schedules as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedules.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedules, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

TOTAL AGENCY

Form ARRfin 1- Total Ontario Health & Ministry Managed- Financial
Regional Municipality of Niagara

		TOTAL HSP
TABLE G: Total Agency Reporting	Line #	
Summary by Fund Type (Total Agency Financials)		
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	8,095,559
Total Expenses Fund Type 2 (Above)	119	8,101,335
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	- 5,776
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	8,095,559
Total Expenses for the Provider	125	8,101,335
Net Surplus/Deficit	126	- 5,776

FUNDING DATA INPUT TO BE DONE BY FUNDING RECIPIENT

G

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
Funding Initiative (Please select from drop down)			Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)	
Table B	Line #					
OH Cash Flow:						
Funding - Ontario Health (OH)	1	6,684,870	5,709,540	Base Funding (Reporting Period - April 2024 - March 2025)	975,330	Base Funding (Reporting Period - April 2024 - March 2025)
Funding - Provincial MOH	2	-				
Funding - Ontario Health One-Time	3	1,080,393	1,074,733	Primarily \$1,041,593 of funding for Recuperative Care program (Short-term Transitional Care Model)	5,660	
Funding - Provincial MOH One-Time	4	-				
Sessional fee funding - OH	5	-				
Sessional fee funding - MOH	6					
Total Ontario Health funding as per cash flow	7	7,765,263	6,784,273		980,990	
Service Recipient Revenue	8	313,065	313,065			
Recoveries from External/Internal Sources	9	17,231	11,596		5,635	
Donations	10	-				
Other Funding Sources and Other Revenue	11	-				

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
Other revenue adjustments (detailed comments required)	12	-				
Total revenue adjustments	13	330,296	324,661		5,635	
Total FUND TYPE 2 funding for settlement purposes	14	8,095,559	7,108,934		986,625	
Deferred OH funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-				
Amortization of donation revenue and OH funding in the current fiscal year	16	-				
Other Adjustments including OH recovery (detailed comments required)	17	-				
Total Revenue FUND TYPE 2	18	8,095,559	7,108,934		986,625	
EXPENSES- Fund Type 2						
Compensation						
Salaries and Wages (Worked + Benefit + Purchased)	19	5,510,473	4,703,242		807,231	
Benefit Contributions	20	1,209,657	1,045,958		163,699	
Employee Future Benefit Compensation	21	-				
Nurse Practitioner Remuneration	22	204,470	204,470			
Medical Staff Remuneration	23	-				
Sessional Fees	24	-				
Service Costs						
Med/Surgical Supplies and Drugs	25	16,888	14,594		2,294	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	26	263,927	248,419		15,508	
Community One Time Expense	27	-	-		-	
Equipment Expenses	28	29,583	29,583			
Amortization on Major Equip and Software License and Fees	29	-				
Contracted Out Expense	30	531,870	528,496		3,374	
Buildings and Grounds Expenses	31	334,466	334,466			

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
Building Amortization	32	-				
TOTAL EXPENSES Fund Type 2	33	8,101,335	7,109,229		992,106	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	34	-	-		-	
Total Capitalized Purchases and Services in current year	35	-	-		-	
(CHC & Home Care purposes only) Inadmissible salary expenses	36	-				
(CHC & Home Care purposes only) Less: Other adjustments	37	-				
Total Expenses for Settlement Purposes	38	8,101,335	7,109,229		992,106	
Less sessional fee expenses (Enter as Negative Amount)	39	-				
Less one time expenses as per listing below (Negative sum of	40	- 1,080,393	- 1,074,733		- 5,660	
Total operating expenses for settlement purposes	41	7,020,942	6,034,496		986,446	
Operating Recovery	42	-	-		-	
Sessional Fee Recovery	43	-	-		-	
One Time Recovery	44	-	-		-	
Total Settlement Recovery	45	-	-		-	

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
TABLE C: One-Time Expenses	Line #					
Capitalized purchases from One Time funding Section C-1						
	46	-				
	47	-				
	48	-				
	49	-				
	50	-				
	51	-				
	52	-				
	53	-				
	54	-				
	55	-				
	56	-				
	57	-				
	58	-				
	59	-				
	60	-				
Total One-time capitalized purchases from One-time funding	61	-	-		-	
Operating expenses from One Time Funding Section C-2						
	62	935,331	929,671	Salaries - Recuperative Bed Program	5,660	Overtime - Supportive Housing
	63	111,724	111,724	Benefits - Recuperative Bed Program		
	64	3,736	3,736	Supplies - Recuperative Bed Program		

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
	65	125	125	Medical Supplies - Recuperative Bed Program		
	66	29,477	29,477	Retroactive Expenses for Arbitration award on expired collective agreement - Advanced Practice Nurse		
	67	-				
	68	-				
	69	-				
	70	-				
	71	-				
	72	-				
	73	-				
	74	-				
	75	-				
	76	-				
Total One-time operating expenses from One-time funding		1,080,393	1,074,733		5,660	

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
TABLE D: Operating Expenses						
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)						
	78	-				
	79	-				
	80	-				
	81	-				
	82	-				
	83	-				
	84	-				
	85	-				
	86	-				
	87	-				
	88	-				
	89	-				
	90	-				
	91	-				
	92	-				
Total Capitalized expenses from Operating Funding	93	-	-		-	
Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)						
	94	-				
	95	-				
	96	-				
	97	-				
	98	-				
	99	-				

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
	100	-				
	101	-				
	102	-				
	103	-				
	104	-				
	105	-				
	106	-				
	107	-				
	108	-				
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	109	-	-		-	
Total One Time Expenses	110	1,080,393	1,074,733		5,660	

TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)						
# of Sessions Delivered (From Sessional Fees)	111	-				
Calculated Cost Per Session	112	0.00	0.00		0.00	

TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	TOTAL				
Total Revenue Fund Type 1	113	-				
Total Expenses Fund Type 1	114	-				
Net Surplus/Deficit Fund Type 1 (Hospital)	115	-	-		-	
Total Revenue Fund Type 2 (Above)	116	8,095,559	7,108,934		986,625	
Total Expenses Fund Type 2 (Above)	117	8,101,335	7,109,229		992,106	
Net Surplus/Deficit Fund Type 2 (Community Programs)	118	- 5,776	- 295		- 5,481	

Select TPBE (Transfer Payment Business Unit)		TOTAL	OH - CSS	OH - CSS Comments	OH - SH	OH - SH Comments
Total Revenue Fund Type 3	119	-	-			
Total Expenses Fund Type 3	120	-				
Net Surplus/Deficit Fund Type 3 (Other)	121	-				
Total Revenue for the Provider	122	8,095,559	7,108,934		986,625	
Total Expenses for the Provider	123	8,101,335	7,109,229		992,106	
Net Surplus/Deficit	124	- 5,776	- 295		- 5,481	

Select TPBE (Transfer Payment Business Unit)		TOTAL	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
Funding Initiative (Please select from drop down)			Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)		Select Funding Initiative (where applicable)	
Table B	Line #													
MMP Cash Flow:														
Funding - Ontario Health (OH)	1	-												
Funding - Provincial MOH	2	-												
Funding - Ontario Health One-Time	3	-												
Funding - Provincial MOH One-Time	4	-												
Sessional fee funding - OH	5	-												
Sessional fee funding - MOH	6	-												
Total MOH funding as per cash flow	7	-	-		-		-		-		-		-	
Service Recipient Revenue	8	-												
Recoveries from External/Internal Sources	9	-												
Donations	10	-												
Other Funding Sources and Other Revenue	11	-												
Other revenue adjustments (detailed comments required)	12	-												
Total revenue adjustments	13	-	-		-		-		-		-		-	
Total FUND TYPE 2 funding for settlement purposes	14	-	-		-		-		-		-		-	
Deferred MOH funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-												
Amortization of donation revenue and MOH funding in the current fiscal year	16	-												
Other Adjustments including MOH recovery (detailed comments required)	18	-												
Total Revenue FUND TYPE 2	19	-	-		-		-		-		-		-	
EXPENSES- Fund Type 2														
Compensation														
Salaries and Wages (Worked + Benefit + Purchased)	20	-												
Benefit Contributions	21	-												
Employee Future Benefit Compensation	22	-												
Nurse Practitioner Remuneration	23	-												
Medical Staff Remuneration	24	-												
Sessional Fees	25	-												
Service Costs														
Med/Surgical Supplies and Drugs	26	-												
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	-												
Community One Time Expense	28	-	-		-		-		-		-		-	
Equipment Expenses	29	-												
Amortization on Major Equip and Software License and Fees	30	-												
Contracted Out Expense	31	-												
Buildings and Grounds Expenses	32	-												
Building Amortization	33	-												
TOTAL EXPENSES Fund Type 2	34	-	-		-		-		-		-		-	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35	-	-		-		-		-		-		-	
Total Capitalized Purchases and Services in current year	36	-	-		-		-		-		-		-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-												
(CHC & Home Care purposes only) Less: Other adjustments	38	-												
Total Expenses for Settlement Purposes	39	-	-		-		-		-		-		-	
Less sessional fee expenses (Enter as Negative Amount)	40	-												
Less one time expenses as per listing below (Negative sum o	42	-	-		-		-		-		-		-	
Total operating expenses for settlement purposes	43	-	-		-		-		-		-		-	
Operating Recovery	44	-	-		-		-		-		-		-	
Sessional Fee Recovery	45	-			-		-		-		-		-	
One Time Recovery	46	-	-		-		-		-		-		-	
Total Settlement Recovery	47	-	-		-		-		-		-		-	

Select TPBE (Transfer Payment Business Unit)		TOTAL	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
TABLE C: One-Time Expenses	Line #													
Capitalized purchases from One Time funding Section C-1														
	48	-												
	49	-												
	50	-												
	51	-												
	52	-												
	53	-												
	54	-												
	55	-												
	56	-												
	57	-												
	58	-												
	59	-												
	60	-												
	61	-												
	62	-												
Total One-time capitalized purchases from One-time funding	63	-	-		-		-		-		-		-	
Operating expenses from One Time Funding Section C-2														
	64	-												
	65	-												
	66	-												
	67	-												
	68	-												
	69	-												
	70	-												
	71	-												
	72	-												
	73	-												
	74	-												
	75	-												
	76	-												
	77	-												
	78	-												
Total One-time operating expenses from One-time funding	79	-	-		-		-		-		-		-	

Select TPBE (Transfer Payment Business Unit)		TOTAL	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments	Click to select the TPBE	Click to select the TPBE Comments
TABLE D: Operating Expenses	Line #													
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)														
	80	-												
	81	-												
	82	-												
	83	-												
	84	-												
	85	-												
	86	-												
	87	-												
	88	-												
	89	-												
	90	-												
	91	-												
	92	-												
	93	-												
	94	-												
Total Capitalized expenses from Operating Funding	95	-	-		-		-		-		-		-	
Non-capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)														
	96	-												
	97	-												
	98	-												
	99	-												
	100	-												
	101	-												
	102	-												
	103	-												
	104	-												
	105	-												
	106	-												
	107	-												
	108	-												
	109	-												
	110	-												
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111	-	-		-		-		-		-		-	
Total One Time Expenses	112	-	-		-		-		-		-		-	
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)														
# of Sessions Delivered (From Sessional Fees)	113	-												
Calculated Cost Per Session	114	0.00	0.00		0.00		0.00		0.00		0.00		0.00	
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	TOTAL												
Total Revenue Fund Type 1	115													
Total Expenses Fund Type 1	116													
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-	-		-		-		-		-		-	
Total Revenue Fund Type 2 (Above)	118	-	-		-		-		-		-		-	
Total Expenses Fund Type 2 (Above)	119	-	-		-		-		-		-		-	
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	-	-		-		-		-		-		-	
Total Revenue Fund Type 3	121													
Total Expenses Fund Type 3	122													
Net Surplus/Deficit Fund Type 3 (Other)	123	-	-		-		-		-		-		-	
Total Revenue for the Provider	124	-	-		-		-		-		-		-	
Total Expenses for the Provider	125	-	-		-		-		-		-		-	
Net Surplus/Deficit	126	-	-		-		-		-		-		-	

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

SECTION 1: BASIC PROGRAM INFORMATION			
Name of Agency:	<u>Regional Municipality of Niagara</u>		
Vendor #:	<div style="background-color: yellow; width: 150px; height: 25px;"></div>	Reporting Period: from	<div style="background-color: yellow; width: 100px; height: 25px;"></div> to <div style="background-color: yellow; width: 100px; height: 25px;"></div>
Contact Person:	<div style="background-color: yellow; width: 250px; height: 25px;"></div>	Phone:	<div style="background-color: yellow; width: 250px; height: 25px;"></div>

SECTION 2: EXPENDITURE REPORT		
<u>Sources of Proxy Pay Equity Funds</u>		
Ministry of Health and Long-Term Care	\$	A
Other (Specify)		
TOTAL	0.00	
<u>Expenditures</u>		
Actual Proxy Pay Equity Expenses		B
Surplus(Deficit)	0.00	A-B
Current Outstanding Liabilities		
Total Number of Individuals Receiving Proxy Pay Equity		

SECTION 3: CERTIFICATION	
<p>I, hereby certify that to the best of my knowledge the financial data is correct and it is reflected in the year-end settlement.</p>	
<div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 5px;"></div> <p>(Signature of Health Service Provider Authority)</p>	<p>Title: </p>

Certification by Provider Fiscal 2024-25

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFIn1, ARRFIn2 a
ARRFin3 are complete and accurate

Regional Municipality of Niagara

N/A

Name of Signing Officer

Date

Signing Officer***

N/A

Title

N/A

Name of Signing Officer

Date

Signing Officer***

N/A

Title

*****I have the authority to bind the Health Service Provider**

THE REGIONAL MUNICIPALITY OF NIAGARA

COMMUNITY SERVICES DEPARTMENT

NOTES TO THE ANNUAL RECONCILIATION REPORT

March 31, 2025

1. Significant accounting policies:

(a) Basis of accounting

The Schedules have been prepared for the Ontario Ministry of Health, Ministry of Long-Term Care and Ontario Health. They are prepared in accordance with the financial reporting provisions in the guidelines in Chapters 3 of the Ontario Healthcare Reporting Standards 12.0 and the Community Financial Policy (2016) issued by the Ontario Ministry of Health, which approximates Canadian Public Sector Accounting Standards, except that they do not provide for employee future benefits and tangible capital assets are expensed as incurred. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using careful judgements.

Significant accounting policies are as follows:

(b) Revenues and expenses:

Revenue are recognized as amounts become available and are measurable.

Expenses are recorded as they are incurred and measurable.

(b) Capital Assets:

The historical cost and accumulated depreciation of capital assets are not recorded. Capital assets acquired are reported as expenditures and amortization is not reported on ARRFiln1 and ARRFiln2.

(c) Employee future benefits:

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Appendix 10 - Reaching Home Program – 2025 Schedule of Revenue and Expenses

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To Members of Council of the Regional Municipality of Niagara and the Ministry of Employment and Social Development Canada:

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara (the "Region") Reaching Home- Canada's Homelessness Strategy Program (the "Program") for the year ended March 31, 2025 and notes to the schedule (hereinafter referred to as the "Schedule").

In our opinion, the financial information in the accompanying Schedule of the Program for the year ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Her Majesty the Queen in Right of Canada, as represented by the Minister of Employment and Social Development Canada and the Regional Municipality of Niagara amended and signed February 21, 2024 (the "guidelines")

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditors' Responsibilities for the Audit of the Schedule" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

Reaching Home - Canada's Homelessness Strategy

Schedule of revenue and expenses

Year ended March 31, 2025

	2025	2024
Revenue:		
Ministry funding (Note 2)	4,532,230	5,128,045
Expenditures:		
Sub-project costs	3,852,395	4,780,881
Program management & administrative	679,835	347,164
Total expenditures	4,532,230	5,128,045
Excess of eligible expenditures over revenue	-	-

See accompanying notes to the schedule of revenues and expenditures.

THE REGIONAL MUNICIPALITY OF NIAGARA

REACHING HOME – CANADA’S HOMELESSNESS STRATEGY PROGRAM

Notes to Schedule

For the year ended March 31, 2025

1. Significant accounting policies:

(a) Basis of accounting

The schedule has been prepared for the Office of Infrastructure of Canada (INFC) Employment and Social Development Canada. The agreement between the Ministry of Employment and Social Development Canada and the Regional Municipality of Niagara requires the schedule to be prepared in a manner consistent with generally accepted accounting principles (“GAAP”). Management of The Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles or the presentation of all financial statements and note disclosures required by GAAP for a complete set of financial statements.

(b) Revenues and expenses:

Revenue is recognized on an accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of a receipt of goods or services and the creation of a legal obligation to pay.

(c) Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board (“WSIB”) Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

THE REGIONAL MUNICIPALITY OF NIAGARA

REACHING HOME – CANADA’S HOMELESSNESS STRATEGY PROGRAM

Notes to Schedule

For the year ended March 31, 2025

2. Ministry Funding:

This project commenced April 1, 2019, and will end March 31, 2028. Total maximum amount of Canada’s contribution is \$33,586,502.

The funding allocation under Reaching Home will be used to support priorities and recommendations of the joint Housing and Homelessness Action Plan Task Force / Community Advisory Board (\$30,839,927). There is incremental funding to support initial investments towards the design and implementation of Coordinated Access (\$1,490,740) and Unsheltered Homelessness Response Funding (\$1,255,835).

	Designated Community	Coordinated Access	Unsheltered Response	Total Funding
2020	\$ 837,176	\$ 121,420	\$ –	\$ 958,596
2021	837,176	103,920	–	941,096
2022	4,065,127	103,920	–	4,169,047
2023	3,718,784	193,580	–	3,912,364
2024	3,678,630	193,580	1,255,835	5,128,045
2025	4,338,650	193,580	–	4,532,230
2026	4,338,650	193,580	–	4,532,230
2027	4,512,867	193,580	–	4,706,447
2028	4,512,867	193,580	–	4,706,447
	\$ 30,839,927	\$ 1,490,740	\$ 1,255,835	\$33,586,502

Appendix 11 - Unsheltered Homelessness and Encampments Initiative –
2025 Schedule of Revenue and Expenses

Please note that this document has been received from an external source. Accessibility efforts have been completed, some pieces throughout could not be revised, therefore if you require assistance, please contact Niagara Region Community Services Administration.



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Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To Members of Council of the Regional Municipality of Niagara and the Ministry of Infrastructure and Communities:

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara (the "Region") Unsheltered Homelessness and Encampments Initiative (the "Program") for the year ended March 31, 2025 and notes to the schedule (hereinafter referred to as the "Schedule").

In our opinion, the financial information in the accompanying Schedule of the Program for the year ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Her Majesty the Queen in Right of Canada, as represented by the Minister of Infrastructure and Communities Canada and the Regional Municipality of Niagara amended and signed December 16, 2024 (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "Auditors' Responsibilities for the Audit of the Schedule" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

Unsheltered Homelessness and Encampments Initiative

Schedule of revenue and expenses

Year ended March 31, 2025

	2025
Revenue:	
Ministry funding (Note 2)	2,206,365
Niagara Region (Note 2)	2,206,365
Total revenue	4,412,730
Expenditures:	
Direct Costs	1,229,750
Capital costs	3,033,147
Administrative Costs	149,833
Total expenditures	4,412,730
Net revenues over expenses	-

See accompanying notes to the schedule of revenues and expenditures.

THE REGIONAL MUNICIPALITY OF NIAGARA

UNSHELTERED HOMLESSNESS AND ENCAMPMENTS INITIATIVE

Notes to Schedule

For the year ended March 31, 2025

1. Significant accounting policies:

(a) Basis of accounting

The schedule has been prepared for the Ministry of Infrastructure and Communities. The agreement between the Ministry of Infrastructure and Communities and the Regional Municipality of Niagara requires the schedule to be prepared in a manner consistent with generally accepted accounting principles ("GAAP"). Management of The Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles or the presentation of all financial statements and note disclosures required by GAAP for a complete set of financial statements.

(b) Revenues and expenses:

Revenue is recognized on an accrual basis of accounting.

Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits.

(c) Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

THE REGIONAL MUNICIPALITY OF NIAGARA

UNSHELTERED HOMELSSNESS AND ENCAMPMENTS INITIATIVE

Notes to Schedule

For the year ended March 31, 2025

2. Ministry Funding:

This project commenced September 6, 2024 and will end March 31, 2026. Total maximum amount of Canada's contribution is \$4,412,730. The funding allocation under Unsheltered Homelessness and Encampments Initiative will be used to support priorities and recommendations of the joint Housing and Homelessness Action Plan Task Force / Community Advisory Board.

The maximum amount payable by Canada and the Municipal cost share in each fiscal year of the project is:

	Federal	Municipal	Total Funding
2025	\$ 2,206,365	\$ 2,206,365	\$ 4,412,730
2026	2,206,365	2,206,365	4,412,730
	\$ 4,412,730	\$ 4,412,730	\$ 8,825,460

Subject: Approval of Public Health and Emergency Services Program Audits

Report to: Public Health and Social Services Committee

Report date: Tuesday, July 8, 2025

Recommendations

1. That the draft audited schedule of revenue and expenses and the annual reconciliation return for the Public Health General Programs for the year ended December 31, 2024 (Appendix 1 and 2 to Report PHD 6-2025), **BE APPROVED**;
2. That the draft audited schedule of revenue and expenses and the annual reconciliation return for the Community Mental Health Program for the year ended March 31, 2025 (Appendix 3 and 4 to Report PHD 6-2025), **BE APPROVED**;
3. That the draft audited schedule of revenue and expenses for the following programs for the fiscal year ended March 31, 2025, **BE APPROVED**:
 - Ambulance Communication Services (Appendix 5 to Report PHD 6-2025)
 - Infant and Child Development Services (ICDS) (Appendix 6 to Report PHD 6-2025)
 - Healthy Babies, Healthy Children (HBHC) (Appendix 7 to Report PHD 6-2025);
4. That staff **BE DIRECTED** to co-ordinate with the auditor to finalize the statements as presented; and
5. That Report PHD 6-2025 **BE FORWARDED** to the Region's Audit Committee for information.

Key Facts

- The purpose of this report is to obtain approval of the draft audited schedules of revenues and expenses ("financial schedule"), annual reconciliation return ("ARR") and questionnaire in accordance with the provincial funding requirements.
- The auditors, KMPG 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 requirements identified.
- The Ministry submission deadline for all programs has been extended to July 31, 2025, to allow sufficient time for audit completion and necessary approvals.
- 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 the Audit Committee for information.

Financial Considerations

The financial schedules and ARR's have been prepared in compliance with the financial reporting guidelines and policies stipulated by the corresponding Ministry. Draft copies are attached as Appendices 1 through 7 of Report PHD 6-2025.

The financial schedules and ARR's for Public Health and Emergency Services Programs have been prepared specifically to meet the requirements outlined in the service agreements with the respective funding ministries. As noted in the audit reports, these are mandatory provincial reporting requirements. The financial schedules are intended to assist the Region in complying with these guidelines and may not be appropriate for other purposes.

Analysis

The ARR's and the financial schedules were audited by Niagara Region's external auditors, KPMG. 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 requirements identified.

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

Below is a summary of the results of the audited financial schedules. These financial schedules are subject to minor word changes once schedules are finalized:

- Public Health General Programs – This program has no funds returnable for the reporting period ending December 31, 2024, as the Region has expended in excess of the provincial funding for the period. The grant receivable from the Province of Ontario is due to timing of cash flow and is subject to audit verification by the Ontario

Ministry of Health. As of December 31, 2024 there was a net grant receivable of \$484,476. This amount was received subsequent to year-end.

- The following programs had no funds returnable or receivable for the reporting period ending March 31, 2025 as the Region has expended in excess of the provincial funding for the period:
 - Community Mental Health Program
 - Ambulance Communication Services
 - Infant and Child Development Services
 - Healthy Babies, Healthy Children

Alternatives Reviewed

The audited financial schedules and annual reconciliation report are a Ministry requirement and therefore no alternatives are available.

Relationship to Council Strategic Priorities

Council Strategic Priority: Effective Region

Objective 1.3 – Deliver fiscally responsible and sustainable core services.

The audited financial reports support this objective by ensuring transparency, accountability, and compliance with reporting standards required by funding partners. The audit process also validates the effective management of public funds, whether from ministry allocations or the levy.

Other Pertinent Reports

None.

Prepared by:

Donovan D'Amboise, CPA, CA
Manager Program Financial Support
Corporate Services

Recommended by:

Dr. Azim Kasmani, MD, MSc, FRCPC
Medical Officer of Health and
Commissioner
Public Health & Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Paula Ollier, Senior Program Financial Specialist and Michael Leckey, Program Financial Specialist.

Appendices

Appendix 1 Public Health General Program – Schedule of Revenue and Expenses

Appendix 2 Public Health General Program – Annual Reconciliation Return

Appendix 3 Community Mental Health Program – Schedule of Revenue and Expenses

Appendix 4 Community Mental Health Program – Annual Reconciliation Return

Appendix 5 Ambulance Communication Services – Schedule of Revenue and Expenses

Appendix 6 Infant and Child Development Services – Schedule of Revenue and Expenses

Appendix 7 Healthy Babies, Healthy Children – Schedule of Revenue and Expenses

Schedule of revenue, expenses and grant returnable

**The Regional Municipality of
Niagara Public Health
Department**

General Programs

December 31, 2024

KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario
L2R 7G1 Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara and
Ontario Ministry of Health:

Opinion

We have audited the accompanying schedule of revenue, expenses and grant returnable of the Regional Municipality of Niagara Public Health Department – General Programs (the “Program” or “Region”) for the year ended December 31, 2024 and notes to the schedule (collectively referred to as the “schedule”).

In our opinion, the accompanying Schedule of the Program for the year ended December 31, 2024, is prepared, in all material respects, in accordance with the financial reporting provisions in the Public Health Funding and Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Ministry of Health (formerly the Ministry of Health and Long-Term Care) (the “Ministry”) and the Board of Health for the Niagara Region Public Health Department most recently amended effective January 1, 2024 (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Schedule**” section of our auditors’ report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH DEPARTMENT

GENERAL PROGRAMS
Schedule of Revenue, Expenditures, and Grant Returnable (Receivable)
Year ended December 31, 2024

	Revenue (Budget)	Revenue (Actual)	Expense (Budget)	Expense (Actual)	Surplus (deficit) Actual	Add back: Ineligible expenses	Add back: Eligible expenses (revenues) in excess of Ministry funding (deficit)	Grant Returnable (receivable)
Ministry of Health Base Funding								
Mandatory Programs (Cost-shared)	24,750,800	24,755,501	40,482,745	38,708,374	(13,952,873)	1,837,371	12,115,502	-
MOH/AMOH Compensation Initiative (100%)	351,000	303,556	351,000	112,395	191,161			191,161
Ontario Seniors Dental Care Program (100%)	2,789,300	2,789,294	2,789,300	2,789,300	(6)			(6)
Infection Prevention and Control Hubs (100%)	114,392	-	114,392	99,838	(99,838)			(99,838)
	28,005,492	27,848,351	43,737,437	41,709,907	(13,861,556)	1,837,371	12,115,502	91,317
Ministry of Health One-time Grants								
					-			-
Mandatory Programs: Public Health Inspector Practicum Program (100%)		-		40,000	(40,000)			(40,000)
Mandatory Programs: Needle Syringe Program (100%)		63,600	-	63,600	-			-
Infection Prevention and Control Hubs (100%)	190,654	39,231	190,654	35,302	3,929			3,929
Pandemic Response and Recovery (100%)	1,172,062	1,200,000	1,172,642	1,224,839	(24,839)			(24,839)
COVID-19: Vaccine Program (100%)		90,000		435,482	(345,482)			(345,482)
Respiratory Syncytial Virus (RSV) Vaccine Program (100%)		118,300		188,100	(69,800)			(69,800)
	1,362,716	1,511,131	1,363,296	1,987,323	(476,192)	-	-	(476,192)
Universal Influenza Immunization Program clinic reimbursement		19,490		8,239	11,251		(13,536)	(2,285)
Meningococcal C Program reimbursement	40,000	-		79,990	(79,990)		40,797	(39,193)
Human Papilloma Virus Program reimbursement	55,000	-		76,475	(76,475)		18,352	(58,123)
OSDCP Capital Dental Clinic Bus		675,000		675,000	-			-
Total before Region Grant and Other Income	29,463,208	30,053,972	45,100,733	44,536,934	(14,482,962)	1,837,371	12,161,115	(484,476)
Region Grant and Other Income								
The Regional Municipality of Niagara grant	15,547,025	13,889,794	-	-	13,889,794			
Other income	90,500	108,692			108,692			
Total Region Grant and Other Income	15,637,525	13,998,486	-	-	13,998,486			
Total	\$ 45,100,733	\$ 44,052,458	\$ 45,100,733	\$ 44,536,934	\$ (484,476)			

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

GENERAL PROGRAMS

Notes to Schedule

For the year ended December 31, 2024

1. Significant accounting policies:

(a) Basis of accounting

The Schedule has been prepared for the Ontario Ministry of Health in accordance with the Public Health Accountability Agreement effective January 1, 2024 between the Ontario Ministry of Health and Long-Term Care and the Regional Municipality of Niagara (the “guidelines”). The agreement requires the schedule to be prepared in a manner consistent with the generally accepted accounting principles (“GAAP”). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements. The financial results for the Community Mental Health Program is not included in the schedule of revenue, expenses and grant receivable/repayable for the year ended December 31, 2024.

(b) Revenues and expenses:

Revenue is recognized on an accrual basis of accounting.

Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits (d).

Total expenses are reported on the schedule of revenue, expenses and grant receivable/repayable in order to understand the full cost of the program. Ineligible expenses as per the funding agreement have been removed for the purpose of determining the grant repayable/receivable.

(c) Capital Assets:

Tangible capital assets acquired are reported as an expense and amortization is not recorded.

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

GENERAL PROGRAMS

Notes to Schedule

For the year ended December 31, 2024

(d) Employee future benefits:

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

(e) Use of estimates:

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using careful judgments.

2. Grant funding repayable:

The grant receivable from the Province of Ontario is subject to audit verification by the Ontario Ministry of Health. The grants receivable are non-interest bearing and are normally received in the subsequent year. In the current year, there is a grant repayable of \$289K (2023 - \$6.2M).

	2024	2023
Net grant receivable beginning of year	\$ 6,177,604	\$5,419,187
Amounts received during the year	(7,621,665)	(5,544,834)
Amounts repaid during the year	191,775	—
Adjustments to prior year balances	(760,670)	—
Grants receivable	1,723,707	6,303,251
Net grant receivable (repayable), end of year	\$ (289,249)	\$6,177,604

3. Budget data

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministry of Health.

Annual Reconciliation Report

**The Regional Municipality of
Niagara Public Health
Department**

General Programs

December 31, 2024

KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara and
Ontario Ministry of Health:

Opinion

We have audited the accompanying 2024 Annual Reconciliation Report (the "Schedule") of the Regional Municipality of Niagara (the "Region") - Public Health Department – General Programs (the "Program" or "Region") for the year ended December 31, 2024.

In our opinion, the accompanying Schedule of the Program for the year ended December 31, 2024, is prepared, in all material respects, in accordance with the financial reporting provisions in the Public Health Funding and Accountability Agreement between Her Majesty the Queen in right of Ontario as represented by the Ministry of Health (formerly the Ministry of Health and Long-Term Care) (the "Ministry") and the Board of Health for the Niagara Region Public Health Department most recently amended effective January 1, 2024 and the "Instructions for Completion of the 2024 Year-End Settlement" dated February 6, 2024 (the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Schedule**" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2024 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

Section 1: Base Funding (January 1, 2024 to December 31, 2024)

- Programs Funded at cost share
- Programs Funded at 100%

Section 3: 2023 One-Time Funding Approved to March 31, 2024

- One-Time Projects/Initiatives Funded at 100%

Section 2: 2024 One-Time Funding Approved to December 31, 2024

- One-Time Projects/Initiatives Funded at 100%

Note: Select the program form despegable list. And you write any comment in column D "Comments"

		Program Name per Transfer Payment Agreement	Comments	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2024 to December 31, 2024)	Programs Funded (Cost Shared)	Mandatory Programs (Cost-Shared)		24,750,800	24,750,800	37,035,707	(232,484)	27,602,418	24,750,800	-
								-	-	-
		Sub-Total Programs Funded at Cost Shared		24,750,800	24,750,800	37,035,707	- 232,484	27,602,418	24,750,800	-
	Programs Funded at 100%	Ontario Seniors Dental Care Program (100%)		2,789,300	2,789,294	2,789,300	-	2,789,300	2,789,300	(6)
		MOH / AMOH Compensation Initiative (100%)		351,000	303,556	112,395		112,395	112,395	191,161
								-	-	-
								-	-	-
		Sub-Total Programs Funded at 100%		3,140,300	3,092,850	2,901,695	-	2,901,695	2,901,695	191,155
Total Section 1 Base Funding (January 1, 2024 to December 31, 2024)				27,891,100	27,843,650	39,937,402	- 232,484	30,504,113	27,652,495	191,155
Section 2: 2024 One-Time Funding Approved to December 31, 2024	One-Time Projects / Initiatives Funded at 100%							-	-	-
		COVID-19: Vaccine Program Enhancement	Jan to Mar 2024 Grant	90,000	90,000	90,000		90,000	90,000	-
		Ontario Seniors Dental Care Program: Extraordinary Costs (100%)	Jan to Dec 2024 Grant Cashflows rec'd May/25	148,600	148,600	-		-	-	148,600
								-	-	-
								-	-	-
		Sub-Total One-Time Projects / Initiatives Funded at 100%		238,600	238,600	90,000	-	90,000	90,000	148,600
	One-Time Capital Projects / Initiatives Funded at 100%							-	-	-
								-	-	-
								-	-	-
								-	-	-
		Sub-Total One-Time Capital Projects / Initiatives Funded at 100%		-	-	-	-	-	-	-
Total Section 2 - 2024 One-Time Funding Approved to December 31, 2024				238,600	238,600	90,000	-	90,000	90,000	148,600
Section 3: 2023 One-Time Funding Approved to March 31, 2024	One-Time Projects / Initiatives Funded at 100%							-	-	-
		Mandatory Programs: Needle Syringe Program	2023-24 Grant	214,400	214,400	214,400		214,400	214,400	-
		Mandatory Programs: Public Health Inspector Practicum Program	2023-24 Grant	40,000	40,000	40,000		40,000	40,000	-
		Pandemic Response and Recovery	2023-24 Grant	3,497,000	3,027,869	3,052,707		3,052,707	3,052,707	(24,838)
		Infection Prevention and Control Hubs	2023-24 Grant	328,800	220,000	216,071		216,071	216,071	3,929
		Respiratory Syncytial Virus (RSV) Adult Prevention Program	Sep2023 - Mar2024 Grant	118,300	118,300	118,300		118,300	118,300	-
								-	-	-
								-	-	-
								-	-	-
	Sub-Total One-Time Projects Funded at 100%		4,198,500	3,620,569	3,641,478	-	3,641,478	3,641,478	- 20,909	
	One-Time Capital Projects / Initiatives Funded at 100%							-	-	-
		Capital: Senior Dental Clinic	2023-24 Grant -Dental Bus	437,500	437,500	437,500		437,500	437,500	-
								-	-	-
								-	-	-
								-	-	-
		Sub-Total One-Time Capital Projects / Initiatives Funded at 100%		437,500	437,500	437,500	-	437,500	437,500	-

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2024 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

Section 1: Base Funding (January 1, 2024 to December 31, 2024)
- Programs Funded at cost share
- Programs Funded at 100%

Section 3: 2023 One-Time Funding Approved to March 31, 2024
- One-Time Projects/Initiatives Funded at 100%

Section 2: 2024 One-Time Funding Approved to December 31, 2024
- One-Time Projects/Initiatives Funded at 100%

Note: Select the program form despegable list. And you write any comment in column D "Comments"

		Program Name per Transfer Payment Agreement	Comments	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
	Carry-Over One-Time Capital Projects / Initiatives Funded at 100%							-	-	-
		Capital: Senior Dental Clinic	2022-23 Grant -Dental Bus	237,500	237,500	237,500		237,500	237,500	-
								-	-	-
								-	-	-
								-	-	-
								-	-	-
								-	-	-
		Sub-Total Carry-Over One-Time Capital Projects / Initiatives Funded at 100%		237,500	237,500	237,500	-	237,500	237,500	-
Total Section 3 - 2023 One-Time Funding Approved to March 31, 2024				4,873,500	4,295,569	4,316,478	-	4,316,478	4,316,478	- 20,909

Net Total 2024 Settlement (Section 1) + (Section 2) + (Section 3)		33,003,200	32,377,819	44,343,880	- 232,484	34,910,591	32,058,973	318,846
--	--	------------	------------	------------	-----------	------------	------------	---------

Summary 2024 Settlement (Sections 1-3)	
TOTAL Recoveries	343,690
TOTAL Reflows	(24,844)
2024 Net Settlement for the Ministry	318,846

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2024 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

Section 1: Base Funding (January 1, 2024 to December 31, 2024)
- Programs Funded at cost share
- Programs Funded at 100%

Section 3: 2023 One-Time Funding Approved to March 31, 2024
- One-Time Projects/Initiatives Funded at 100%

Section 2: 2024 One-Time Funding Approved to December 31, 2024
- One-Time Projects/Initiatives Funded at 100%

Note: Select the program form despegable list. And you write any comment in column D "Comments"

Program Name per Transfer Payment Agreement	Comments	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
---	----------	---------------------	------------------	---------------------	-------------------------	-----------------	----------------------	--------------------------

Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date

Signature
Medical Officer of Health / Chief Executive Officer

Date

Signature
Chair of the Board of Health / Authorized Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2024 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)
NAME OF PUBLIC HEALTH UNIT: **Niagara Region**

SCHEDULE 1: Schedule of Offset Revenues

Mandatory Programs (70%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 1			
Universal Influenza Immunization Program clinic reimbursement	L 2		21,775	
Meningococcal C Program clinic reimbursement	L 3		39,194	
Human Papilloma Virus Program reimbursement	L 4		58,123	
Healthy Smiles Ontario (70%) - part of Mandatory Programs	L 5			
Revenues Generated from Other Government Dental Program:	L 6			
Ontario Works (OW)	L 7			
Ontario Disability Support Program (ODSP)	L 8			
Other government dental programs (please specify):	L 9			
Other (Specify):	L 10			
By-law Charges & Sales	L 11		69,632	
2nd Line Drug Reimbursement	L 12		4,701	
Other Revenue	L 13		39,059	
2024 Total Offset Revenues	L 14	To Summary Page Cell G18 - Offset (Revenue)	232,484	

Ontario Seniors Dental Care Program (100%)	Line #	Reference	Actual \$	Ministry Use Only
Interest Income	L 15			
Client Co-Payments	L 16			
Revenues Generated from Other Government Dental Program:	L 17			
Ontario Works (OW)	L 18			
Ontario Disability Support Program (ODSP)	L 19			
Other government dental programs (please specify):	L 20			
	L 21			
	L 22			
	L 23			
2024 Total Offset Revenues	L 24	To Summary Page Cell G23 - Offset (Revenue)	-	

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

GENERAL PROGRAMS

Notes to Schedule
December 31, 2024

1. Significant accounting policies:

(a) Basis of accounting

The Schedule has been prepared for the Ontario Ministry of Health in accordance with the Public Health Accountability Agreement effective January 1, 2024 between the Ontario Ministry of Health and Long Term Care and the Regional Municipality of Niagara and the Instructions for completing the 2024 Annual Report and Attestation (the "Guidelines"). The Guidelines require the report to be prepared in a manner consistent with the generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara has interpreted GAAP to be recognition and measurement principles in accordance with Canadian Public Sector Accounting Standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles and note disclosure required by GAAP for a complete set of financial statements.

Significant accounting policies are as follows:

(b) Revenues and expenses:

Revenue are recognized in the year in which they are earned.

Expenses are recorded if they are eligible for the program and incurred in the period, except for employee future benefits (c).

(b) Capital Assets:

Tangible capital assets acquired are reported as an expense and amortization is not recorded.

(c) Employee future benefits:

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

(d) Use of estimates:

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using judgments.

Schedule of revenue and expenses
The Regional Municipality of Niagara
Public Health Department Community
Mental Health Program

March 31, 2025

KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To Members of Council of the Regional Municipality of Niagara and Ontario Health – West Region:

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Community Mental Health Program (the “Program”) for the year ended March 31, 2025 and notes to the schedule (hereinafter referred to as the “Schedule”).

In our opinion, the financial information in the accompanying Schedule of the Program for the year ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provision of the Multi-Sector Service Accountability Agreement effective April 1, 2023 between Ontario Health – West Region and the Regional Municipality of Niagara – Mental Health (the “guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Schedule**” section of our auditors’ report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

THE REGIONAL MUNICIPALITY OF NIAGARA
HEALTH SERVICES DEPARTMENT
MENTAL HEALTH PROGRAM

Schedule of Revenues and Expenditures

Year ended March 31, 2025, with comparative figures 2024

	2025 Budget	2025 Actual	2024 Actual
Revenue:			
Province of Ontario Grants	\$ 6,567,779	6,567,779	6,567,779
Interest	-	-	-
Miscellaneous	-	90,522	5,040
	6,567,779	6,658,301	6,572,819
Expenditure:			
Compensation			
Salaries	4,958,164	4,987,218	4,954,902
Employee benefits	983,320	1,074,873	1,025,484
	5,941,484	6,062,091	5,980,386
Service Costs			
Administration costs (note 2)	39,500	602,840	492,970
Audit and other Professional fees	2,821	6,599	3,068
Computer maintenance and supplies	5,225	12,046	12,466
Printing, postage, stationery and office supplies	28,652	12,390	16,640
Other expenses	53,050	46,798	39,938
Rent and property taxes	266,700	430,316	372,587
Staff education	23,538	35,303	20,043
Telephone	15,913	16,339	17,880
Travel	190,896	200,774	190,766
	626,295	1,363,404	1,166,357
Total expenditures	6,567,779	7,425,496	7,146,743
Ineligible administration costs (note 2)	-	563,340	453,470
Total eligible expenditures	6,567,779	6,862,156	6,693,274
Excess (shortage) of revenue over eligible expenditures	0	(203,855)	(120,455)

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

COMMUNITY MENTAL HEALTH PROGRAM

Notes to Schedule

For the year ended March 31, 2025

1. Significant accounting policies:

(a) Basis of accounting

The Schedule has been prepared for the Ontario Health – West Region. It is prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and does not capitalize and amortize tangible capital assets. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using careful judgments.

(b) Revenues and expenses:

Revenue is recognized on an accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of a receipt of goods or services and the creation of a legal obligation to pay.

(c) Capital Assets

Capital assets are recognized as expenditures and amortization is not recorded.

(d) Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

(e) Use of estimates

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using judgements.

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

COMMUNITY MENTAL HEALTH PROGRAM

Notes to Schedule

For the year ended March 31, 2025

2. Administration costs:

The program records direct operating expenses to their respective activity. In addition, since 2013, the Region established a consolidated cost allocation policy with a guiding principle of more closely aligning indirect costs with the support programs and services as defined by the Province of Ontario in the Financial Information Return (FIR). This methodology allocates these indirect costs to end programs/services based on usage drivers.

Under this methodology, all departments providing program/service support functions will allocate their costs using drivers specific to each type of expense.

Administration costs are comprised of the following charges:

	2025	2024
Financial services	\$ 63,569	\$ 47,031
Human resource services	111,944	122,762
IT services	287,678	258,913
Debt charges	139,649	64,264
Total administration charges	\$ 602,840	\$ 492,970

As per direction from the funding body, administration costs are limited to \$39,500 (\$39,500 in 2024) and therefore administration costs in excess of the limit are considered ineligible and have been shown as a reduction of expense on the schedule of revenue and expenses.

	2025	2024
Total administration charges	\$ 602,840	\$ 492,970
Less: administration cost limit	39,500	39,500
Total ineligible administration costs	\$ 563,340	\$ 532,470

Annual Reconciliation Report
The Regional Municipality of Niagara
Public Health Department Community
Mental Health Program

March 31, 2025

KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara, Ontario
Health – West Region and Ontario Ministry of Health:

Opinion

We have audited the accompanying Schedules (ARRFin1 and ARRFin2) and the Proxy Pay Equity Reconciliation Report (excluding statistics and FTEs) of the Annual Reconciliation of the Regional Municipality of Niagara Public Health Department Community Mental Health Program (the "Program") for the year ended March 31, 2025 and note to the schedules (collectively referred to as the "Schedules").

In our opinion, the accompanying Schedules of the Program for the year ended March 31, 2025, have been prepared, in all material respects, in accordance with the financial reporting provisions in the guidelines in Chapters 3 of the Ontario Healthcare Reporting Standards 12.1 and the Community Financial Policy (April 2023) issued by the Ontario Ministry of Health (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the **"Auditors' Responsibilities for the Audit of the Schedules"** section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedules, which describes the basis of accounting. The Schedules are prepared to assist the Program in complying with the guidelines. As a result, the Schedules may not be suitable for another purposes.

Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Schedules

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

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

Auditors' Responsibilities for the Audit of the Schedules

Our objectives are to obtain reasonable assurance about whether the Schedules as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedules.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedules, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catherines, Canada

July 24th, 2025

TOTAL AGENCY

Form ARRfin 1- Total Ontario Health & Ministry Managed- Financial
Community Mental Health Program

		TOTAL HSP
TABLE G: Total Agency Reporting Summary by Fund Type (Total Agency Financials)	Line #	
Total Revenue Fund Type 1	115	-
Total Expenses Fund Type 1	116	-
Net Surplus/Deficit Fund Type 1 (Hospital)	117	-
Total Revenue Fund Type 2 (Above)	118	6,658,301
Total Expenses Fund Type 2 (Above)	119	6,862,156
Net Surplus/Deficit Fund Type 2 (Community Programs)	120	- 203,855
Total Revenue Fund Type 3	121	-
Total Expenses Fund Type 3	122	-
Net Surplus/Deficit Fund Type 3 (Other)	123	-
Total Revenue for the Provider	124	6,658,301
Total Expenses for the Provider	125	6,862,156
Net Surplus/Deficit	126	- 203,855

**Form ARRFin2 - OH Managed Programs
Community Mental Health Program**

		OH - CMHP1	
Table B	Line #	2024-25 Final	Comments (Max 255 Characters)
Funding Initiative		Select Funding Initiative (where applicable)	
Ontario Health Cash Flow:			
Funding - Ontario Health (OH)	1	6,567,779	
Funding - Provincial MOH	2	-	
Funding - Ontario Health One-Time	3	-	
Funding - Provincial MOH One-Time	4	-	
Sessional fee funding - OH	5	-	
Sessional fee funding - MOH	6	-	
Total OH funding as per cash flow	7	6,567,779	
Service Recipient Revenue	8	-	
Recoveries from External/Internal Sources	9	90,522	
Donations	10	-	
Other Funding Sources and Other Revenue	11	-	
Other revenue adjustments (detailed comments required)	12	-	
Total revenue adjustments	13	90,522	
Total FUND TYPE 2 funding for settlement purposes	14	6,658,301	
Deferred OH funding used to purchase capitalized items in the current year (Enter as Negative Amount)	15	-	
Amortization of donation revenue and OH funding in the current fiscal year	16	-	
Other Adjustments including OH recovery (detailed comments required)	18	-	
Total Revenue FUND TYPE 2	19	6,658,301	
EXPENSES- Fund Type 2			
Compensation			
Salaries and Wages (Worked + Benefit + Purchased)	20	4,370,773	

**Form ARRfin2 - OH Managed Programs
Community Mental Health Program**

		OH - CMHP1	
Benefit Contributions	21	1,086,219	
Employee Future Benefit Compensation	22	-	
Nurse Practitioner Remuneration	23	-	
Medical Staff Remuneration	24	552,500	
Sessional Fees	25	90,522	
Service Costs			
Med/Surgical Supplies and Drugs	26	-	
Supplies and Sundry Expenses (excl. Med/Surg Supplies & Drugs)	27	329,952	
Community One Time Expense	28	-	
Equipment Expenses	29	1,874	
Amortization on Major Equip and Software License and Fees	30	-	
Contracted Out Expense	31	21,220	
Buildings and Grounds Expenses	32	409,096	
Building Amortization	33	-	
TOTAL EXPENSES Fund Type 2	34	6,862,156	
Depreciation/Amortization of Capital Assets for the Program and Admin & Support	35	-	
Total Capitalized Purchases and Services in current year	36	-	
(CHC & Home Care purposes only) Inadmissible salary expenses	37	-	
(CHC & Home Care purposes only) Less: Other adjustments	38	-	
Total Expenses for Settlement Purposes	39	6,862,156	
Less sessional fee expenses (Enter as Negative Amount)	40	-	
Less one time expenses as per listing below (Negative sum of line	42	-	
Total operating expenses for settlement purposes	43	6,862,156	
Operating Recovery	44	-	
Sessional Fee Recovery	45	-	
One Time Recovery	46	-	
Total Settlement Recovery	47	-	

**Form ARRfin2 - OH Managed Programs
Community Mental Health Program**

		OH - CMHP1	
TABLE C: One-Time Expenses	Line #	2024-25 Final	Comments (Max 255 Characters)
Capitalized purchases from One Time funding Section C-1			
	48	-	
	49	-	
	50	-	
	51	-	
	52	-	
	53	-	
	54	-	
	55	-	
	56	-	
	57	-	
	58	-	
	59	-	
	60	-	
	61	-	
	62	-	
Total One-time capitalized purchases from One-time funding	63	-	
Operating expenses from One Time Funding Section C-2			
	64	-	
	65	-	
	66	-	
	67	-	
	68	-	
	69	-	

**Form ARRfin2 - OH Managed Programs
Community Mental Health Program**

		OH - CMHP1	
	70	-	
	71	-	
	72	-	
	73	-	
	74	-	
	75	-	
	76	-	
	77	-	
	78	-	
Total One-time operating expenses from One-time funding		79	-
TABLE D: Operating Expenses	Line #	2024-25 Final Comments (Max 255 Characters)	
Capitalized expenses Sourced from Operating Funding (Section D-1) (All capitalized items regardless of amount)			
	80	-	
	81	-	
	82	-	
	83	-	
	84	-	
	85	-	
	86	-	
	87	-	
	88	-	
	89	-	
	90	-	
	91	-	
	92	-	
	93	-	

**Form ARRfin2 - OH Managed Programs
Community Mental Health Program**

		OH - CMHP1	
	94	-	
Total Capitalized expenses from Operating Funding	95	-	
Non- capitalized one-time expenses > \$5,000 Sourced from Operating Funding (Section D-2)			
	96	-	
	97	-	
	98	-	
	99	-	
	100	-	
	101	-	
	102	-	
	103	-	
	104	-	
	105	-	
	106	-	
	107	-	
	108	-	
	109	-	
	110	-	
Total Non-Capitalized One-time expenses >\$5,000 from Operating Funding	111	-	
Total One Time Expenses	112	-	
TABLE F: Sessional Fees Summary (Enter the # of Sessions Delivered)			
# of Sessions Delivered (From Sessional Fees)	113	0	
Calculated Cost Per Session	114	0.00	

PROXY PAY EQUITY ANNUAL REPORT

This form is to be completed by transfer payment organizations who receive proxy pay equity funding from the Ministry of Health and Long-Term Care, pursuant to the April 23, 2003 Memorandum of Settlement. It must be completed on an annual basis until an organization no longer has a pay equity obligation.

SECTION 1: BASIC PROGRAM INFORMATION			
Name of Agency: <u>Community Mental Health Program</u>			
Vendor #:	<u></u>	Reporting Period: from	<u></u> to <u></u>
Contact Person:	<u></u>	Phone:	<u></u>

SECTION 2: EXPENDITURE REPORT			
<u>Sources of Proxy Pay Equity Funds</u>			
Ministry of Health and Long-Term Care	\$	<u></u>	A
Other (Specify)		<u></u>	
TOTAL		<u>0.00</u>	
<u>Expenditures</u>			
Actual Proxy Pay Equity Expenses		<u></u>	B
Surplus(Deficit)		<u>0.00</u>	A-B
Current Outstanding Liabilities		<u></u>	
Total Number of Individuals Receiving Proxy Pay Equity		<u></u>	

SECTION 3: CERTIFICATION	
I, <u></u> hereby certify that to the best of my knowledge the financial data is correct and it is reflected in the year-end settlement.	
<u></u> (Signature of Health Service Provider Authority)	Title: <u></u>

Certification by Provider Fiscal 2024-25

Having the authority to bind the Health Service Provider, we certify that the information provided in ARRFin1, ARRFin2 a
ARRFin3 are complete and accurate

Community Mental Health Program

Dr. Azim Kasmani

Name of Signing Officer

Date

Signing Officer***

Medical Officer of Health

Title

N/A

Name of Signing Officer

Date

Signing Officer***

N/A

Title

***I have the authority to bind the Health Service Provider

THE REGIONAL MUNICIPALITY OF NIAGARA

PUBLIC HEALTH DEPARTMENT

COMMUNITY MENTAL HEALTH PROGRAM

Notes to Annual Reconciliation Report
March 31, 2025

1. Significant accounting policies:

(a) Basis of accounting

These Schedules have been prepared for the Ontario Ministry of Health and the Ontario Health - West Region. They are prepared in accordance with Canadian public sector accounting standards, except that it does not capitalize and amortize tangible capital assets. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial information necessarily involves the use of estimates and approximations. These have been made using judgments.

(b) Revenues and expenses:

Revenues and expenses are reported on the accrual basis of accounting, with the exception of employee future benefits below. The accrual basis of accounting recognizes revenues as they become available and measurable, expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(c) Capital Assets:

Tangible capital assets acquired are reported as an expense and amortization is not recorded.

(d) Employee future benefits:

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Schedule of revenues and expenditures
The Regional Municipality of Niagara
Public Health Department
Ambulance Communications Service

March 31, 2025

KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
Fax (905) 682 2008

INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara and the Ontario Ministry of Health:

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara (the "Region") Public Health Department – Ambulance Communications Service (the "Program") for the year ended March 31, 2025, and notes to the schedule (hereinafter referred to as the "Schedule").

In our opinion, the financial information in the Schedule of the Program for the year ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provisions of the agreement between the Her Majesty the Queen in Right of Ontario, as represented by the Minister of Health (formerly the Minister of Health and Long-Term Care) and the Regional Municipality of Niagara signed May 28, 2010 (the "guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "**Auditors' Responsibilities for the Audit of the Schedule**" section of our auditors' report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

Draft

THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH DEPARTMENT
AMBULANCE COMMUNICATION SERVICES
Schedule of Revenues and Expenditures

For the year ending March 31, 2025

	Year ending March 31,2025 Budget	Year ending March 31,2025 Actual	Year ending March 31,2024 Actual
Revenues:			
Provincial grant	8,852,034	8,852,036	\$ 7,494,526
Other Revenue	2,000	5,306	10,826
	8,854,034	8,857,342	7,505,352
Expenditures:			
Salaries and benefits			
Salaries & Wages	5,559,998	5,296,901	4,867,692
Employee benefits	2,322,254	2,337,035	2,256,273
Transportation & communications	166,350	232,069	189,875
Services & rentals	288,945	296,541	391,001
Supplies & equipment	138,786	236,368	78,795
Administrative costs (Note 2)	377,701	586,686	446,872
Total Expenditures	8,854,034	8,985,599	8,230,508
Ineligible administration costs (Note	-	(100,734)	(43,050)
Total eligible expenditures	8,854,034	8,884,865	8,187,458
Excess of expenditures over revenue	\$ -	\$ (27,522)	\$ (682,106)

**THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH DEPARTMENT
AMBULANCE COMMUNICATIONS SERVICES**

Notes to Financial Statements

Year ended March 31, 2025

1. Significant accounting policies:

Basis for presentation

The schedule of revenues and expenditures is prepared in accordance with the agreement dated May 28, 2010 between the Ontario Ministry of Health and the Regional Municipality of Niagara.

The agreement requires the Schedule to be prepared in a manner consistent with generally accepted accounting principles ("GAAP"). Management of the Regional Municipality of Niagara Public Health Department has interpreted GAAP to be the recognition and measurement principles of the Canadian public sector accounting standards related specifically to revenues and expenditures, except that it does not capitalize and amortize tangible capital assets. Management has further interpreted that GAAP does not include the presentation principles or the presentation of all financial statements and note disclosures required by GAAP for a complete set of financial statements.

Revenues and expenditures

Revenues are reported on the accrual basis of accounting.

Expenditures are recorded if they are eligible for the program and incurred in the year.

Capital assets

Tangible capital assets acquired are reported as an expenditure, amortization is not recorded.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

Use of estimates

Since precise determination of many assets and liabilities is dependent upon future events, the preparation of a periodic schedule involves the use of estimates and approximations. These have been made using careful judgements.

2. Administration costs:

The program records direct operating expenditures to their respective activity. In addition, in 2013, the Region established its first consolidated allocation policy with a guiding principle of more closely aligning indirect costs with the support programs and services as defined by the Province of Ontario in the Financial Information Return (FIR). The new methodology allocates these indirect costs to end programs/services based on usage drivers.

Under this methodology, all departments providing program/service support functions will allocate their costs using drivers specific to each type of expense.

Administration costs which have been allocated are:

	2025	2024
Accounting services	8,419	7,127
Asset management services	19	6
Capital levy	99,853	42,139
Debt costs	881	911
Financial management	3,690	3,110
Human resources services	72,542	42,871
IT program support services	206,017	163,261
Land ambulance shared services	106,824	101,108
Legal services	7,666	7,433
Payroll services	75,457	76,529
Printing costs	221	150
Procurement services	5,081	2,228
Property management	15	-
Total Administration costs	586,686	446,872

As per this program's funding agreement the following administration costs are considered ineligible and have been shown as a reduction of expense on the Statement of Revenues and Expenditures:

	2025	2024
Capital levy	99,853	42,139
Debt costs	881	911
Total Ineligible administration cos	100,734	43,050

3. Budget data:

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministry of Health.

Schedule of revenue and expenses

**The Regional Municipality of
Niagara Public Health
Department**

Infant and Child Development Services

March 31, 2025



KPMG LLP
Commerce Place
80 King Street, Suite 260
St. Catharines Ontario L2R 7G1
Canada
Telephone (905) 685 4811
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INDEPENDENT AUDITORS' REPORT

To the Members of Council of the Regional Municipality of Niagara and the Ministry Children, Community and Social Services:

Opinion

We have audited the accompanying schedule of revenue and expenses of the Regional Municipality of Niagara Public Health Department – Infant and Child Development Services (the “Program”) for the year ended March 31, 2025 and notes to the schedule (hereinafter referred to as the “Schedule”).

In our opinion, the financial information in the accompanying Schedule of the Program for the year ended March 31, 2025, is prepared, in all material respects, in accordance with the financial reporting provision of the Ontario Transfer Payment Agreement effective April 1, 2024, between the Her Majesty the Queen in right of Ontario as represented by the Minister of Children, Community and Social Services and the Regional Municipality of Niagara (the “Guidelines”).

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditors’ Responsibilities for the Audit of the Schedule**” section of our auditors’ report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the schedule 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 – Financial Reporting Framework

We draw attention to Note 1 to the Schedule, which describes the applicable financial reporting framework and the purpose of the Schedule.

As a result, the Schedule 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 Schedule

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

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

Auditors' Responsibilities for the Audit of the Schedule

Our objectives are to obtain reasonable assurance about whether the Schedule as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards 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 Schedule.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the Schedule, 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 Entity's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates 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

St. Catharines, Canada

July 24th, 2025

**THE REGIONAL MUNICIPALITY OF NIAGARA
NIAGARA REGION PUBLIC HEALTH DEPARTMENT
INFANT & CHILD DEVELOPMENT SERVICES**

Statement of Revenue & Expenditures

For the 12-month period ending March 31, 2025

	2024-25 MCCSS Budget	2024-25 Actual	2023-24 Actual
Revenue:			
Province of Ontario - Service contract	593,969	593,969	568,248
Other Revenue			585
	<u>593,969</u>	<u>593,969</u>	<u>568,833</u>
Expenditure:			
Salaries/benefits:			
Salaries	370,189	437,883	436,445
Benefits	104,370	112,893	111,168
	<u>474,559</u>	<u>550,776</u>	<u>547,613</u>
Other service costs:			
Administration costs (Note 3)	41,254	45,138	49,542
Supplies	3,000	37	114
Staff travel	15,000	15,960	14,328
Staff training	1,875	264	1,603
Audit services	3,286	2,847	3,068
Communication	1,500	1,551	1,312
Purchased services	78,789	48,210	524
Fees and dues	225	495	270
	<u>144,929</u>	<u>114,502</u>	<u>70,762</u>
Total expenditures	619,488	665,278	618,375
Excess of expenditures over revenue	(25,519)	(71,309)	(49,542)

**THE REGIONAL MUNICIPALITY OF NIAGARA
PUBLIC HEALTH DEPARTMENT
INFANT & CHILD DEVELOPMENT SERVICES**

Notes to Financial Statements

For the 12-month period ending March 31, 2025 with comparative figures for year ended Mar 31, 2024

1. Significant accounting policies:

This financial statement has been prepared for the Ontario Ministry of Children, Community and Social Services ("the Ministry"). It is prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and tangible capital assets are expensed as incurred. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations.

Significant accounting policies are as follows:

Revenue recognition

Revenue and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable. Expenditures are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

Capital assets

The historical cost and accumulated depreciation of capital assets are not recorded for municipal purposes. Capital assets acquired are reported as an expenditure and amortization is not recorded on the statement of revenue and expenditure and surplus.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

2. Grant repayable:

The grant receivable/repayable to the Province of Ontario is subject to audit verification by the Ontario Ministry of Children, Community and Social Services. The grant receivable/repayable is non-interest bearing and is normally recovered/repaid in the subsequent year. The surplus repayable to the Province of Ontario for the 12-months ended March 31, 2025 is \$nil.

	2024-25	2023-24
Grant repayable, beginning of year	(49,781)	(49,781)
Amounts repaid during the year	49,781	-
Excess of expenditures over revenue	71,309	49,542
Expenditures in excess of the budget	(71,309)	(49,542)
Grant receivable (repayable), end of year	(0)	(49,781)

3. Administration costs:

Administration costs are allocated under the indirect allocation methodology included in the cost allocation policy.

Under this methodology, all departments providing program/service support functions, as identified during the budget process, will allocate their costs using a basis that best match actual costs with the most appropriate beneficial recipient of the cost.

Administration costs are comprised of the following charges:

	2024-25 Budget	2024-25 Actual	2023-24 Actual
Accounting services	\$885	\$1,048	\$908
Payroll services	\$6,528	\$6,678	7,355
Human resources services	\$4,305	\$4,020	4,122
IT program support services	\$28,095	\$32,411	28,580
Insurance costs	\$787	\$734	712
Printing costs	\$503	\$107	380
Capital financing	\$151	\$140	7,485
	\$ 41,254	\$ 45,138	\$ 49,542

4. Budget Data:

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministry of Children, Community and Social Services.

Schedule of revenue and expenses

The Regional Municipality of Niagara
Public Health Department
Healthy Babies, Healthy Children Program

March 31, 2025

THE REGIONAL MUNCICPALITY OF NIAGARA
NIAGARA REGION PUBLIC HEALTH DEPARTMENT
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
Statement of Revenue and Expenses
For the 12-month period ended March 31, 2025

	2024-25 MOH Budget	2024-25 Actual	2023-24 Actual
	\$	\$	
Revenue			
Province of Ontario operating grants	2,507,222	2,507,222	2,347,355
Province of Ontario COVID one-time grants	-		-
Other revenue	-		9,553
	2,507,222	2,507,222	2,356,908
Expenses			
Salaries and Wages: unionized			
Public Health Nurses	1,312,300	1,365,921	1,118,610
Employee Benefits	353,548	321,291	331,113
Lay Home Visitors	-	2,661	163,158
Clerical	117,667	105,066	111,329
WSIB	-		-
Salaries and Wages: non-unionized			
Management	516,719	443,789	375,684
Administration ISCIS	83,476	66,269	82,665
Employee Benefits	76,562	111,059	103,879
	2,460,272	2,416,056	2,286,437
Operating Costs			
Administration costs (Note 3)	296,033	344,724	203,452
Travel - Mileage	50,000	38,776	30,973
Professional Development	3,985	9,229	17,924
Program Supplies/Resources	6,187	35,146	6,259
Communication costs	7,000	5,221	6,983
Office Supplies	953	347	9,807
Audit Fees	7,135	2,448	731
Cleaning Allowance	500	-	150
	371,793	435,890	276,280
Total expenses	2,832,065	2,851,946	2,562,717
Deficiency of revenue over eligible expenses	(324,843)	(344,724)	(205,809)

See accompanying notes to schedule

THE REGIONAL MUNICIPALITY OF NIAGARA
HEALTH SERVICES DEPARTMENT
HEALTHY BABIES/HEALTHY CHILDREN PROGRAM
Notes to Financial Statements

For the 12-month period ended March 31, 2025

1. Significant accounting policies:

This financial statement has been prepared for the Ontario Ministry of Children, Community and Social Services ("the Ministry"). It is prepared in accordance with Canadian public sector accounting standards, except that it does not provide for employee future benefits and tangible capital assets are expensed as incurred. Since precise determination of many assets and liabilities is dependent upon future events, the preparation of periodic financial statements necessarily involves the use of estimates and approximations.

Significant accounting policies are as follows:

Revenue recognition

Revenue and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measureable, Expenditures are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

Capital assets

The historical cost and accumulated depreciation of capital assets are not recorded for municipal purposes. Capital assets acquired are reported as an expenditure and amortization is not recorded on the statement of revenue and expenditure and surplus.

Employee future benefits

Employee future benefits are provided which will require funding in future periods. These benefits include sick leave, benefits under the Workplace Safety and Insurance Board ("WSIB") Act, and life insurance, extended health and dental benefits for early retirees. These benefits are recorded on a cash basis.

2. Grant receivable /repayable:

The grant receivable/repayable to the Province of Ontario is subject to audit verification by the Ontario Ministry of Children, Community and Social Services. The grant receivable/repayable is non-interest bearing and is normally recovered/repaid in the subsequent year. The surplus repayable to the Province of Ontario for the 12-months ended March 31, 2025 is \$nil (2022-23 \$nil).

	2025	2024
	\$	\$
Grant receivable (repayable), beginning of year	(20,638)	(20,638)
Amounts repaid during the year	20,638	-
Excess of expenditures over revenue	344,724	205,809
Expenditures in excess of the budget	(344,724)	(205,809)
Grant receivable (repayable), end of year	0	(20,638)

3. Administration costs:

Administration costs are allocated under the indirect allocation methodology included in the cost allocation policy.

Under this methodology, all departments providing program/service support functions, as identified during the budget process, will allocate their costs using a basis that best match actual costs with the most appropriate beneficial

Administration costs are comprised of the following charges:

	2025 Budget	2025 Actual	2024 Actual
	\$	\$	\$
Accounting services	1,821	1,651	1,505
Payroll services	34,696	27,364	30,918
Human resources services	19,326	74,187	16,252
IT program support services	152,141	141,945	106,039
Insurance costs	5,281	3,206	3,616
Printing costs	13,547	24,849	14,626
Capital Financing Allocation	71,592	71,522	30,496
	\$ 298,404	\$ 344,724	\$ 203,452

4. Budget Data:

The budget data presented in the schedule is based on the budget data submitted to the Ontario Ministry of Children, Community and Social Services

Memorandum

COM-C 16-2025

Subject: 2025-2026 Homelessness Winter Plan

Date: Tuesday, July 8, 2025

To: Public Health and Social Services Committee

From: Cathy Cousins, Director Homeless Services

Niagara Region's Homelessness Services team has developed the 2025-2026 Homelessness Winter Plan to support individuals experiencing homelessness during the winter months.

The homelessness services system continues to be challenged by limited access to affordable housing, supportive housing and a client group presenting with significant substance use and mental health issues. The 2025-2026 Homelessness Winter Plan takes a tiered approach to addressing and mitigating the enhanced risks and challenges presented by cold weather advisories in Niagara for un-housed individuals.

The winter plan was informed by:

- An evaluation of the 2024-2025 winter plan;
- An environmental scan of municipal comparators;
- Feedback from the Lived Expert Advisory Committee; and
- Consultation with Niagara Emergency Medical Services (EMS) on the cold-weather health impacts of those experiencing homelessness.

2024-2025 Winter Plan Evaluation Highlights

The shelter system in Niagara has capacity to support 300 individuals with enhanced surge capacity during cold weather alerts and further overflow capacity for families and individuals with accessibility needs. The shelter system was expanded on December 23, 2024 when the South Niagara shelter opened, two months into the winter season.

During the winter 2024-2025 season Niagara Region had 11 days of cold weather alerts and extended cold weather alert protocols due to blizzard and ice conditions. The emergency shelter system ran at surge capacity for all 11 days.

Emergency shelter system occupancy during cold weather alerts showed an average of 14.5 beds available. Emergency shelter system occupancy during the winter months on days that the temperature did not trigger a cold weather alert showed an average bed availability of 5.7 beds.

Environmental Scan of Municipal Comparators Highlights

Staff reached out to comparator municipalities to identify opportunities to improve the winter plan. Through this work it was noted that winter responses are relatively consistent across municipalities who responded within Ontario, with some establishing resources for the full winter season, and others not triggering until much colder temperatures, example -35°C . Key elements of all responses included: enhanced outreach services to provide winter supplies and encourage individuals to access services, lifting of shelter restrictions (except those where staff and participant safety is at risk), free transportation options and increasing overnight shelter capacity during alerts.

Lived Expert Advisory Committee Feedback

Staff engaged the Niagara Lived Experience Advisory Committee to gather input on cold weather responses. The Committee focused on identifying opportunities to better support individuals with higher needs and service restrictions during cold weather alerts and provided recommendations for improving the cold weather response program.

Although no new recommendations were made to enhance support for high acuity clients during the winter, the Committee members did indicate that overnight accommodations for clients with multiple barriers would be ideal, inclusive of pet supports, safe storage, specific space for women, medical personal available, laundry and showers. Other ideas discussed, that would assist those who cannot access the shelter system included: increased access to outreach through longer shifts, individuals being provided with a low dollar value gift card to support using commercial spaces, access to bathrooms during non-business hours, capacity building for clients on how to help yourself, peer supports, increased communication on where help is available, more access to winter supplies (through REACH Niagara and Niagara Assertive Street Outreach (NASO)) and increased access to transportation. Committee members shared that they look forward to the introduction of the Homeless and Addiction Recovery Treatment (HART) Hub program to augment the current services offered.

EMS Evaluation of Cold-Weather Impacts of those Experiencing Homelessness

EMS data illustrates that individuals are at greatest risk of harm during relatively mild winter temperatures, when a choice is made to stay unsheltered despite available emergency shelter capacity. EMS data shows limited calls for cold weather supports during the times that Niagara activated their cold weather alert protocols.

NASO Review of 2024-25 Cold Weather Response

Debriefing with NASO identified the value of tracking daily encampment visits during cold weather alerts using the encampment mapping tool. NASO identified an opportunity to improve their cold weather response in the 2025-26 winter season by developing an inventory of cold weather supplies in anticipation of cold weather events to enhance response efficiency. The NASO team is committed to continuing to provide enhanced supports and willingness to extend that effort for the upcoming winter.

Overview of the Homelessness Plans for Winter 2025-2026

Niagara Region Homelessness Services had developed a data-informed tiered cold weather strategy for the 2025-2026 winter season. The following measures will be triggered at the temperatures indicated.

TIER 1: When the Temperature Falls to 0°C

In collaboration with homelessness serving programs across Niagara (i.e. NASO, Niagara Homeless Prevention agencies, REACH, Welcoming Streets, Positive Living, EMS Outreach, Niagara Regional Police Community Oriented Response and Engagement (CORE) Unit, Soup Kitchens), staff will disseminate health risk information to clients and provide winter supplies as needed.

TIER 2: When the Temperature Falls to -5°C

Outreach teams will increase visits to encampments and areas frequented by unsheltered clients to address wellness concerns through proactive engagement.

NASO will initiate safety screening, distribute supplies, and encourage un-housed individuals to go to an emergency shelter.

Niagara Region Transit and station staff will be requested to identify and refer individuals in need to NASO for assistance.

Emergency shelter staff will provide winter supplies to individuals who are turned away due to service restrictions or due to lack of capacity in the system with referrals to NASO.

TIER 3: When the temperature drops below -15°C or if Niagara is experiencing an extreme weather event such as a snowstorm or an ice storm a cold weather alert is activated

Homelessness Services will send an alert to all Regionally funded homelessness agencies and to first responder organizations to make them aware of the cold weather alerts and to confirm the services available for unhoused individuals each time an alert is declared.

The Regional website will be updated to alert the public that the cold weather alert protocol has been activated and provide the measures that will be implemented as part of the cold weather alert activation response.

Emergency shelter capacity during cold weather alerts will be increased by 40 beds with the associated costs being reimbursed by the Region.

NASO will conduct daily wellness checks for unsheltered individuals and provide winter supplies and support. NASO will enhance hours and staffing (based on staffing capacity) during an alert to support clients in accessing services. Niagara Region will reimburse NASO for any associated overtime costs and supplies that are incurred.

Emergency shelter providers will lift service restrictions for the duration of the alert, where it is safe to do so, to ensure individuals are supported.

The current 211 afterhours access process will be adjusted to activate an “overflow” shelter phone line to address shelter needs for eligible individuals (families and individuals with accessibility needs) when the Regional shelter system is full. It will continue to be available daily until 11:00 p.m. and directly accessible through 211 or referred through a shelter provider. This line will ensure that those in critical need and greatest risk, after diversion efforts have been exhausted, can be sheltered should the system be otherwise full. This practice is consistent with much of Ontario as all communities are faced with the challenge of limited shelter capacity.

Respectfully submitted and signed by

Cathy Cousins, CPA, CA
Director, Homelessness Services

This memo was prepared in collaboration with John Pickles, Program Financial Analyst, Donovan D'Amboise, Manager, Program Financial Support, Jeffrey Sinclair, Manager Homeless Services and Prabhjot Kaur, Community Services Specialist.

Memorandum

COM-C 17-2025

Subject: Emergency Shelter Service Restrictions

Date: Tuesday, July 8, 2025

To: Public Health and Social Services Committee

From: Cathy Cousins, Director Homeless Services

This memo is in response to COM-C-12-2025 Motion Respecting Alternative Housing Plans and Service Restriction Notifications, Public Health and Social Services Committee, May 6, 2025.

Motion:

1. That, when a client is being restricted from Regional operated or funded shelter, that staff BE DIRECTED to develop alternative housing plans for these clients and bring the framework for these clients at the Public Health and Social Services Committee meeting being held on July 8, 2025, for review;
2. That staff REPORT BACK on alternative housing plans being uploaded to Homeless Individuals and Families Information System (HIFIS) and local area municipalities and Niagara Regional Police being notified about the service restrictions and alternative housing plans for each individual who is restricted; and
3. That staff PROVIDE information on the other questions raised on this matter during the meeting.

Alternative Housing Framework for Clients Restricted from Shelter

Homelessness Services has an existing housing framework to meet the provincial mandate to:

- i. prevent homelessness and
- ii. support individuals who are un-housed to be re-housed.

The framework is built on the following pillars:

- Prevention
- Diversion

- Emergency Shelter Solutions
- Outreach Services
- Housing Solutions

Introducing the following programs will improve the ability for homelessness services to decrease the number of individuals issued service restrictions and more effectively meet the needs of individuals with a history of significant service restrictions.

Introduce Behaviour Support Workers across the emergency shelter and outreach systems. This enhanced service introduces a resource with the specialized education and experience required to prevent and mitigate the triggers and behaviours that often result in service restrictions. Behaviour Support Workers would work directly with shelter participants to prevent and address these behaviours while in shelter, with the goal of avoiding a shelter restriction, as well as working with those living unsheltered to manage behaviours and enhance community safety.

Introduce Peer Support Workers across the shelter and outreach systems to provide individuals access to support from someone who has lived experience and can foster a more trusted relationship with individuals experiencing homelessness. Peer Support Workers can provide another layer of support for individuals with behaviours, again with the goal of avoiding shelter restrictions and supporting the individual on the journey to housing.

Introduce Enhanced Cognitive Supportive Housing. This supportive housing program would consist of a purpose-built facility for 25 individuals, with a staffing design inclusive of mental health, addictions, occupational support, security and case management in an intensive wrap-around program. The client group that would be prioritized for this asset would be those with a history of more significant service restrictions.

Introduce Seniors Specialty Supportive Housing. This program would be available to those over the age of 55 with a history of significant service restrictions and health challenges. Seniors are the fastest growing population within homelessness. This asset will support those with more complex needs and challenges.

HIFIS: Capturing Housing Plans, Individualized Restrictions and Case Notes

Housing Plans for individuals experiencing homelessness are stored in the federal data collection and case management system called Homeless Individuals and Families Information System more commonly known as HIFIS.

The intent of the HIFIS system is to enable homelessness service providers within the same community to access, collect, and share local real-time homelessness data to ensure individuals and families accessing services are prioritized and referred to appropriate services at the correct time. In further detail HIFIS:

- Supports client intake, program assignment and case management
- Assists with housing inventory and matching
- Offers pre-built and evidence-based reports
- Includes communication tools to support collaboration
- Provides privacy and confidentiality controls to protect data and
- Supports reporting, analysis, research and decision making

As a host for HIFIS in Niagara, the entered into an End-User License Agreement and a Data Provision Agreement with Housing, Infrastructure and Communities Canada. Under the Data Provision Agreement, HIFIS users must adhere to federal and provincial privacy standards respecting personal information.

Given that federal government mandates the use of HIFIS as part of receiving Reach Home funding, and mandates the requirements under the Data Provision Agreement there is not an opportunity to extend access to Niagara Regional Police or the Local area municipalities. There are a number of measures taken to support effective collaboration and to ensure the continued safety of the Niagara Regional Police Community Oriented Response and Engagement (CORE) team and the local area municipality staff.

The Niagara Assertive Street Outreach (NASO) staff will continue to discuss safety concerns related to specific encampments with partners during the weekly / bi-weekly encampment meetings. NASO staff will continue to provide the information necessary for municipal staff to do their work safely without breaching confidentiality. For example, staff at the local area municipality can alert NASO if they plan to clear an encampment, the NASO team will continue to support individuals at the encampment to access services, shelter or housing. The NASO team is able to communicate with local area municipality staff that, “there are X number of people remaining” and / or “recommend police support to clear the remaining individual(s)”. Similarly, to support safety concerns in day-to-day work such as grounds maintenance, staff can reach out to NASO to support communication with encampments and can reach out to the CORE team, who also often have relationships with individuals at the encampments. In addition, NASO offers training for municipal employees to increase understanding and reduce stigma when encountering individuals experiencing homelessness, and to provide education on roles and supports available.

Questions Raised at the May 6, 2025 Meeting on this Matter and Responses

How do we register and record behaviour at the emergency shelters that requires a police response and triggers a service restriction?

In 2024 Niagara Region established a standardized shelter restriction policy as part of the shelter standards for Niagara. This document outlines restriction levels, expected consequences, the appeal process and reporting requirements. Restrictions including details and duration are recorded HIFIS. Details would include whether first responders were called.

What do alternative housing plans currently look like?

In a housing-focused system every client has a housing plan. Elements of a housing plan include the various steps required to achieve the goal of housing, and may include getting identification, ensuring financial opportunities have been explored, choice of community and type of housing based on understanding of unique needs and barriers, searching for a unit, preparing for move, and life stabilization skills to support tenancy.

If it's not safe to be in a shelter then it is not safe to be in a public space either. What does developing housing plans for individuals with level 4 and 5 restrictions look like?

The housing plan for each individual or family follows them throughout their homeless experience. NASO continues to work with individuals who are service restricted from shelter, using the same housing plan that may have been developed while in shelter.

Potential safety issues are identified by NASO and captured in the mapping tool to support the continued safety of NASO staff. When visiting an encampment site with identified safety concerns, NASO staff request the attendance of the CORE team or fire services as appropriate.

When a local area municipality is clearing an encampment, the clean up may be discussed as part of the weekly or bi-weekly call to coordinate encampment responses. The NASO team will meet with occupants of the encampment to discuss the impending clean-up of the encampment and offer support to them with access to services, shelter or housing. NASO staff will alert the local area municipality team if there are individuals remaining at the encampment and if there should be a police presence when the encampment is cleared.

Why are individuals at shelters not charged if they are violent, incurring property damage or trafficking?

These cases are reported to the police. Police then determine how to address each instance within the legislation and tools available to them.

Why is it so difficult to address the needs of this particular population?

Underlying mental health and addiction issues, along with significant trauma historically and as a result of being un-housed for many years impact the behaviours of many homeless individuals. There is limited availability and access to dedicated programs to address the complex needs of this cohort. Many traditional programs are only available to individuals who have an address. The recently announced Niagara HART Hub will help to address this current gap, as the population being targeted through the Hub is chronically homeless individuals.

How do staff know who has had a level 4 or 5 restriction?

This information is shared among service providers who are a part of the continuum of care through HIFIS.

Can staff clearly outline the demonstrated need (inventory and associated transparent framework with associated costs)? Explain how the un-housed are impacted by homelessness and how neighbourhoods where un-housed individuals stay are impacted.

The experience of homelessness is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing. Unhoused persons may experience increased risk of harm, including personal safety and long term impacts on health and mental health (including impacts of substance use). The experience of homelessness including stigma, is likely to exasperate the behaviours of someone who is challenged by extreme poverty, mental health, addictions and trauma.

Homelessness impacts all community members in a neighbourhood, including those who are unsheltered or living in a shelter, local renters, homeowners and businesses. There are negative impacts on safety and perception of safety, enjoyment of public space and economic opportunities. Homelessness in a community also impacts service demands and costs associated with policing, EMS, fire, hospital, judicial and health services.

Homelessness is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Homelessness services cannot on its own respond to and address this crisis.

Attached is the framework of services offered to support those who are at risk of homelessness and who require prevention services as well as services to support those who are unhoused to become rehoused.

Respectfully submitted and signed by


Cathy Cousins, CPA, CA
Director, Homelessness Services


Appendices

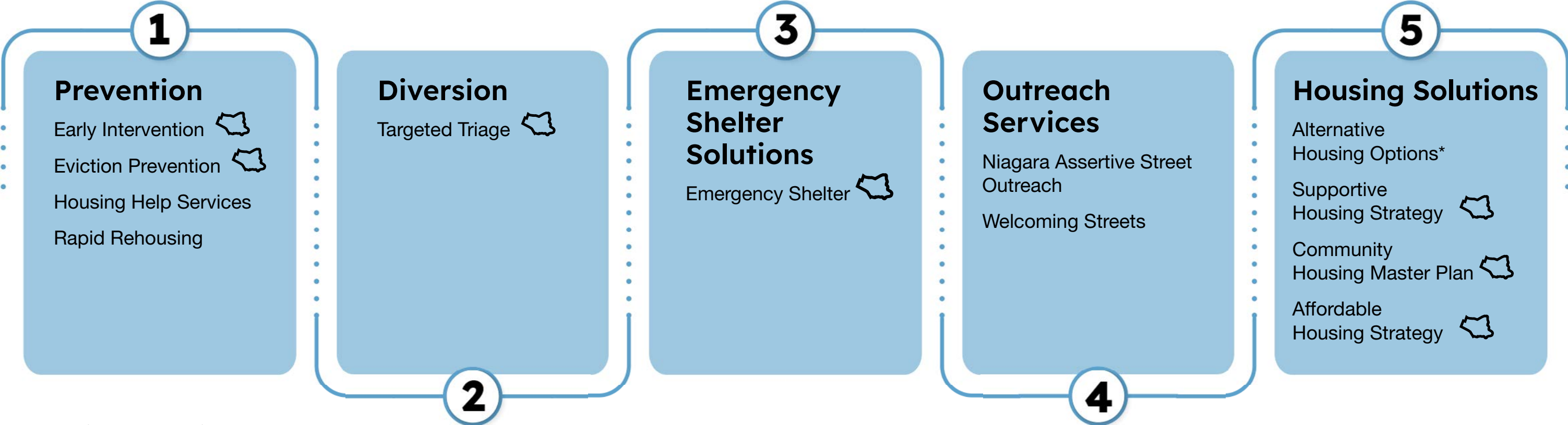
Appendix 1 Homelessness Services Framework

Homelessness Services Framework

The Homelessness Services Framework is designed to meet the Region’s mandate of preventing homelessness and supporting those experiencing homelessness to becoming rehoused. The following framework of services is presented in the order that are anticipated to be provided to an individual or family experiencing homelessness.

 Services provided directly by Niagara Region

 New strategies that support individuals with service restrictions



Addressing Barriers

There are programs available, outside of the Region’s mandate, that are needed to help address barriers for individuals requiring more intensive supports to move in stable housing.

Criminal Justice Involvement

Systems and programs that help support individuals with criminal records to access housing.

Mental Health and Substance Use

Systems and programs that help support individuals with criminal records to access housing.

Trauma Informed Care

All staff and service providers trained in trauma informed practices to better understand and support individuals with a history of trauma.

Behaviour Support Workers

Working across shelter system to mitigate behaviours that trigger service restrictions.

Peer Support Workers

Working across shelter system to foster relationships of trust to further support prevention of behaviours that trigger shelter restrictions.

Situation Table – Service Restrictions

Enhanced support for individuals with significant service restrictions and behavioural/mental health challenges.

Alternative Housing Options

Transitional Housing

Agency supported short term housing with access to case management and referrals to support with transition to independent living.

Housing First Programs

Programs are available in both built and market based environments. These programs are agency delivered providing case management and referrals. Clients may progress to lighter touches of support and may transition to independent living.

Bridge Housing

Bridge housing focuses on high needs clients, providing intensive supports over a short period (six to eight months) on the journey to other lighter touch supportive housing, long term care or family reunification as exit strategies.

Violence Against Women Transitional Housing

This agency delivered program provides transitional housing to women and sole support mothers who has experienced violence. Intensive case management support and referrals are provided with the goal of exiting to independent living.

Permanent Supportive Housing

This agency led program provides intensive case management support, referrals and health care supports to high needs clients requiring 24/7 supports. Clients may exit to lighter touch supportive housing, however many are very complex and may require 24/7 support ongoing.

Enhanced Cognitive Supportive Housing

Purpose built supportive housing with staffing design that incorporates mental health and addictions, occupational support, case management and security on site for individuals with level four and five service restrictions.

Seniors Specialty Supportive Housing

Purpose designed program to support individuals over 55 with significant service restriction records and complex health concerns.

Coordinated Access

This is the system by which clients are matched to housing programs to ensure the right level of support to be successful, without providing more supports than necessary.

Memorandum

PHD-C 8-2025

Subject: Warning System Use at Niagara EMS

Date: July 8, 2025

To: Public Health & Social Services Committee

From: Michael Franklin, Commander, Quality Management and Performance Standards, Niagara EMS

This memo provides an update on the progress made by Niagara Emergency Medical Services (EMS) to enhance safety and improve resource utilization by reducing the use of EMS warning systems. Warning systems refers to the use of lights and sirens during emergency responses and patient transports.

Historically, frequent use of these systems was believed to improve patient outcomes by reducing response and transport times. However, research has since shown that limiting their use to only critically necessary situations significantly decreases the risk of ambulance collisions and improves overall outcomes. In response to this evidence, Niagara EMS has adopted an evidence-informed approach to safely reduce the use of warning systems both when responding to emergency calls and when transporting patients. These efforts are designed to protect the safety of staff, patients, and the public, while also improving operational efficiency and reducing costs.

To provide context, earlier EMS models placed a strong emphasis on response times, leading to widespread use of warning systems under the assumption that speed was critical in all cases. In contrast, current research shows:

- A 50% higher risk of collision when lights and sirens are used during responses.
- Nearly triple the risk of collision during patient transport with warning systems.
- Minimal time savings, with an average reduction of only 90 seconds in response or transport time.
- A very small percentage of calls actually requiring time-critical interventions either on-scene or at the hospital.

Over the past six years, Niagara EMS has made meaningful progress in reducing unnecessary warning system use and limiting use to times of critical need. This work will continue through ongoing staff training, system monitoring, and updates to response protocols that further limit unnecessary use.

We remain committed to evidence-based practice and continuous improvement to ensure the highest standard of EMS care for Niagara residents.

Respectfully submitted and signed by

Michael Franklin

Commander, Quality Management and Performance Standards, Niagara EMS