

COM 16e2020 Appendix 7

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## **Independent Auditor's Report**

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

#### Opinion

We have audited Sections A through F, Section I, and Section O of the accompanying 2019 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Upper Canada Lodge (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – Upper Canada Lodge for the year ended December 31, 2019 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2019 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated April 30, 2020 issued by the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreements dated April 1, 2016 and April 1, 2019 (collectively referred to as the "Guidelines").

### **Basis for Opinion**

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

### **Emphasis of Matter - Basis of Accounting**

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

# Responsibilities of Management and Those Charged with Governance for the Report

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

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

### **Auditor's Responsibilities for the Audit of the Report**

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants August \_\_\_, 2020

## The Regional Municipality of Niagara Upper Canada Lodge

**Notes to the Annual Report** 

December 31, 2019

### 1. Basis of accounting

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

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2019 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated April 30, 2020; and
- LHIN Service Accountability Agreements dated April 1, 2016 and April 1, 2019.

### 2. Revenue recognition

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

## 3. Expenditures

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

Onta	ario		20	)19 Long-	Term Car	e Home	Annual R	eport		
Ministry o	f Long-Ter	m Care de longue durée	Fo	r the period fro	om 2	019-01-01	to	2019-12-31	]	
MOHLTC	Facility #		The Beginn	al Municipality	of Niogoro					
H1353 LHIN Nan		Opper Canada Lodge	- The Regiona	ai Muriicipality	oi iviagara					_
	_	gara Haldimand Brant L					!-! B!	D-14		_
Sectio	n A - L	evel of Care (LOC) Act	uai Resident		esident Days		esident Bad		Revenue	_
	Current	Revenue Period	January to March (1a)	April to June (1b)	July (1ba)	August to December (1c)	Total Days	Basic Fees	Preferred Fee	es
A001	Long-St	ay - Private	4,143	4,275	1,474	7,225	17,117	1,050,369	324,38	30
A002	Long-St	ay - Semi - Private	90	32	0	0	122	7,516	1,03	30
A003	Long-St	ay - Basic	2,840	2,892	956	4,836	11,524	595,422		
A004	Long-Sta	ay two-bed room (Shared by					0			
A005	Short-St	ay - Respite Care					0			
A005a	reimburs (Include	zed Unit - approved for sement of preferred Fees long-stay residents ng Specialized Unit beds)					0			
A005b	reimburs Fees(Inc	zed Unit - not approved for sement of preferred clude long-stay residents ng Specialized Unit beds)					0			
A006	Respite C	el of Care Long-Stay, Short Stay- care Beds and Specialized Unit Im of lines A001 through A005b)	7,073	7,199	2,430	12,061	28,763	1,653,307	325,41	0
A007	Interim S	Short-Stay - Private					0			
A008	Interim S	Short Stay - Semi-Private					0			
A009		Short Stay - Basic					0			
A010		Short-Stay - two-bed room by spouses)					0			
A011	Total Lev	el of Care Interim Short-Stay um of lines A007 through A010)	0	0	0	0	0	0		0
A012	Convales	cent Care Beds					0			
A015	should b charged accomm	harged portion of resident acc he charged to residents without is less than the maximum bat hodation fee and the basic acc basic accommodation fee.	it an approved rat sic accommodation	te reduction and the on fee and, the va	e basic accomm riance between t	odation fee char ne Director appro	ged if the basic a oved reduced bas	ccommodation fee		
							Resident-Dave			
	Replace period in	ment "B", "C" and Upgraded on 2018 and the Pre-Move Occiment beds. (to be completed	D" beds during th upancy Days for 0	ne Fill rate Classified "D"	January to March (1a)	April to June (1b)	Resident-Days July (1ba)	August to	Total Days (1d)	
A020a	the Fill-F replacer Days for	tesident-days in lines A001 thi Rate period for awarded beds ment "B", "C" and Upgraded "I Classified "D" Replacement or specialized unit beds.	and replacement D" beds, the Pre-l	"D" beds, Move Occupancy					0	
A020b										

Actual Short-stay Respite-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 Resident-Days January to August to December April to June (1b) Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds July (1ba) Total Days March (1d) A021a Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period Resident-Days August to Actual occupancy of beds approved for Occupancy Reduction Protection (ORP) July (1ba) Total Days April to June March December (1c) (1b) (1a) Actual Resident-days in lines A001-A004 during ORP Period A022a A022b Actual Resident-days in line A007-A010 during ORP Period

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## 2019 Long-Term Care Home Annual Report

For the period from 2019-01-01 to 2019-12-31 Ministry of Long-Term Care Ministère des Soins de longue durée

MOHLTC Facility # Operator Name

H13534 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 Only
A030 Basic Revenue: July 1, 1994 to December 31, 2018		

	Resident Bad Debt on 2019 Basic Accomodation Fees	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt	1,748	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$1,748	

#### Section B - Actual Other Recoverable Revenue

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

Page 2 of 8 April 1, 2018

## Ontario 2019 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	2019-01-01	i.u	2019-12-31	
Ministère des Soins de longue dur	ée				
MOHLTC Facility #	Operator Name :				
H13534	Upper Canada Lodge - The Regional Municipality of Nia	gara			

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	3,044,305		3,044,305				0	
C002	Employee Benefits	672,530		672,530				0	
C003	Purchased Services	12,238		12,238				0	
C004	Medical and Nursing Supplies	105,125		105,125				0	
	Equipment	35,877		35,877				0	
	Physician On-Call Coverage	14,528		14,528				0	
	Other: Provide Education and Training	2,308		2,308				0	
	Expenditure Recoveries (enter as negative)	(12,007)		(12,007)				-	
	Total Nursing and Personal Care (Sum of lines C001 through C008)	\$3,874,904	\$0	\$3,874,904		\$0	\$0	\$0	

Note: Claim-based not to be included.

	LTC/Interim beds	
	only (exclude Convalescent Care	Convalescent Care beds only
Olahal Laval of Core Fredien	Beds)	(2)
Global Level of Care Funding  Report the total eligible expenses in relation to the \$1.77 Global LOC per diem funding initiative for the April 1, 2019 to December 31,	(1)	
Areport for local ediple expenses in Teachair to the 31/7 Ostocal ECP per identification intributing initiative for the April 1, 2013 to December 31, 2019 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C010 through C009, as applicable. The total expenses reported on line C010 will be used to inform the allocation of the Global LOC funding across the envelopes. Homes will retain the 32% of Global LOC funding allocated to the OA envelope.	26,359	

Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds)	Convalescent Care beds only (2)
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 C012 will be used to determine any unused funding from the RN & RPN - SSO initiative.		

	Personal Support Worker (PSW) - BSO initiative		Convalescent Care Beds)	Convalescent Care beds only (2)
C012	Report the total eligible expenses funded from the PSW-BSO initiative. Note: The expenses must also be reported through Co09, as applicable. The total expenses reported on line Co13 will be used to determine any unused fundii BSO initiative.		13	

	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)
C	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C014 will be added to the expenses reported on line D010 to determine any unused funding		

		LTC/Interim beds	
		only (exclude	Convalescent Care
	Enhanced Transition Support Funding	Convalescent Care	beds only
		Beds)	(2)
		(1)	
	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported or	lines	
	C001 through C009, as applicable.		
CO	14		

	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.	

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For Ministry Use Only

Allowable Expenditure (8)

## Ontario

2019 Long-Term Care Home Annual Report
For the period from 2019-01-01 to 2019-12-31 Ministry of Long-Term Care

Ministè	re des Soins de longue durée		1					
	C Facility # Operator Name :							
H135								
Sect	ion D - Actual Expenditures - Program and Support Service	es						
		LTC and Interim Bed	LTC and Interim Bed	Sub-total	For Ministry Use Only	Convalescent Care	Convalescent Care	Sub-Total
		Arms-Length Transactions	Non-Arms- Length		Allowable	Arms-Length Transactions	Non-Arms- Length	
		(1)	Transactions		Expenditure	(5)	Transactions	(7)
	Program and Support Services (PSS)		(2)	(3)	(4)		(6)	(1)
D001	Salaries	261,376		261,376				0
D002	Employee Benefits	59,467		59,467				0
D003	Purchased Services	100,760		100,760				0
D004	Supplies	9,479		9,479				0
D005	Equipment	1,469		1,469				0
D006	Other Education and Training	2,368		2,368				0
D007	Expenditure Recoveries (enter as negative)			0				0
D008	Total Program and Support Services (Sum of lines D001 through D007)	\$434,919	\$0	\$434,919		\$0	\$0	\$0
	(dum of lines 2001 timough 2001)			-		I.	I	I
		LTC/Interim beds						
	Clabel Level of Cons Fronting	only (exclude	Convalescent Care beds only					
	Global Level of Care Funding	Convalescent Care Beds)	(2)					
		(1)	( )					
	Report the total eligible expenses in relation to the \$1.77 Global LOC per diem funding initiative for the April 1, 2019 to December 31, 2019 period for Program and							
D009	Support Services expenses . Note: The expenses must also be reported on lines			· · ·				
	D001 through D008, as applicable. The total expenses reported on line D008 will be							
	used to inform the allocation of the Global LOC funding across the envelopes.  Homes will retain the 32% of Global LOC funding allocated to the OA envelope.							
	and an artist and artist are artist and artist are arti							
		LTC/Interim beds only (exclude	Convalescent					
	Additional Healthcare Personnel - BSO initiative	Convalescent	Care beds only					
		Care Beds)	(2)	_				
		(1)						
	Danast the total elimina and according to the Additional Health and Danastal							
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							
20.0	D008, as applicable. The total expenses reported on line D009 will be used to							
	determine any unused funding from the Additional Healthcare Personnel - BSO initiative.							
	mindays.		ļ	<b>-</b>				
		LTC/Interim beds		]				
	Training and Orientation Activity and Therapeutic Equipment	only (exclude	Convalescent					
	and Supplies - BSO Initiative: Additional Healthcare Personnel	Convalescent Care Beds)	Care beds only (2)					
		(1)	\-/					
				4				

		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)
[	2044	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 D010 will be added to the expenses reported on line C014 to determine any unused funding.		

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

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2019 Long-Term Care Home Annual Report
For the period from 2019-01-01 to 20 2019-12-31 Ministry of Long-Term Care

Ministère des Soins de longue durée

MOHLTC Facility # Operator Name :

Upper Canada Lodge - The Regional Municipality of Niagara H13534

Geotion E - Actual Experiationes - Naw 1 ood		LTC and Interim Bed Arms-Length Transactions	LTC and Interim Bed Non-Arms- Length	Sub-Total (3)	For Ministry Use Only "Allowable Expenditure (4)"	Convalescent Care Arms-Length Transactions (5)	Care Non-Arms- Length	Sub-Total (7)	For Ministry Use Only "Allowable Expenditure
	Raw Food	(1)	Transactions				Transactions		(8)"
E001	Raw Food	309,178		309,178				0	
E002	Expenditure Recoveries (enter as negative)	(11,130)		(11,130)				0	
E003									
	Total Raw Food (Sum of lines E001 through E002)	\$298,048	\$0	\$298,048		\$0	\$0	\$0	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E00	Report the total eligible expenses in relation to the \$1.77 Global LOC per diem funding initiative for the April 1, 2019 to 40 LOC per diem funding initiative for the April 1, 2019 to 41 LOC per diem funding initiative for the April 1, 2019 to 42 LOC per diem funding initiative for the April 1, 2019 to 43 LOC per diem funding initiative for the April 1, 2019 to 44		

## Section F - Actual Expenditures - Other Accommodation

		LTC and Interim	LTC and Interim	Sub-Total	For Ministry Use Only	Convalescent Care	Convalescent	Sub-Total	For Ministry Use Only
		Bed Arms-Length	Bed Non-Arms-		· · · · ·	Arms-Length Transactions	Care Non-Arms-		
		Transactions	Length	(3)	Allowable	(5)	Length		Allowable
		(1)	Transactions		Expenditure	(0)	Transactions	(7)	Expenditure
			(2)		(4)		(6)	(7)	(8)
F001	Housekeeping Services (HS)	324,066		324,066				0	
F002	Building and Property - Operations and Maintenance (B&P-OM)	169,859		169,859				0	
F003	Dietary Services (DS)	592,176		592,176				0	
F004		176,103		176,103				0	
	Laundry and Linen Services (L & LS)	176,103		170,103				U	
F005	General and Administrative (G&A)	630,349	360,984	991,333				0	
F006	Facility Costs (FC)	430,980	3,617	434,597				0	
F007		\$2,323,533	\$364,601	\$2,688,134		\$0	\$0	\$0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	Ψ2,020,000	ψ504,001	Ψ2,000,134		ΨΟ	ΨΟ	ΨΟ	
	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.	229,038		229,038				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$2,094,495	\$364,601	\$2,459,096		\$0	\$0	\$0	

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F010	Report the total eligible expenses in relation to the \$1.77 Global LOC per diem funding initiative for the April 1, 2019 to December 31, 2019 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F001 through F009, as applicable. The total expenses reported on line F010 will be used to inform the allocation of the Global LOC funding across the envelopes. Expenditure in the Other Accommodation envelope must not exceed 32% of the Global LOC funding allocation. Homes will retain the 32% of Global LOC funding allocated to the OA envelope.	12,404	
		LTC/Interim beds only	

	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.		

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Ministère des Soins de longue durée		
MOHLTC Facility #	Operator Name :	
LIAGEGA	Upper Canada Lodge The Regional Municipality of Niggara	

#### Section I: Part A.

#### Line la01- 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 1a01 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 f	or 12 months, J	anuary 1, 2019 to D	ecember 31, 2019	
			Overhead		
			Expenses -		
	Salary	Benefits	operating	Total Costs	
la01					\$0

#### Line la01b- 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, 2019 to December 31, 2019					
				Overhead			
				Expenses -			
		Salary	Benefits	operating	Total Costs		
Г							
	la01b	s   s					

#### Line la01c- 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.

I	la01ca	Funding for the April 2018 to March 2019 period has been used for equipment intended to reduce falls or injuries from falls (Y / N)	Y
		Funding for the April 2019 to December 2019 period has been used for equipment intended to reduce falls or injuries from falls (Y / N)	Y

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Ministry of Long-Term Care

## 2019 Long-Term Care Home Annual Report

For the period from 2019-01-01 to 2019-12-31

Ministère des Soins de longue durée	
MOHLTC Facility #	Operator Name :

## H13534 Upper Canada Lodge - The Regional Municipality of Niagara

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

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

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2019 thru December 31, 2019 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 2019 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2019 to December 31, 2019 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	(5)
lb2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	21,324
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	4,430
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb7	LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by the 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.	
	One-time and project funding	Use lines lb8 through lb11, column D to report expenses eligible for reim incurred by the home from January 1, 2019 to December 31, 2019 for an project funding, based on the funding provided in the LTCH Payment Ca Report each funding item separately and provide a description, e.g. Wa Testing	ny one-time and Ilculation Notice.
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:	s from Section I, Part B (sum of lines lb1 to lb11)	25,754

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2019 Long-Term Care Home Annual Report

Ministry of Long-Term Care For the period from			2019-01-01	to	2019-12-31		
Ministè	ere des Soins de long	ue durée					
	MOHLTC Facility # Licensee Name :						
H135	534	Upper Canada Lodge - The Regional Municipality of Niagara					
Soo	tion O - Accı	Check if no accrual amounts as of December 31, 2018					
Sec	tion O - Acci	uai Report					
		PERSONAL CARE					
		ete lines O001 through O003, as applicable. Do not include	Opening	Payment	Current Period	Closing Accrual Balance	
	any cost relat	ed to the administration of employee and union agreements	Accrual Balance	Settlements in	Accrual	(4) (4) (2) (2)	
	e.g, the cost of	f conducting union negotiations, arbitration hearings, and pay	balance	2018 (2)	(3)	(4) = (1)-(2)+(3)	
	equity negotia	tions must be reported in the Other Accommodation	(1)	(=)	(0)		
	envelope.						
O001	Salaries		146,578	146,578	163,894	163,894	
O002	Employee Benefi	S	32,373	32,373	35,103	35,103	
O003	Other (specify):	CUPE 1263 & ONA9	10,436	0	61,049	71,485	
0004		G AND PERSONAL CARE	¢400.207	\$470.0E4	¢260.046	<b>\$270.402</b>	
0004	(sum of lines Ot	01 through O003)	\$189,387	\$178,951	\$260,046	\$270,482	
			1 4				
		Support Services	Outsian	Day was a set	Current Period	Olasiaa Asamusl Balansa	
		ete lines O101 through O103, as applicable. Do not include	Opening Accrual	Payment Settlements in	Accrual	Closing Accrual Balance	
		ed to the administration of employee and union agreements	Balance	2018	71001441	(4) = (1)-(2)+(3)	
		f conducting union negotiations, arbitration hearings, and pay		(2)	(3)		
		tions must be reported in the Other Accommodation	(1)				
O101	envelope. Salaries		11,998	11,998	12,456	12,456	
	Employee Benefi		2,824	2,824	2,784	2,784	
	Other (specify):	CUPE1263	2,024	2,024	3,821	3,821	
0103		M AND SUPPORT SERVICES			0,021	0,021	
O104		01 through O103)	\$14,822	\$14,822	\$19,061	\$19,061	
		nodation - To Be Completed by Red-Circled Homes					
	Please compl	ete lines O201 through O203, as applicable. Include any cost	Opening	Payment	Current Period	Closing Accrual Balance	
		administration of employee and union agreements e.g, the	Accrual	Settlements in 2018	Accrual	(4) = (1)-(2)+(3)	
	cost of conducting union negotiations, arbitration hearings, and pay equity		Balance (1)	(2)	(3)		
	negotiations r	nust be reported in the Other Accommodation envelope.	(1)	(=)	(0)		
O201	Salaries					0	
	Employee Benefi					0	
						0	
3200		I. CCOMMODATION					
O204		01 through O203)	\$0	\$0	\$0	\$0	

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COM 16-2020, Appendix 7

## **Ontario**

## **2019 Long-Term Care Home Annual Report**

Ministry of Long-Term Care For the period from 2019-01-01 to 2019-12-31

Ministère des Soins de longue durée

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MOHLTC Facility #	Licensee Name :			
H13534	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:



## 2019 Long-Term Care Home Annual Report

Ministry of Long-Term Care

For the period from 2019-01-01

to 2019-12-31

TITLE:

Ministère des Soins de longue durée MOHLTC Facility # Licensee Name : H13534

# Upper Canada Lodge - The Regional Municipality of Niagara Section Q - Licensee's Statement and Approval

The information contained in Sections A throu Annual Report of (legal name of Licensee)	••	of this Long-Term Care Home
for the Period from	to	was provided by management.
This Report has been prepared in conformity Report and adheres to the technical instruction	· · · · · · · · · · · · · · · · · · ·	
The information contained in this report is in a Minister and the licensee, and all applicable p period being submitted.		~ ·
Sections C thru F of the report excludes expe by the Ministry, the redevelopment of a Categ beds. Sections C thru F also excludes, as app and Part B.	ory "D" Home, and redevelopment o	f Replacement "B", "C" and Upgraded "D"
Systems of internal accounting control are mainformation. These systems include formal popersonnel, and an organization providing for a	olicies and procedures, the careful se	election and training of qualified
Falls Prevention Equipment Funding has been	n used for equipment intended to rec	luce falls or injuries from falls.
Approved by the Licensee on the	day of(Pr	, 20 rint Licensee's Name)
	Ву:	
Witness	NAME:	

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

## 2019 Long-Term Care Home Annual Report

For the period from 2019-01-01 to 2019-12-31

Ministère des Soins de longue durée

Ministry of Long-Term Care

MOHLTC Facility # Licensee Name :

H13534 Upper Canada Lodge - The Regional Municipality of Niagara

**Independent Auditors' Report** 



## 2019 Long-Term Care Home Annual Report

Ministry of Long-Term Care For the period from 2019-01-01 to 2019-12-31

Ministère	des	Soins	de	longue	durée	

MOHLTC Facility # Licensee Name :

H13534 Upper Canada Lodge - The Regional Municipality of Niagara

## Appendix A

Auditor's	Poport -	Statement	of Truct	Account
Auditor S	Report -	Statement	or rrust	Account

To the Minister of Long-Term Care:					
We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)					
for the period from	to				
prepared in accordance with the responsibility is to express an	J	ection 241. The Statement is the responsibility of the Home's management. Our upon our audit.			

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

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2019 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007.

	Licensed Public Accountant
(place)	
(date)	