

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

Recommendations

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

Key Facts

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

Financial Considerations

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

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

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

Analysis

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

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

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

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

Alternatives Reviewed

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

Relationship to Council Strategic Priorities

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

Other Pertinent Reports

None.

Prepared by:

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

Submitted by:

Ron Tripp, P.Eng. Chief Administrative Officer

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

Appendices

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

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

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

COM 1-2024 Appendix 1

Deloitte.

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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 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – Deer Park Villa (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

 2022 Long-Term Care Home Annual Report

 For the period from
 2022-01-01
 to

2022-12-31

Ontario Meters of Long-Term Care Meters in the total of the Care Meters in the total of the Care Facility # Operator Name HNX448 Deer Park Villa - The Regional Municipality of OH Region Name Hamilton Niagara Haldmand Brant Local Health Integration Network Operator Name Deer Park Villa - The Regional Municipality of Niagara

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

Section	A - Level of Care (LOC) Actual Resident Occupancy, Resider	nt Revenue a		Bad Debt sident Days									Resident Re	venue				Total R	evenue
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)		Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)		Preferred Fees
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	496	937	1,467	1521	1585	6,006	30,261	60,123	91,46	7 93,928	100,173	12,567	25,132	38,506	39,560	42,228		
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	279	523	701	736	736	2,975	16,979	33,178	43,59	5 45,306	46,523	3,360	6,945	8,571	1 8,923	3 9,165		
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	341	663	1,152	1145	1186	4,487	15,388	30.067	50.93 ⁻	56.295	60.499							
A004	Long-Stay two-bed room (Shared by spouses)						0		00,001	00,00	. 00,200	00,400							
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0												
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	1,116	2,123	3,320	3,402	3507	13,468	62,628	123,368	185,993	3 195,529	207,195	15,927	32,077	47,077	7 48,483	3 51,393	0	0
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
	Interim Short Stay - Basic	0	31	91	92	92	306	0	1891	567	4 5,674	5,815							
A010	Interim Short-Stay - two-bed room (Shared by spouses)						0												
A011	Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010) Convalescent Care Beds converted into long-stay beds. Include long-	0	31	91	92	92	306	0	1,891	5,674	4 5674	5815	C	0		0 (D 0	19,054	0
A012	stay residents occupying converted convalescent care beds during the COVID-19 period.						0												

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

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

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

				Resid	lent Days		
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Emergency Measures Funding Policy. Use lines A024a to A024d as applicable, to report the resident days elligible for reimbursement of lost preferred revenue for the period January 1 to December 31, 2022. Elligible resident days include: 1 just anisotient days for the period transient occupies presense Security Policy (COVID-10 Policy), with Securit 2.2 of the COVID-19 magnetized to the December 2.2 of the period the resident cauge the security Policy (COVID-10 Policy), with Securit 2.2 of the COVID-19 magnetized with the hart equipred at basic room should be placed in a profession of 2.0 when if a resident on a modical leave a basic room should be placed in a profession day the place is needed to a modical leave as waived until the resident is able to return to the home post-abbreak. The Ministry will reimburse the maximum cost difference signaled by the CO-2Ps glueline between a basic noom and preferred room rate to the licensee for the period the resident occupies a preferred room. Do NOT report on resident days under the Co-2Ps glueline between a basic noom and preferred room rate to the licensee for the period the resident occupies a preferred revenue through the High Intensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024c	For Never beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0

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

A024d	For Older bads - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
	ds – beds classified as "NEW" or "A" according to ministry design standards. ds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design s							
				Resid	lent Days			
	Reimbursement for lost preferred revenues - Co-payment Waiver Program. Use lines AO24e through AO24h, 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, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the licensee of the LTC home to which a resident is admitted on or before April 10, 2022 under the special pandemic admission rules for patients in public hospitals set out in s. 242 of the Ontario Regulation 246/22 (e.g. at the time of admission the home was not the resident's first choice). The Ministry will remixer the maximum cost difference sitpulated by the Co-Pay Bulletin between a basic room and preferred room. DO NOT report on resident days already reported in section C and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024e	reimbursement of lost preferred revenue.						0	
A024f	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024g	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	
A024h	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue.						0	

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Facility #

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

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

Operator Name HN3448

Deer Park Villa - The Regional Municipality of Niagara

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

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

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

Section B - Actual Other Recoverable Revenue

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

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

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

 Ministère des Soins de longue durée

 Facility #
 Operator Name :

 HN3448
 Deer Park Villa - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

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

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 f March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing and expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 3 funding is allocated to the Other Accommodation envelope; unused funding may be retained by the expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remail across the NPC, PSS and NS envelopes	l Personal Care 2% of the Global LOC home. The total	107345	

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

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

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

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

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

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

 Ministere des Soins de longue durée

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

 Section D - Actual Expenditures - Program and Support Services

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

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	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)
D01	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding.		

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

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

Ministry of Long-Term Care

 Ministère des Soins de longue durée

 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	277,339		277,339				0	
E002	Expenditure Recoveries (enter as negative)	(65,588)		(65,588)				0	
E003									

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

Section F - Actual Expenditures - Other Accommodation

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

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

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

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

	Designated Specialized Units - Additional Funding	Beds) (1)
F	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

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

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	Ministère des Soins de longue durée				
	Facility #	Operator Name :			
HN3448 Deer Park Villa - The Regional Municipality of Niagara					

Section I: Part A.

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

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

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

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

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

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

Line Ia01c- Falls Prevention Equipment Funding Program

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

Y/N

la01c	Funding for the January 1, 2	2022 to December 31,	2022	period has been used for equipment intended to	
	reduce falls or injuries from				

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

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

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

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HN3448	Deer Park Villa - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01e1 - Additional COVID-19 Prevention and Containment Funding

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

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

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

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

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

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

Line la01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

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

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Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

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

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

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia01i2. DO NOT REPORT THESE COSTS IN SECTIONS C 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
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	3291

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

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

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

Line Ia01j2 - Infection and Prevention Control - Personnel

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

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

Line Ia01j3 - Infection and Prevention Control - Training

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

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



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

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

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report for the January 1, 2023 to March 31, 2023 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 Ia01k2 Expenditure for the April 1, 2022 to December 31, 2022 period 8020

Line Ia01m1 - Medication Safety Technology Program

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

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

Line Ia01m2 - Medication Safety Technology Program

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

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

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2022 Long-Term Care Home Annual Report

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

For the period from lurée Operator Name :

Deer Park Villa - The Regional Municipality of Niagara

2022-01-01

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to

Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

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

Line Ia01p2 - Clinical Decision Support Tools Program

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

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

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

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

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

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

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

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

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2022 Long-Term Care Home Annual Report

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

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

For the period from

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

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

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

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

			Тс	tal Expen	diture
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period				15138

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

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

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

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

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

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

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

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

December 29, 2017

2022-01-01

to

2022-12-31

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

Facility # Licensee Name :

Ontario

HN3448

Deer Park Villa - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

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

	Program and Support Services	1				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0101	Salaries		12,306	12,306	13,836	13,836
0102	Employee Benefits		2,536	2,536	3,108	3,108
0103	Other (specify):		0	0	0	0
10/	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$14,842	\$14,842	\$16,944	\$16,944

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0201	Salaries				0
0202	Employee Benefits				0
0203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0



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

For the period from

2022-01-01

2022-12-31

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

Facility # HN3448 Licensee Name : Deer Park Villa - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here

and please explain:

Ontario 2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31 Ministry of Long-Term Care

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

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

was provided by management. for the Period from to

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

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

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

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

day of	, 20
	(Print Liconsco's Namo)
	(Print Licensee's Name)
	Ву:
	NAME:
	TITLE:
	day of

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

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

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

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

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

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

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

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

for the period from to

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

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

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

	Licensed Public Accountant
(place)	
(date)	
	,

1. Basis of accounting

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1-2024 Appendix 2

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

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

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

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

220000	A - Level of Care (LOC) Actual Resident Occupancy, Reside			sident Days					Resident Revenue								Total Revenue		
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) January 1 to January 31, 2022 (3a)	the premium charged above the maximum daily rate of	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,159	2,155	3,455	3333	3529	13,631	70,725	138,060	215,364	205,650	222,927	29.733	58.014	90.068	85,833	95,485	852,726	359,133
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	310	698	1,408	1640	1668	5,724	18,913	44,391	84,099			3,887	9,124	17,285			354,037	
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,731	3,343	4,836	4893	5180	19,983	85,024	169.747	239.361	252.388	276.744						1.023.264	
A004	Long-Stay two-bed room (Shared by spouses)	62	118	182	184		546	4,560	9,120									41,040	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,262	6,314	9,881	10,050	10377	39,884	179,222	361,318	552,504	572,900	605,123	33,620	67,138	107,353	106,630	115,966	2,271,067	430,707
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009	Interim Short Stay - Basic						0											0	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0	0	0		0	0	0	0	0	0	0	0	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

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 is less than the Director approved reduced basic accommodation fee. A015

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

pied 3rd and above beds in ward rooms. Actual resident days cupied 3rd and above beds in ward rooms for each reporting d d a resident days in line A003 (Long-stay basic beds) that was uted to occupied 3rd and above beds in ward rooms. a resident days in line A005 (Short-stay respite care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. a I resident days in line A005 (Short-stay respite care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. a I resident days in line A002 (Interim short-stay basic) that attributed to occupied 3rd and above beds in ward rooms. a I resident days in line A012 (Convalescent care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. a I resident days in line A012 (Convalescent care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. Unsament for lost prefered revenues as per Section 3.2 of the COVID-19 Emergres Funding Policy. Use lines A024 to A0244 as applicable, to report the reside resident days include: 1) actual resident days for the period He resident constrained above beds in vard rooms. Unsament for lost prefered revenues as per Section 3.2 of the COVID-19 Emergress and above beds in there in accordance with Section 3.2 of the COVID-19 Emergress and a basic room should be placed in a petered room; and 2) were it an an ave a usual data the resident lost perfered revenue for the period January 1 to Decem a accommodation are waived until the resident lost perfered room; and 2) were it an another to there in the resident days for the period where the for accommodation are waived until the resident lost perfored here resident occup DD NOT report on resident days under the Co-payment Waiver Program in this bar and not on indent days half way were exerviced embursement of lost prefered room at the height Intensity Needs Fund.	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)		s 0 0 0 0		
uted to occupied 3rd and above beds in ward rooms. al resident days in line A005 (Short-stay respite care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. al resident days in line A009 (Interim short-stay basic) that attributed to occupied 3rd and above beds in ward rooms. al resident days in line A012 (Convalescent care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. al resident days in line A012 (Convalescent care beds erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. usement for lost preferred revenues as per Section 3.2 of the COVID-19 Emerg res Funding Policy. Use lines A024a to A024d as applicable to report the resic for reimbursement of lost preferred revenue for the period January 1 to Docom e accommodation where in according with the resided 1.2 of the COVID-19 Emerg res Funding Policy (COVID-19 Policy), a placement coordinator dewns that an al ease is unable to return to their LTC home after the medical lave expires be al al eave is unable to return to their LTC home after the medical dave withere the al eaves is unable to return to the inter CM to actifications (State Vice) - 19 Emirg res Funding Policy (COVID-19 Policy), a placement coordinator dewns that an al eaves is unable to return to the inter CM to actifications (Stated Vice) - 10 Cov-Pa (Stati et al eaves is unable to return to the resident days for the period where the f advancemodation are waived until the resident is able to return to the home yours the vice with removes the maximum any have received removes regream in this below) and on resident days that may have received removes removes removes removes the maximum any have received removes	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February	Resid		0		
erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. al resident days in line A009 (Interim short-stay basic) that attributed to occupied 3rd and above beds in ward rooms. al resident days in line A012 (Convalescent care beds reted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. ware standing Policy. Use lines A024 to A024 as applicable. To proof the resident days in line A012 (Convalescent care beds reted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. Warsenert for lost preferred revenues as per Saction 3.2 of the COVID-19 Emergres res Funding Policy. Use lines A024 to A024 as applicable. To report the reside to erainbursener of lost preferred revenue for the period January 1 to Decem Je resident days include: 1) actual resident days for the period the resident cos autested a basic row should be placed in a preferred for the period where the f al accommodation are waited until the resident cos of the period where the f al accommodation are waited until the resident los for the period where the f al accommodation are waited until the resident los for the period where the f al accommodation are waited until the resident los for the period where the f al accommodation are waited until the resident los period the resident coup DO NOT report on resident days furth any have received reimbursement of lost pre- balow) and on resident days than y have received reimbursement of lost pre- balow) and on resident days than y have received reimbursement of lost pre- balow) and on resident days than y have received reimbursement of lost pre- formbursement and the lost period here as a days and the top- balow) and on resident days than y have received reimbursement of lost pre- balow) and on resident days than y have received reimbursement of lost pre- formbursement and the lost period here as a days and the lost period here resident does than the hole bare bare bare bare bare bare bare bar	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February	Resid		0		
Attributed to occupied 3rd and above beds in ward rooms. al resident days in line A012 (Convalescent care beds reted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms. warsement for lost preferred revenues as per Section 3.2 of the COVID-19 Emergree rere Funding Policy. Use lines A024a to A024d as applicable, to report the resid for reimbursement of lost preferred revenue for the period January 1 to Decem be resident days include: 1) actual resident days for the period thre resident cos austesta basic room should be placed and a preferred room; and 2) where if a ra al leave is unable to return to their LTC from after the medical leave expires be resident and the return of the resident days for the period where the fire resident and the return of the resident days for the period where the fire resident all animother in accordance with Section 3.2 of the COVID-19 Em res Funding Policy (COVID-19 Policy), a placement coordinator deems that an al leave is unable to return to their LTC from after the medical leave expires be recom and preferent corre and to the inclease of the period where the fire recom and preferent corre and to the licensee of the period the resident coopu DC NOT report on resident days that may have received reimbursement of lost pre-	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February	Resid		-		
erted into long-stay beds) that was attributed to occupied 3rd above beds in ward rooms.	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February	Resid		0		
reres Funding Policy. Use lines A024a to A0244 as applicable, to report the resis for reimbursament of lost preferred revenue for the pariod January 11 to Decemi ele resident days include: 1) actual resident days for the period the resident cost ele accommodation where in accordance with Section 3.2 of the COVID-19 Em ress Funding Policy (COVID-19 Policy), a placement coordinator deems that an all assess is obtained to return two resolutions and the preferred the section all assess is obtained to return two resolutions and the time tracking leaves expense and accommodation are waived until the resident is able to return to the home per instity will embrause the maximum cost difference signalated by the CA-Pa yab coron and preferred room rate to the licensee for the period the resident occup DD NOT report on resident days under the CA-payment Waiver Porgram In this below) and on resident days that may have received reimbursement of lost pre	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February	Resid	ent Days			
reres Funding Policy. Use lines A024a to A0244 as applicable, to report the resis for reimbursament of lost preferred revenue for the pariod January 11 to Decemi ele resident days include: 1) actual resident days for the period the resident cost ele accommodation where in accordance with Section 3.2 of the COVID-19 Em ress Funding Policy (COVID-19 Policy), a placement coordinator deems that an all assess is obtained to return two resolutions and the preferred the section all assess is obtained to return two resolutions and the time tracking leaves expense and accommodation are waived until the resident is able to return to the home per instity will embrause the maximum cost difference signalated by the CA-Pa yab coron and preferred room rate to the licensee for the period the resident occup DD NOT report on resident days under the CA-payment Waiver Porgram In this below) and on resident days that may have received reimbursement of lost pre	dent days iber 31, 2022. :upies ergency applicant who esident on a icause it is fees for ost-outbreak. illetin between ies a preferred s section (see		February					
			to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
wer beds - Private Accommodation report the resident days eligible for reimbun ed revenue. Do not report on resident days related to the Co-payment waiver pri ed revenue reimbursed through the High Intensity Needs Fund.	rsement of lost rogram or, lost					2 179	181	
der beds - Private Accommodation report the resident days eligible for reimburs ed revenue. Do not report on resident days related to the Co-payment waiver pr ed revenue reimbursed through the High Intensity Needs Fund.	sement of lost rogram or, lost						0	
wer beds - Semi-Private Accommodation report the resident days eligible for re preferred revenue. Do not report on resident days related to the Co-payment wa preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program	62	82	32	1	17	193	
der beds - Semi-Private Accommodation report the resident days eligible for rein preferred revenue. Do not report on resident days related to the Co-payment wa t preferred revenue reimbursed through the High Intensity Needs Fund.	mbursement aiver program						0	
eds classified as "NEW" or "A" according to ministry design standards.			1	1				
20 classified as b, C, Opgraued D" or "D" according to ministry desi	191							
				Resid	ent Days			
A024e through A024h, as applicable, to report the resident days the Co-payment Waiver Program for reimbursement of lost pr use for the period January 1, 2022 to September 30, 2022 where referred accommodation are waived. Report only on eligible res the licensee of the LTC home to which a resident is admitted (a April 10, 2022 under the special pandemic admission rules for bich cospitals set out in s. 242 of the Ontario Regulation 246/22 bited from charging that resident any accommodation charges i plicable conditions set out in s. 296 of the Ontario Regulation 246/22 bited from charging that resident any accommodation charges i at the time of admission the home was not the resident's first of try will reimburse the maximum cost difference stipulated by the tim between a basic room and preferred room rate to the license d the resident occupies a preferred room. DO NOT report on res-	s eligible eferred e the fees sident days on or r patients is if meeting 246/22 hoice). The e Co-Pay ee for the sident days ceived	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	Cotober to December (1e)	Total Days (1f)	
pursement of lost preferred revenue.		31	59	91	1	13	194	
pursement of lost preferred revenue.	-						0	
eimbursement of lost preferred revenue.		31	34	60		0	125	
eimbursement of lost preferred revenue.	ays eligible						0	
ere ere b b patritid d ou let in b a roure ere b ere b a	If evenue, Do not report on resident days related to the Co-payment waver pr revenue reimbured through the High Intensity Needs Fund.	In beds - Semi-Private Accommodation report the resident days eligible for reimbursement referred revenue. Do not report on reaident days reliaded to the Co-payment waiver program referred revenue membursed through the High Intensity Needs Fund. I classified as "NEW" or "A" according to ministry design standards. . classified as "NEW" or "A" according to ministry design standards. . classified as "NEW" or "A" according to ministry design standards. . classified as "B", "C", "Upgraded D" or "D" according to ministry design the Co-payment Waiver Program for reimbursement of lost preferred the Co-payment Waiver Program for reimbursement of lost preferred accommodation are waived. Report only on eligible for patients the licensee of the LTC home to which a resident is admitted on or April 10, 2022 under the special pandemic admission rules for patients lic hospitals set out in s. 242 of the Ontario Regulation 246/22 is the there of admission the home was not the resident S first choice). The y will reimburse the maximum cost difference stipulated by the Co-Pay hetween a basic room and preferred room rate to the licensee for the the resident occupies a preferred room. NOX Treport on resident days y reported in section C and on resident days that may have received sreement of lost preferred revenue. wer beds - Private Accommodation report the resident days eligible for insement of lost preferred revenue. der beds - Private Accommodation report the resident days eligible for insement of lost preferred revenue. der beds - Semi-Private Accommodation report the resident days eligible hoursement of lost preferred revenue.	If evenue, Do not report on resident days related to the Co-payment waiver program or, lost revenue reinbursed through the High Intensity Needs Fund. 22 re beds - Semi-Private Accommodation report the resident days eligible for reimbursement refered revenue. The through the High Intensity Needs Fund. 23 refered revenue reimbursed through the High Intensity Needs Fund. 24 re beds - Semi-Private Accommodation report the resident days eligible for reimbursement refered revenue. The through the High Intensity Needs Fund. 25 refered revenue reimbursed through the High Intensity Needs Fund. 26 refered revenue reimbursed through the High Intensity Needs Fund. 25 refered revenue reimbursed through the High Intensity Needs Fund. 26 refered accommodation report the resident days eligible for reimbursement 27 refered revenue reimbursed through the High Intensity Needs Fund. 28 refered accommodation report the resident days eligible 29 refered accommodation report the resident days eligible 20 refered revenue. 20 refered revenue. 20 refered revenue 20 r	f revenue. Do not report on resident days related to the Co-payment waiver program or, lost revenue reinbursed through the High Intensity Needs Fund. 25 25 25 25 25 25 25 25 25 25 25 25 25	If evenue, Do not report on resident days reliade to the Co-payment waiver program or, tost err bods - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue embursed through the High Intensity Needs Fund. err bods - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue through the High Intensity Needs Fund. err bods - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue through the High Intensity Needs Fund. err bods - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue the High Intensity Needs Fund. err bods - Semi-Private Accommodation report the resident days eligible for entropy and the High Intensity Needs Fund. err bods - Semi-Private Accommodation report the resident days eligible for entropy of "A" according to ministry design standards. err bods - Semi-Private Accommodation report the resident days eligible for charging that resident any accommodation chargers if meeting plicable conditions set out in s. 242 of the Ontario Regulation 246/22 is the for on-branging that resident any accommodation chargers if meeting plicable conditions he home was not the resident 042/22 is the resident couples a preferred forom. DOX freport on resident days (1b) une of admission the home was not the resident first choice). The were beds - Semi-Private Accommodation report the resident days eligible for resement of lost preferred revenue. for both preferred revenue. for both preferred revenue through the High Intensity Needs for the resident couples a preferred forom. To NoT report on resident days for the resident couples a preferred forom. DO NOT report on resident days for the resident couples a preferred forom. DO NOT report on resident days for the resident for the res	If wenue, Do not report on resident days reliade to the Co-payment waiver program or, tost were beds - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue. Do not report on resident days reliade to the Co-payment waiver program tereffered revenue termbursed through the High Intensity Needs Fund. a classified as "NEW" or "A" according to ministry design standards. classified as "B", "C", "Upgraded D" or "D" according to ministry design as dassified as "B", "C", "Upgraded D" or "D" according to ministry design ursement for lost preferred revenues - Co-payment Waiver Program. Use O224 through A024h, as applicable, to report the resident days eligible for reliancy in the preferred revenues - Co-payment Waiver Program. Use O234 through A024h, as applicable, to report the resident days eligible for reliancy in the High Intensity NeedS Fund. Use O244 through A024h, as applicable, to report the resident days eligible for charging that resident any accommodation report the resident O or April 10, 2022 to Spetember 30, 2022 where the fees feref accommodation are worked. Report only on eligible register frameling plicable conditions set out in s. 296 of the Ontario Regulation 246/22 is the for on-harging that resident any accommodation charges if meeting plicable conditions set out in s. 296 of the Ontario Regulation 246/22 is the resident couples a preferred from. DON Torport on resident days (1a) Jamuary (1a) Jamuary (1b) Jamuary (1b) Jamuary (1c) September (1c) April to September	If revenue, Do not report on resident days related to the Co-payment waiver program or, lost revenue interimuted through the High Intensity Needs Fund. revenue reimbursed through the High Intensity Needs Fund. revenue terbursed through the High Intensity Needs Fund. revenue terbursed through the High Intensity Needs Fund. revenue to not report on resident days eligible for reimbursement referred revenue. Do not report on resident days eligible for reimbursement referred revenue. Do not report on resident days eligible for reimbursement referred revenue. Do not report on resident days eligible for reimbursement referred revenue. Do not report on resident days eligible for reimbursement referred revenue. Do not report on resident days eligible for reimbursement referred revenue membursed through the High Intensity Needs setsified as "B", "C", "Upgraded D" or "D" according to ministry design ursement for lost preferred revenues - Co-payment Waiver Program. Use O24e through A024h, as applicable, to report the resident days eligible for referred accommodation report for report the resident days eligible for referred accommodation report the resident days eligible plicable conditions set out in s. 296 of the Ontario Regulation 246/22 is the for omaring that resident any accommodation charges if meeting plicable conditions set out in s. 296 of the Ontario Regulation 246/22 is the resident courgies a preferred forom. Do NO Treport on resident days (1a)	If evenue, Do not report on resident days related to the Co-payment waiver program or, test intervenue reminused trough the High Intensity Needs Fund. There beds - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue embursed trough the High Intensity Needs Fund. The beds - Semi-Private Accommodation report the resident days eligible for reimbursement effered revenue conton resolent days related to the Co-payment waiver program refered revenue conton resolent days related to the Co-payment waiver program refered revenue embursed trough the High Intensity Needs Fund. a classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. classified as "B", "C", "Upgraded D" or "D" according to ministry design for the resident days eligible for reimbursement of lost preferred revenues - Co-payment Waiver Program. Use D224e through A024h, as applicable, to report the resident days eligible for the period January 1, 2022 to September 30, 2022 where the fees for days commodation are waived. Report only on eligible repreted the cose payment for lost preferred revenues - Co-payment Waiver Program. Use the licensee of the LTC home to which a resident is admitted on or April 10, 2022 under the special pandemic admitsion rules for patients itc hospitals set out in s. 242 of the Ontario Regulation 246/22 is tied from charging that resident any accommodation charges if meeting plicable conditions set out in s. 286 of the Ontario Regulation 246/22 is the resident cocupies a preferred revenue. (1a) January (1b) Jan

Facility #

2022 Long-Term Care Home Annual Report

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

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

Operator Name

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

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

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

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

Section B - Actual Other Recoverable Revenue

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

Ontario	
Ministry of Long-Term Care	For the period from 2022-01-01 to 2022-12-31
Ministère des Soins de longue durée	
Facility #	Operator Name :
1140000	

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

 Section C - Actual Expenditures - Nursing and Personal Care

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

Note: Claim-based not to be included.

C010 Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	C010	March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nur expenses. Note: The expenses must also be reported on lines C001 through C009, as appli funding is allocated to the Other Accommodation envelope; unused funding may be retained expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the second second se	rsing and Personal Care icable. 32% of the Global LOC d by the home. The total	322029	

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

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

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

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

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

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

Facility # H13902
 Pacinity #
 Operator Name:

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

 Section D - Actual Expenditures - Program and Support Services

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

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

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

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

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

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

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

Section E - Actual Expenditures - Nutritional Support

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

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

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	657826		657826				0	
	Building and Property - Operations and Maintenance (B&P-OM)	290449		290449				0	
F003	Dietary Services (DS)	826382		826382				0	
F004	Laundry and Linen Services (L & LS)	120794		120794				0	
F005	General and Administrative (G&A)	825331	627809	1453140				0	
F006	Facility Costs (FC)	809466	20317	829783				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$3,530,248	\$648,126	\$4,178,374		\$0	\$0	\$0	
	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	526129		526129				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$3,004,119	\$648,126	\$3,652,245		\$0	\$0	\$0	

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

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

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F0	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)	
F0	13 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

2022 Long-Term Care Home Annual Report

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Ministère des Soins de longue durée	
Facility # Operator Name :	
H13902 Douglas H. Rapelje Lodge - The Regional Municipality of Niagara	

Section I: Part A.

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

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

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

Line 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, 2022 to December 31, 2022					
	Salarv	Benefits	Overhead Expenses - operating	Total Expenditure		
	Calary	Denenta	operating			
la01b				\$0		

Line Ia01c- Falls Prevention Equipment Funding Program

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

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

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

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

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

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

Line la01e1 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

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

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

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

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

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

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

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

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

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

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

Line la01j1 - Infection and Prevention Control - Personnel and Training

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

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

Line Ia01j2 - Infection and Prevention Control - Personnel

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

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

Line Ia01j3 - Infection and Prevention Control - Training

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

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

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Line Ia01k1 - New Long-Term Care Minor Capital Program

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

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

Line Ia01k2 - New Long-Term Care Minor Capital Program

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

		Total	Expenditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period		100936

Line Ia01m1 - Medication Safety Technology Program

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

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

Line Ia01m2 - Medication Safety Technology Program

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

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

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

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

Line Ia01p2 - Clinical Decision Support Tools Program

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

			l otal Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		19517

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

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

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

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

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

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

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

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

Operator Name

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

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

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

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

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

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

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

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

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

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

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

H13902

Ministry of Long-Term Care

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Licensee Name : Facility #

Douglas H. Rapelje Lodge - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	402,483	402,483	416,700	416,700
O002	Employee Benefits	83,566	83,566	92,588	92,588
O003	Other (specify):	88,349	88,349	0	0
0004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$574,398	\$574,398	\$509,288	\$509,288

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

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

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

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

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

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here

and please explain:

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Facility #	Licensee Name :		
H13902	Douglas H. Rapelje Lodge - The	e Regional Municipality of Niagara	a
Section	Q - Licensee's Statement a	nd Approval	
	n contained in Sections A througl of (legal name of Licensee)	h F, Section I, and Section O and	d P of this Long-Term Care Home
for the Period	rom	to	was provided by management
This Report ha	s been prepared in conformity wi	th the basis or bases of accounti	ng described in , Section P - Notes to the
Report and ad	neres to the technical instructions	s and guidelines as provided by t	he Ministry of Long-Term Care.
Health Integrat and all applica Sections C thr awarded by the Upgraded "D" Section I: Part Systems of inte information. T	ion Network and the licensee, and ble policies pertaining to the prog u F of the report excludes expende Ministry, the redevelopment of a beds. Sections C thru F also excl A and Part B. ernal accounting control are main hese systems include formal polici	ny direct funding agreement betw pram funding provided to the hom ditures, as applicable, for: the dev a Category "D" Home, and redev ludes, as applicable, expenditure stained in order to assure the relia cies and procedures, the careful	nent between Ontario Health / Local een the Minister and the licensee, he for the period being submitted. velopment of new long-term care beds elopment of Replacement "B", "C" and s funded from the initiatives reported on in ability of this financial selection and training of qualified and segregation of responsibilities.
Approved by th	ne Licensee on the	day of	, 20

 (Print Licensee's Name)

 By:

 Witness

 NAME:

 TITLE:

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

Image: Window of Long-Term Care 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from Torm Care Torm Care

inistère des Soins de longue durée							
acility #	Licensee Name						

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

Fa

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

Ontario

Ministère des Soins de longue durée

2022-01-01 to

2022-12-31

 Facility #
 Licensee Name :

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

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

For the period from

for the period from ______to

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

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

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

	Licensed Public Accountant
(place)	
(date)	

December 31, 2022

1. Basis of accounting

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1-2023 Appendix 3

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

 2022 Long-Term Care Home Annual Report

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

Operator Name Gilmore Lodge - The Regional Municipality of Niagara

 Ontario

 Menicy of Long-Term Care Immatte desissions de longue aure

 Facility #
 Operator Name

 H13533
 Gilmore Lodge - The Regional Municipality of OH Region Name

 Hamilton Niagara Haldimard Brant Local Health Integration Network
 Section A - Lovel of Care (LOC) Actual Resident Occupancy
 ncv. Resident Rev and Resident Bad Debt

			Re	sident Days				Resident Revenue									Total F	Revenue	
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)			to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)		Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,088	2,157	3,428	3427	3569	13,669	66,382	137,962	213,702	211,500	225,573	20,466	42,534	65,884	65,205	5 69,550		
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e						0												
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.)	1,056	2,026	3,226	3358	3528	13,194	51,450	104.519	159.620	167.710	182.941							
A004	Long-Stay two-bed room (Shared by spouses)	62	54	182	106		404	3,783	3,358	11,348	5,150								
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0												
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0												
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	2,206	4,237	6,836	6,891	7097	27,267	121,615	245,839	384,670	384,360	408,514	20,466	42,534	65,884	65,20	5 69,550	0	0
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0												
A009	Interim Short Stay - Basic						0												
A010	Interim Short-Stay - two-bed room (Shared by spouses)						0												
A011	Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010) Convalescent Care Beds converted into long-stay beds. Include long-	0	0	0	0	0	0	0	0		0		0	0	c	· · · · · ·	0 0	0	0
A012	stay residents occupying converted convalescent care beds during the COVID-19 period.						0												
A015	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 thereat approved reduced basic accommodation fee charged if the basic accommodation fee charged is less than the toreat approved reduced basic accommodation fee charged is less than the toreat approved reduced basic accommodation fee charged is less than the toreat approved reduced basic accommodation fee charged is less than the toreat approved reduced basic accommodation fee charged is less than the toreat approximation fee charged is less than the toreat approxi																		
Resident Date																			

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

			Resident Days					
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total (1	,	
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
					Resid	ient Day	s	_
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Em	argency						

	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-16 Emergency Measures Funding Policy. Use lines AQAIa to AQAIa de agplicable, to program the resident days eligible for reimbursement of lost preferred revenue for the period January 1 to December 31, 2022. Eligible resident days include: 1. Jacual resident days for the period the resident occupies preferred accommodation where in accordance with Section 3.2 of the COVID-19 Emergency Measures Funding Policy (COVID-19 Policy), a placement occordinator densem shat an applicant who has requested a basic room should be placed in a preferred norm; and 2) where 1 a resident on a medical level is unable to return to their LTC home after the medical new expires because it is experiencing a COVID-19 outbreak, report the resident days for the period where the fees for perferred accommodation are waived to the licitos feer the period the norm post-outbreak. The Ministry will reimburse the maximum cost difference stipulated by the CO-Pay Bulletin between a basic room and on resident days under 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 Nieds Fund.	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund.						0	
	For Older beds - Semi-Private Accommodation report the resident days eligible for reimbursement						0	
	of lost preferred revenue. Do not report on resident days related to the Co-payment waiver program or, lost preferred revenue reimbursed through the High Intensity Needs Fund. ds – beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design s							
lewer be Dider bed	or, lost preferred revenue reimbursed through the High Intensity Needs Fund. ds – beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design s		[Resid	ent Days			
lewer be Dider bed	or, lost preferred revenue reimbursed through the High Intensity Needs Fund. ds – beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry design	January (1a)	February to March (1b)	Resid April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)	
lewer be Dider bed	ar, lot preferred revenue "embuared through the High Internatly Needs Fund. ds - beds classified as "NEW" or "A" according to ministry design standards. Is - bads classified as "B", "C", "Upgraded D" or "D" according to ministry design as - Beds classified as "B", "C", "Upgraded D" or "D" according to ministry design begins A024e through A024h, as applicable, to report the resident days eligible under the Co-payment Waiver Program for imbursement of lost preferred revenue for the period January 1, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the license of the LTC home to which a resident is admitted on or before April 10, 2022 under the special pandemics and rules for patients in public hospitals set out in s. 242 of the Ontario Regulation 246/22 (e.g. the time of abscir out in s. 240 of the Ontario Regulation 246/22 (b.g. the time of admission the home was not the resident is choice). The Ministry will reimburse the maximum cost difference stipulated by the Co-Pay Bulletin between a basic room and preferred room. DO NOT report on resident days already reported in section C and on resident days that may have received reimbursement of lost preferred revenue through the High Intensity Needs Fund.		to March	April to June	July to September	December		
łewer be	or, tot preferred revenue et a beds classified as "NEW" or "A" according to ministry design standards. ds - beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. ds - beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. gs ds - beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. gs ds - beds classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. ligible under the Co-payment Waiver Program for embursement of lost preferred revenue for the period January 1, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the license of the LTC home to which a resident is admitted on or before April 10, 2022 under the special pandemic admission rules for patients in public hospitals set out in s. 246 of the Ontairo Regulation 246/22 is prohibited from charging that resident any accommodation charges if meeting the applicable conditions set out in s. 249 of the Ontairo Regulation 246/22 is prohibited from charging that resident any accommodation the resident by the Co-Pay Bulletin between a basic room and preferred room. DO NOT report hor resident days already reported in section C and on resident days already reported in section C and on resident days already reported in section C and on resident days eligible for reimbursement of lost preferred revenue. For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. For Older beds - Private Accommodation report the resident days eligible for reimbursement of		to March (1b)	April to June	July to September	December (1e)	0	
lewer be Dider beder tandardr	or, tot preferred revenue reimburged through the High Intensity Needs Fund. ds - beds classified as "NEW" or "A" according to ministry design standards. ts - bads classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. ts - bads classified as "B", "C", "Upgraded D" or "D" according to ministry design standards. ts - bads classified as "B", "C", "Upgraded D" or "D" according to ministry design Reimbursement for lost preferred revenues - Co-payment Waiver Program. 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, 2022 to September 30, 2022 where the fees for preferred accommodation are waived. Report only on eligible resident days where the licensee of the LTC home to which a resident lis admitted on or before April 10, 2022 under the special pandemic admission rules for patients in public horizins set out in a. 246 of the Ontario Regulation 246/22 (e.g. at the time of admission the home was not the resident fis frat choice). The Ministry Will reimburse the maximum cost difference stipulated by the Co-Pay Builetin between a basic room and preferred room able to the licensee for the period the resident couples a preferred room. DO NOT report on resident days already reported in section C and on resident days eligible for lensiby like Hingh Intensity Needs Fund. For Newer beds - Private Accommodation report the resident days eligible for reimbursement of lost preferred revenue. For Older beds - Private Accommodation report the resident days eligible for reimbursement areal revenue.	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December (1e)	0	

standards

Facility #

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

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

Operator Name H13533

Gilmore Lodge - The Regional Municipality of Niagara

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

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

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

Section B - Actual Other Recoverable Revenue

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

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

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

 Ministere des Soins de longue durée

 Facility #
 Operator Name : H13533

 Gilmore Lodge - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

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

Note: Claim-based not to be included.

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

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

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

		Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
С	013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

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

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

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 Section D - Actual Expenditures - Program and Support Services

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

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

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

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

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

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Section E - Actual Expenditures - Nutritional Support

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

Global Level of Care Funding	LTC/Interim beds only (exc Convalescent Care Beds (1)	clude s) Convalescent Care beds only (2)
Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expension Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding allocated to the Other Accommodation envelope; unused funding may be 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 the NPC, PSS and NS envelopes	nses. Inding is es	

Section F - Actual Expenditures - Other Accommodation

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

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

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

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

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

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Section I: Part A.

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

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

	Expenditures	for 12 month	s, January 1, 202	2 to December 31, 2022	
			Overhead		
			Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01a	0	0	0		\$0

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

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

	Expenditures	for 12 month	s, January 1, 202	2 to December 31, 2022	
			Overhead Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01b	0	0	0	\$0	

Line Ia01c- Falls Prevention Equipment Funding Program

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

Y/N

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

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

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

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

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Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

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

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

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

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

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

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

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

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

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Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

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

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

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

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

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

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

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

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

Line Ia01j2 - Infection and Prevention Control - Personnel

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

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

Line Ia01j3 - Infection and Prevention Control - Training

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

Ia01j3 Expenditure on Training for the April 1, 2022 to December 31, 2022 per 2678			Total Expenditure
	la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 per	26780

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Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

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

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

Line Ia01k2 - New Long-Term Care Minor Capital Program

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

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

Line Ia01m1 - Medication Safety Technology Program

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

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

Line Ia01m2 - Medication Safety Technology Program

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

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

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

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

Line Ia01p2 - Clinical Decision Support Tools Program

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

			rotal Expenditure	
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		13042	2
				_

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

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

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

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

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

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

Facility #

H13533

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2022 Long-Term Care Home Annual Report

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

For the period from rée Operator Name :

Gilmore Lodge - The Regional Municipality of Niagara

2022-01-01

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to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

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

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

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

			Total Expenditure	
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period		22	2268

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

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

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

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

Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H13533	Gilmore Lodge - The Regional Municipality of Niagara			
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Section I: Part B One-time Funding and Other Initiatives.

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

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

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

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

2022-01-01

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

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Licensee Name : Facility #

Gilmore Lodge - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

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

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

	Other Accommodation - To Be Completed by Red-Circled Homes]	
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0201	Salaries				0
)202	Employee Benefits				0
0203	Other (specify):				0
0204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

to



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

For the period from

2022-01-01

2022-12-31

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

Facility # H13533

Licensee Name : 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:

Ontario 2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	2022-
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01-01 to 2022-12-31

Ministère des So	Ministère des Soins de longue durée				
Facility #	Licensee Name :				
H13533	Gilmore Lodge - The Regional Municipality of Niagara				
Sect	Section Q - Licensee's Statement and Approval				

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

for the Period from to was provided by management.

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

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

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

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

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

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

🕅 Ontario	2022 Long-Term Care Home Annual Report							
Ministry of Long-Term Care	For the period from	to						
Ministère des Soins de longue	durée							
Facility # License	e Name							

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants

(place)		

(date)

Ontario2022 Long-Term Care Home Annual ReportMinistry of Long-Term CareFor the period from2022-01-01to2022-12-31

Ministère des Soins de longue durée

 Facility #
 Licensee Name :

 H13533
 Gilmore Lodge - The Regional Municipality of Niagara

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

for the period from to

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

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

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

	Licensed Public Accountant
(place)	
(date)	
	7

December 31, 2022

1. Basis of accounting

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1-2024 Appendix 4

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

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

2022-12-31 to

Ministry of Long-Term Ministère des Soins d

Minister des Sons de lengue euree
Facility #
Operator Name
Linhaven - The Regional Municipality of Niag
OH Region Name
Hamilton Niagara Haldimand Brant Local Health Integration Network Operator Name Linhaven - The Regional Municipality of Niagara

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

			Re	sident Days	1			Resident Revenue									Total F	Revenue	
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	premium charged above the	Basic Revenue (4a=2a+2b+2c +2d+2e)	
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	2,442	4,464	7,058	3 7572	8224	29,760	149,123	286,044	439,939	467.340	519.785	47.070	90.668	139.546	5 148.235	165.322	1.862.231	1 590.8
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	959	1,800	3,021	2955	2772	11,507	58,543	115,266	188,302			8,151						
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	3,158		9,068	9085	9961	37,170		287,102	455,345	472,288	527,216						1,893,030	
A004	Long-Stay two-bed room (Shared by spouses)	192	354	458	3 290		1,294	11,263	19,860									71,674	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)	31	59	91	92		273	181	3782	5674	5,674							15,311	1
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)	31	115	246	6 216	373	981	1,512	6,806	13,260	10,716	22,791				583	1,793	55,085	5 2,3
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	5
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	6,813	12,690	19,942	2 20,210	21330	80,985	371,701	718,860	1,127,007	1,154,140	1,245,103	55,221	106,721	166,24	0 174,800	0 191,568	4,616,811	1 694,
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											a	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											a	0
A009	Interim Short Stay - Basic						0											0	1
A010	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007				-		0					V						0	1
A011	through A010)	0	0 0	C	0 0	0	0	0	C		0 0	0	0) 0	(D () () ()
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0												

A015 without an explored hare reducted in all the basic accommodation reciral get in the basic accommodation reciral get is reasonable to the set of the basic accommodation reciral get is reasonable to the set of the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee .

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

			Resid	lent Days						
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)				
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					0				
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0				
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					0				
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0				
					Resid	lent Days			1	
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Em Measures Funding Policy. Use lines A024t to A024d as applicable, to report the rer eligible for reimbursement of lost preferred revenue for the period Amary 1 to Dece Eligible resident days include: 1) actual resident days for the period Amary 1 to Dece here a second and the accordance with Section 3.2 of the COVID-19 E Measures Funding Pelicy (COVID-19 Policy), a placement coordinator deems that a who has requested a basic room should be placed in perferred norm: ad 2) where perferred accommodation where in accordance with bar perferred norm: ad 2) who has requested a basic room should be placed in perferred norm: ad 2) where perferred accommodation are waived until the resident days for the period where The Ministry will reimburse the maximum cost difference situated by the Co-Papy a basic room and perferred room relate to the license of the period the resident court on the origination of the resident days under the Co-Papy and basic room and on resident days under the Co-Papy for the period where revenue through the High Intensity Needs Fund.	sident days mber 31, 2022. ccupies mergency in applicant e if a resident ires because it the fees for post-outbreak. uilletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)		(
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimb preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	ursement of lost program or, lost						0		
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost program or, lost	3	3	0	107	0	113		
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.							0		
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for r of lost preferred revenue. Do not report on resident days related to the Co-payment v or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement vaiver program	31	32	153	247	0	463		
Older bed	ds – beds classified as "NEW" or "A" according to ministry design standards. Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry de	sign								
standards	S									
	Reimbursement for lost preferred revenues - Co-payment Waiver P Use lines A024e through A024h, as applicable, to report the resider eligible under the Co-payment Waiver Program for reimbursement preferred revenue for the period January 1, 2022 to September 30, the fees for preferred accommodation are waived. Report only on r resident days where the license of the LTC home to which a reside admitted on or before April 10, 2022 under the special pandemic as unles for patients in public hospitals set out in s. 242 of the Ontario 246/22 (s) and the time of admission the home was not the residen Choice). The Ministry will reimburse the maximum cost difference s the Co-Pay Bulletin between a basic room and preferred room rate licensee for the period the resident occupies a preferred room. DO on resident days already reported in section C and on resident days have received reimbursement of lost preferred revenue through the Intensity Needs Fund.	nt days of lost 2022 where aligible ant is dmission Regulation in charges if egulation t's first tipulated by to the NOT report s that may High	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)		
A024e	For Newer beds - Private Accommodation report the resident days reimbursement of lost preferred revenue. For Older beds - Private Accommodation report the resident days e		62	108	91	46	0	307		
A024f	reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident	•	135	280	153	103	77	748		
A024g	For Older beds - Semi-Private Accommodation report the resident of For Older beds - Semi-Private Accommodation report the resident of		0	0	0	0	0	0		
	for reimbursement of lost preferred revenue. ds - beds classified as "NEW" or "A" according to ministry design standards. is - beds classified as "NEW" or "A" according to ministry design standards.		93	169	109	92	0	463		

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

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

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

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H11559

Linhaven - The Regional Municipality of Niagara

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

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

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

Section B - Actual Other Recoverable Revenue

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

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

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

 Ministère des Soins de longue durée
 Operator Name :

 Facility #
 Operator Name :

 H11559
 Linhaven - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

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

Note: Claim-based not to be included.

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 202: March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC fund across the NPC, PSS and NS envelopes		53600

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

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

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

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

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

Ministry of Long-Term Care	For
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 Operator Name : Linhaven - The Regional Municipality of Niagara

 Section D - Actual Expenditures - Program and Support Services

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

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

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
DO	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

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

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Section E - Actual Expenditures - Nutritional Support

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

_	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 20. to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding allocated to the Other Accommodation envelope; unused funding may be 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 acros the NPC, PSS and NS envelopes	s	

Section F - Actual Expenditures - Other Accommodation

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

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

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

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

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

2022 Long-Term Care Home Annual Report

For the period from	•	##########	to #########	
Operator Name :				
1559 Linhaven - The Regional Municipality of Niagara				
	Operator Name :	Operator Name :	Operator Name :	

Section I: Part A.

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

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

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

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

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

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

Line Ia01c- Falls Prevention Equipment Funding Program

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

Y/N

la01c	Funding for the January 1, 2	2022 to December 31, 2	022	period has been used for equipment intended to	
	reduce falls or injuries from				

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

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

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

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

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

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

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

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

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

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

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

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Section I: Part A. (continued)

Line Ia01i1- Infection and Prevention Control - Minor Capital Funding

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

LoOiid Fundations for the January 4, 0000 to March 24, 0000 maried	£	Total Expenditure		
IDENTIFY and a series of the January 1, 2022 to March 31, 2022 period	52	1088	Expenditure for the January 1, 2022 to March 31, 2022 period	la01i

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

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

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

Line Ia01j1 - Infection and Prevention Control - Personnel and Training

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

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

Line Ia01j2 - Infection and Prevention Control - Personnel

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

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

Line Ia01j3 - Infection and Prevention Control - Training

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

		Total Expenditure
la01j3 Expenditure	e on Training for the April 1, 2022 to December 31, 2022 pe	ric 62538

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

Section I: Part A. (continued)

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Line Ia01k1 - New Long-Term Care Minor Capital Program

Linhaven - The Regional Municipality of Niagara

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

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

Line Ia01k2 - New Long-Term Care Minor Capital Program

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

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

Line Ia01m1 - Medication Safety Technology Program

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

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

Line Ia01m2 - Medication Safety Technology Program

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

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

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2022 Long-Term Care Home Annual Report

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

For the period from durée Operator Name :

Linhaven - The Regional Municipality of Niagara

2022-01-01

Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

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

Line Ia01p2 - Clinical Decision Support Tools Program

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

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

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

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

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

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

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

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

Facility #

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2022 Long-Term Care Home Annual Report

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

For the period from rée Operator Name :

Linhaven - The Regional Municipality of Niagara

2022-01-01

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to

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

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

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

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

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

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

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

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0
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2022 Long-Term Care Home Ar	nnual Report
For the period from	202

Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31
Ministère des Soins de longue durée				
Facility #	Operator Name :			
H11559	Linhaven - The Regional Municipality of Niagara			
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Section I: Part B One-time Funding and Other Initiatives.

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

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

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

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Ministry of Long-Term Care

2022-01-01

to

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Ministère des Soins de longue durée Licensee Name : Facility #

Linhaven - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance	Payment Settlements in 2022		Balance
		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries	890,330	890,330	961,784	961,784
O002	Employee Benefits	174,304	174,304	201,120	201,120
O003	Other (specify):	160,410	160,410	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$1,225,044	\$1,225,044	\$1,162,904	\$1,162,904

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

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

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

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

2022-01-01

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Facility # H11559

Licensee Name : 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:

Ontario 2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	20

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

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

for the Period from to was provided by management.

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

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

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

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

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

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

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

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

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

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

for the period from to

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

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

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

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1 - 2024 Appendix 5

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

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

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

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

			Re	sident Days									Resident Re	venue				Total F	evenue
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) January 1 to January 31, 2022 (3a)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	premium charged above the	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,368	2,649	4,030	4170	4361	16,578	83,503	169,695	251,280	257.239	275.622	35.548	72.249	107.005	109.699	9 117.767	1.037.339	442.268
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	403	739	1,180	1278	1305	4,905	24,587	47,283	73,523	78,958	82,483	4,989	9,589	14,917	16,034	4 16,825	306,834	62,354
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,461	3,012	4,690	4612	4745	18,520	71,926	151,654	234,204	234,830	246,868						939.482	
A004	Long-Stay two-bed room (Shared by spouses)	124	236	326	300		986	7,565	15,130									61,536	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,356	6,636	10,226	10,360	10411	40,989	187,581	383,762	579,360	589,515	604,973	40,537	81,838	121,922	125,733	3 134,592	2,345,191	504,622
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009	Interim Short Stay - Basic	31	59	91	92	92	365	1,891	3783	5674	5,674	5,815						22,837	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	31	59	91	92	92	0 365	1,891	3,783	5,674	5674	5815	0	0	0		D C	22,837	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

2022-12-31

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

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

			Decid	ent Days					
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting			July to	October]		
	period	February to March (1a)	April to June (1b)	Septemb er (1c)	to Decembe r (1d)	Total Days (1e)			
\023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
\023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
4023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					0			
\023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
					Resid	ent Days]	
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Eme Measures Funding Policy. Use lines A0246 to A024d as applicable, to report the tree eligible for reimbursement of lost preferred revenues for the period anavary 1 to Docer Eligible resident days include: 1) actual resident days for the period the resident or perferred accommodation where in accordance with Section 3.2 of the COVID-19 Measures Funding Policy (COVID-19 Policy), a placement coordinator deems that a has requested a basic room should be placed in a preferred room; and 2) where if a medical leave is unable to return to their LTC home after the medical leave expires to seperimening a COVID-19 outbrear, report the resident days for the period where the preferred accommodation are waived until the resident is able to return to the home y a basic room and preferred room rate to the licensee for the period the resident foc-CPay B a basic room and preferred room rate to the licensee for the period the resident cocras more. D ONT report on resident days under the Co-Apay ME section below) and on resident days that may have received reimbursement of lost p revenue through the High Intensity Needs Fund.	ident days nber 31, 2022. ccupies mergency n applicant who resident on a ecause it is fees for post-outbreak. ulletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	ursement of lost program or, lost	131	338	466	445	479	1,859	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost program or, lost						0	
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.		57	175	271	125	92	720	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for re of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program						0	
	ds – beds classified as "NEW" or "A" according to ministry design standards.	tian							
lder bed	Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry des	sign							
Older bed	Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry det				Resid	ent Days			
Older bed	Is – beds classified as "B", "C", "Upgraded D" or "D" according to ministry des	rogram. Use ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 choice). The the Co-Pay ee for the esident days acceived	January (1a)	February to March (1b)	Resid	July to September (1d)	October to December (1e)	Tatal Days (11)	
Nder bed	Is - beds classified as "B", -C", "Upgraded D" or "D" according to ministry der Reimbursement for lost preferred revenues - Co-payment Waiver P lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 whet for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicables set out in s. 242 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room. DO NOT report on re reimbursement of lost preferred revenue through the High Intensity Fund.	rogram. Use ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 zhoice). The the Co-Pay scielant days scielant days scielant days scielant for Needs eligible for		to March	April to June	July to September	December (1e)	Total Days (1)	
	Is - beds classified as "B", -C", "Upgraded D" or "D" according to ministry der Reimbursement for lost preferred revenues - Co-payment Waiver P lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 256 of the Ontario Regulated by th Builetin between a basic room and preferred room rate to the licens period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue. For Newer beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue.	rogram. Use ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 scholce). The the Co-Pay ee for the scient days sceived Needs aligible for	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December (1e)	(11)	
A024e	Is - beds classified as "B", "C", "Upgraded D" or "D" according to ministry der Reimbursement for lost preferred revenues - Co-payment Waiver P lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 whe for preferred accommodation are waived. Report only on eligible re where the licensee of the LT Co more to which a resident is admitted before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation 246/22 Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the licens period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity Fund. For Newer beds - Private Accommodation report the resident days de	rogram. Use ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 scholce). The the Co-Pay ee for the scient days sceived Needs aligible for	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December (1e)	244	

2022 Long-Term Care Home Annual Report

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

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

Facility # H11540

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

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

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

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

Section B - Actual Other Recoverable Revenue

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

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31	
Ministère des Soins de longue durée					
Facility #	Operator Name :				
	Meedowe of Dereheater (The)	The Degional Mu	nicinality of	Niegoro	

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

 Section C - Actual Expenditures - Nursing and Personal Care

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

Note: Claim-based not to be included.

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

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

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

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

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

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

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

 Ministry dess Soins de longue durée
 Facility #
 Operator Name :

 Facility #
 Operator Name :
 H11540

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

 Section D - Actual Expenditures - Program and Support Services

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

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

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

Ministry of Long-Term Care		For the period from	2022-01-01	to	202
Ministère des Soins de longue du	rée				
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	573,137		573,137				0	
E002	Expenditure Recoveries (enter as negative)	(30,938)		(30,938)				0	
E003									

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

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Section F - Actual Expenditures - Other Accommodation

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

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 202: to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines FOOI through FOO9, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

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

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
FO	12 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)	
F0	13 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

2022 Long-Term Care Home Annual Report

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Ministry of Long-Term Care	For the period from	######################################
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H11540	Meadows of Dorchester (The) - The Regional Municipality of Niagara	

Section I: Part A.

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

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

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

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

Line Ia01c- Falls Prevention Equipment Funding Program

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

	Y / N
Ia01c Funding for the January 1, 2022 to December 31, 2 reduce falls or injuries from falls (Y / N).	2022 period has been used for equipment intended to

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

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

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

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Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

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

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

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

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

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

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

Ia01e2 Expenditure for the April 1, 2022 to December 31, 2022 period 1	005486

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

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

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

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

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

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	H11510	Meadows of Dorchester (The) - The Regional Municipality of Niagara

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

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

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

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

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

Line la01j1 - Infection and Prevention Control - Personnel and Training

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

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

Line Ia01j2 - Infection and Prevention Control - Personnel

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

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

Line Ia01j3 - Infection and Prevention Control - Training

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

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

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Ministry of Long-Term Care For the period from 2022-01-01				#########	
Ministère des Soins de longue durée					
Facility #	Facility # Operator Name :				
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Line Ia01k1 - New Long-Term Care Minor Capital Program

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

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

Line Ia01k2 - New Long-Term Care Minor Capital Program

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

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

Line Ia01m1 - Medication Safety Technology Program

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

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

Line Ia01m2 - Medication Safety Technology Program

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

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

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2022 Long-Term Care Home Annual Report

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

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

For the period from

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

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

Line Ia01p2 - Clinical Decision Support Tools Program

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

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

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

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

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

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

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$13,16,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

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

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2022 Long-Term Care Home Annual Report

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

Operator Name :

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

For the period from

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

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

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

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

			Total Expenditu	re
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period			37531
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Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

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

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

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

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

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

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

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	614,722
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	7,730
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible f reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	cember 31, provided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		
	Total I December 29, 2017	∣ Expenses from Section I, Part B (sum of lines lb1 to lb13)	622,452

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Ministry of Long-Term Care

2022-01-01

to

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Ministère des Soins de longue durée

Licensee Name : Facility #

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

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

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

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

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

H11540

For the period from

2022-01-01

to

2022-12-31

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

Facility #

Licensee Name : 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:

Ontario	2022 Long	g-Term Care H	lome An	nual Repo	rt	
Ministry of Long-Ter	m Care For	the period from 2	022-01-01	to 2022-1	2-31	
Ministère des Soins Facility #	de longue durée Licensee Name :					
H11540	Meadows of Dorcheste	r (The) - The Region	al Municipa	lity of Niagara		
Sectio	n Q - Licensee's State			· ·		
	on contained in Sections t of (legal name of Licens	-	I, and Sect	ion O and P of t	his Long-Term Care H	lome
for the Period	from		to		was provided by	v management.
-	as been prepared in conf Iheres to the technical ins	-		-		
Health Integra	on contained in this repor ation Network and the lice able policies pertaining to	nsee, any direct fun	ding agreen	nent between th	e Minister and the lice	ensee,
awarded by th Upgraded "D"	ru F of the report exclude ne Ministry, the redevelop beds. Sections C thru F t A and Part B.	ment of a Category	'D" Home, a	and redevelopm	ent of Replacement "E	3", "C" and
Sustama of in	tornal accounting control	are maintained in ar	dar ta agaur	the reliability	of this financial	
•	ternal accounting control These systems include fo					lified
	d an organization providi				• •	
	he Licensee on the		day of		, 20	
			-	(Print Li	censee's Name)	
				By:		
Witness			1			

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

Ainistère des Soins de	longue durée
acility #	Licensee Name

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

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

Ministère des Soins de longue durée

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

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

for the period from to

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

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

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

	Licensed Public Accountant	
(place)		
(date)		

Notes to the Annual Report December 31, 2022

1. Basis of accounting

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1-2024 Appendix 6

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Term Care Home Annual Report				
	Ministry of Long-Term Care Ministère des Soins de longue durée		For the period from	2022-01-01	to	
		Operator Name Northland Pointe - The Regional Municipality of Niagara				

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network Section A - Level of Care (LOC) Actual Resident Occu ncv. Resident Reve and Resident Bad Debt

0000000	A - Level of Care (LOC) Actual Resident Occupancy, Reside	Resident Bad Jobst Resident Revenue									Total B	levenue							
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)			to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	2,218	4,021	6,637	6815	7239	26,930	135,449	257,436	413,793	420.472	457,556	57.179	108.590	174.782	178,270) 194,153	1.684.706	712.974
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	71	118	182	265	215	851	4,342	7,565	11,348			892		2,332			53,172	
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	1,832	3,733	5,834	5763	5934	23,096	97,210	203,668	319.972	325.349	337,911						1.284.110	
A004	Long-Stay two-bed room (Shared by spouses)						0		200,000	010,012	020,010	007,011						0	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	4,121	7,872	12,653	12,843	13388	50,877	237,001	468,669	745,113	762,169	809,036	58,071	110,145	177,114	181,630	196,942	3,021,988	723,902
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009	Interim Short Stay - Basic	31	59	91	92	92	365	1,618	3235	4853	4,985	4,985						19,676	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	31	59	91	92	92	0 365	1,618	3,235	4,853	4985	4985	0	0	0) C) 0	0 19,676	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

2022-12-31

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

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

			Resid	ent Days]		
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Day (1e)	s	
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.						0	
A023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.						0	
					Resid	dent Days		
	Raimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Em Measures Funding Pelicy. Use lines A024a to A024d as applicable, to report the re- eighte for reinstrument of lost preferred revenues for the period January 1 to Dece Eligible resident days include: 1) actual resident days for the period January 1 to Dece Berger escience and the second	sident days mber 31, 2022. zcupies mergency in applicant who resident on a vecause it is o fees for post-outbreak. iulletin between pies a preferred	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (11)
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbi preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	ursement of lost program or, lost						0
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost program or, lost						(
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment v or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	reimbursement vaiver program						(
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for n of lost preferred revenue. Do not report on resident days related to the Co-payment v or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement vaiver program						
	ds – beds classified as "NEW" or "A" according to ministry design standards. s – beds classified as "B", "C", "Upgraded D" or "D" according to ministry de	sian						
standards								
	Reimbursement for lost preferred revenues - Co-payment Waiver P lines A024e through A024h, as applicable, to report the resident da under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 whe for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules 1 in public hospitals set out in s. 242 of the Ontario Regulation 246/2, prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the licens period the resident occupies a preferred room. DO NOT report on n already reported in section C and on resident days that may have r reimbursement of lost preferred revenue through the High Intensity Fund.	ys eligible preferred re the fees sisident days I on or or patients 2 is i f meeting 1 246/22 choice). The he Co-Pay see for the esident days eccived	January (1a)	February to March (1b)	Resic	July to September (1d)	October to December (1e)	Total Days (11)
A024e	For Newer beds - Private Accommodation report the resident days reimbursement of lost preferred revenue.	-	42	169	54		o c	265
		ligible for			1			
A024f	For Older beds - Private Accommodation report the resident days e reimbursement of lost preferred revenue. For Newer beds - Semi-Private Accommodation report the resident	-						

Ontario

2022 Long-Term Care Home Annual Report

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

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

Facility # Operator Name H14442

Northland Pointe - The Regional Municipality of Niagara

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

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

	Resident Bad Debt on 2022 Basic Accommodation Fee	s	For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	17,127	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$17,127	

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

Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31		
Ministère des Soins de longue durée						
Facility #	Operator Name :					
L11110	Northland Dainta The Degional Municipality of Nicgara					

 H1442
 Northland Pointe - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	5,611,337		5,611,337				0	
C002	Employee Benefits	1,285,827		1,285,827				0	
C003	Purchased Services	248,346		248,346				0	
C004	Medical and Nursing Supplies	138,211		138,211				0	
C005	Equipment	60,210		60,210				0	
C006	Physician On-Call Coverage	14,381		14,381				0	
C007	Other	15,277		15,277				0	
C008	Expenditure Recoveries (enter as negative)	(13,270)		(13,270)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

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

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported	on	
1	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- BSQ 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 - BSQ initiative.		

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

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

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

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Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
			(2)				(0)		
D001	Salaries	375,152		375,152				0	
D002	Employee Benefits	85,155		85,155				0	
D003	Purchased Services	193,922		193,922				0	
D004	Supplies	15,123		15,123				0	
	Equipment	0		0				0	
D006	Other	1,821		1,821				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008		-							

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

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

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

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Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	646,491		646,491				0	
E002	Expenditure Recoveries (enter as negative)	(20,251)		(20,251)				0	
E003									

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

Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	840660		840660				0	
	Building and Property - Operations and Maintenance (B&P-OM)	348534		348534				0	
F003	Dietary Services (DS)	1190741		1190741				0	
F004	Laundry and Linen Services (L & LS)	164931		164931				0	
F005	General and Administrative (G&A)	1136082	727830	1863912				0	
F006	Facility Costs (FC)	1222829	43845	1266674				0	
F007	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$4,903,777	\$771,675	\$5,675,452		\$0	\$0	\$0	
F008	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	856822		856822				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$4,046,955	\$771,675	\$4,818,630		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 202 to March 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines FOO1 through FOO9, as applicable. 32% of the Global LO funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

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

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

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Section I: Part A.

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

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

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

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

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

	Expenditures	for 12 months	s, January 1, 202	2 to December 31, 2022	
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure	
la01b				\$0	

Line Ia01c- Falls Prevention Equipment Funding Program

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

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

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

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

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

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Section I: Part A. (continued)

Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

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

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

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

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	495299

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

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

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

Total Expenditure

1690509

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

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

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

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

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	105612

Line Ia01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

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

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	409607

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Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	18300

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

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

		Total Expenditure	
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	78748	
	Infection and Prevention Control - Personnel and Training		2021

2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la0(11a and la0(11b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	9465
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	7224

Line Ia01j2 - Infection and Prevention Control - Personnel

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

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	20733

Line Ia01j3 - Infection and Prevention Control - Training

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

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	27165

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Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line IaO1k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

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

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Line la01k2 - New Long-Term Care Minor Capital Program

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

72548

		Т	otal Exp	enditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period			

Line Ia01m1 - Medication Safety Technology Program

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

a01m1 Expenditure for the January 1 2022 to March 31 2022 period 315			Total Expenditure
	la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	3154

Line Ia01m2 - Medication Safety Technology Program

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

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	22702

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

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

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	8151

Line Ia01p2 - Clinical Decision Support Tools Program

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

				l otal Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period			24454
			-	

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

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

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	271569
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	51162
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		20128

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

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$13,16,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	826765
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	155760
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		15777

Ontario

2022 Long-Term Care Home Annual Report

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

durée

For the period from

2022-01-01

to

 Facility #
 Operator Name :

 H14442
 Northland Pointe - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

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

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	85478

Line Ia01r2 - Temporary Retention Incentive for Nurses

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

			Total Expendit	ure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period			39371

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

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

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

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Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31			
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Facility #	Operator Name :						
H14442	Northland Pointe - The Regional Municipality of Niagara						

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

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

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

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	365,536
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	6,590
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines lb9 through lb13, column D to report expenses eligible f reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	cember 31, provided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		
	Total I December 29, 2017	∣ Expenses from Section I, Part B (sum of lines lb1 to lb13)	372,126

December 29, 2017

2022-01-01

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Licensee Name : Facility #

Northland Pointe - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	469,783	469,783	522,575	522,575
0002	Employee Benefits	94,873	94,873	108,005	108,005
O003	Other (specify):	103,844	103,844	0	0
0004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$668,500	\$668,500	\$630,580	\$630,580

	Program and Support Services					
	Please complete lines O101 through O103, as appl related to the administration of employee and union conducting union negotiations, arbitration hearings, must be reported in the Other Accommodation enve	n agreements e.g, the cost of , and pay equity negotiations	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O101	Salaries		29,946	29,946	38,035	38,035
O102	Employee Benefits		7,243	7,243	8,581	8,581
O103	Other (specify):		0	0	0	0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$37,189	\$37,189	\$46,616	\$46,616

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

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

For the period from

2022-01-01

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

Facility # H14442 Licensee Name : Northland Pointe - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here

and please explain:



Ontario	2022 Long-Term Care Home Annual Report
Ministry of Long-Te	Care For the period from 2022-01-01 to 2022-12-31
Ministère des Soins	longue durée
Facility #	licensee Name :
H14442	Northland Pointe - The Regional Municipality of Niagara
Sectio	Q - Licensee's Statement and Approval
Annual Repo	of (legal name of Licensee)
for the Period	omwas provided by managemen
•	been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the eres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.

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

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

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

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

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

Inistère des Soins de longue durée						
acility #	Licensee Name					

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

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

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

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

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

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

Responsibilities of Management and Those Charged with Governance for the Report

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

Ontario2022 Long-Term Care Home Annual ReportMinistry of Long-Term CareFor the period from2022-01-01to2022-12-31

Ministère des Soins de longue durée

 Facility #
 Licensee Name :

 H14442
 Northland Pointe - The Regional Municipality of Niagara

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

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

for the period from ______to _____to

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

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

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

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

December 31, 2022

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

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

2. Revenue recognition

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

3. Expenditures

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

COM 1- 2024 Appendix 7

Deloitte.

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

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

Independent Auditor's Report

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

Opinion

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

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

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting

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

Responsibilities of Management and Those Charged with Governance for the Report

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

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

Auditor's Responsibilities for the Audit of the Report

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

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

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

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

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario		2022 Long-Te	erm Care Home Annual Report		
Ministry of Long-Term Care Ministère des Soins de longue (durée	For the period from	2022-01-01	to	
	Operator Name				
H13534	Upper Canada Lodge - The Regional Municipality of Niagara				

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

testion A. Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident

	A - Level of Care (LOC) Actual Resident Occupancy, Reside	Resident Days						Resident Revenue								Total Revenue			
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	 Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b) 	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) July 1 to September 30, 2022 (3d)	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$63.73) October 1 to December 31, 2022 (3e)	Basic Revenue	Preferred Fees (4b=3a+3b+3c +3d+3e)
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	1,063	2,033	3 3,330	3713	4016	14,155	64,864	130,101	1 207,578	229.180	253.922	19.99	3 40.110	63.996	70,656	78.291	885 645	273.051
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e						C											0	0
A003	Long-Stay - Basic (Include residents where a placement coordinator has deemed that the resident who requested basic should be placed in a preferred room, and Co-payment waiver residents who requested basic but were placed in a preferred room.)	965	2,115	5 3,097	2851	2850	11,878	51,226	102,836	153.578	153,218	158,770						619.628	
A004	Long-Stay two-bed room (Shared by spouses)						0		102,000	100,010	100,210	100,710						010,020	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	2,028	4,148	6,427	6,564	6866	26,033	116,090	232,937	361,156	382,398	412,692	2 19,99	8 40,110	63,996	70,656	78,291	1,505,273	273,051
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						C											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						٥											0	0
A009	Interim Short Stay - Basic						0											0	
A010 A011	Interim Short-Stay - two-bed room (Shared by spouses) Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	C	0 0	0	0	0	0 0	() 0)	D 0) C	0 0	0	0	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.	-					C												0

2022-12-31

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

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

			Resid	ent Days					
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)			
A023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
\023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
A023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					0			
\023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
					Resid	lent Days			
	Reimbursement for lost preferred revenues as per Section 3.2 of the COVID-19 Eme Measures Funding Policy. Use lines A024a to A024d as applicable, to report the res eligible for reimbursement of lost preferred revenues for the period January 1 to Decen - Eligible resident days include: 1) actual resident days for the period the resident or preferred accommodation where in accordance with Section 3.2 of the COVID-19 Em Measures Funding Policy (COVID-19 Policy), a placement coordinator deems that a medical leave is unable to return to their LTC home after the medical leave expires to appenrisming a COVID-19 outback, report the resident days for the period where the preferred accommodation are waived until the resident is able to return to the home p the Ministry with report on resident days under be (Co-Pay B) a basic room and preferred room rate to the licensee for the partic the resident is section below) and on resident days that may have received reimbursement of lost pr revenue through the High Intensity Needs Fund.	ident days nher 31, 2022. cupies nergency n applicant who resident on a ecause it is fees for post-outbreak. ulletin between poies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbu preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost rogram or, lost						0	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	sement of lost rogram or, lost	62	118	182	184	138	684	
A024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program						0	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for re of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement aiver program						0	
	eds - beds classified as "NEW" or "A" according to ministry design standards.								
lder bed tandards	ds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry dee s	sign							
					Reeid	ent Davs			
	Reimbursement for lost preferred revenues - Co-payment Waiver Pr lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules (f in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 256 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first of Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the license period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity I Fund.	vs eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 choice). The he Co-Pay ee for the ssident days accived	January (1a)	February to March (1b)	Resid April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1)	
A024e	lines A024e through A024h, as applicable, to report the resident day under the C-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 where for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first of Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room D0 NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity I Fund.	s eligible referred e e the fees sident days on or or patients 2 is if meeting 246/22 426/22 426/22 426/22 426/22 Algize e for the e Co-Pay ee for the exceived Needs		to March	April to June	July to September	December	Tata Days (11)	
A024e	lines A024e through A024h, as applicable, to report the resident day under the C-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 where for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules (in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first of Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred from rate to the licens period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity I Fund. For Newer beds - Private Accommodation report the resident days et reimbursement of lost preferred revenue.	s eligible referred re the fees sident days on or or patients if meeting 246/22 2 is if meeting 246/22 2 is ee for the eco-Pay ee for the esident days sceived Needs		to March	April to June	July to September	December	0	
	lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first of Ministry will reimburse the maximum cost difference stipulated by th Builetin between a basic room and preferred room rate to the licens- period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity I Fund.	s eligible referred te the fees sident days on or or patients 2 is if meeting 246/22 z46/22 z46/22 z46/22 z46/22 z46/22 z46/24 zeforte te for the co-Pay ee for the co-Pay ee for the co-Co-Pay ee for the co-Co-Pay ee for the co-Co-Pay ef for the co-Co-Pay ef for the co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December	0	

2022 Long-Term Care Home Annual Report

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

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

Facility #

Upper Canada Lodge - The Regional Municipality of Niagara

H13534

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

Operator Name

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

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

Section B - Actual Other Recoverable Revenue

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

•							
Ministry of Long-Term Care	For the period from 2022-01-01 to 2022-12-31						
Ministère des Soins de longue durée							
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H13534	Upper Canada Lodge - The Regional Municipality of Niagara						

 H13534
 Upper Canada Lodge - The Regional Municipality of Niagara

 Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	2,901,438		2,901,438				0	
C002	Employee Benefits	619,149		619,149				0	
C003	Purchased Services	11,875		11,875				0	
C004	Medical and Nursing Supplies	94,784		94,784				0	
C005	Equipment	40,508		40,508				0	
C006	Physician On-Call Coverage	17,325		17,325				0	
C007	Other	10		10				0	
C008	Expenditure Recoveries (enter as negative)	(4,390)		(4,390)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

C010 Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes	_	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
214691	C010	March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for N expenses. Note: The expenses must also be reported on lines C001 through C009, as a funding is allocated to the Other Accommodation envelope; unused funding may be retai expenses reported on lines C010, D009, and E004 will be used to inform the allocation o	Nursing and Personal Care oplicable. 32% of the Global LOC ned by the home. The total	214691	

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

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

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding			

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C0,	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.	

Ministry of Long-Term Care		For the period from	2022-01-01	to	2022-
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Encility #	Operator Name :				

Facility # H13534 H13534 Upper Canada Lodge - The Regional Municipality of Niagara Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	273,551		273,551				0	
D002	Employee Benefits	66,012		66,012				0	
D003	Purchased Services	100,780		100,780				0	
D004	Supplies	6,821		6,821				0	
	Equipment	43		43				0	
D006	Other	1,999		1,999				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)

Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding. D011

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D0	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

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	Ontario	2022	Long-Term Ca	ге ноте Ап	nuari	кероп
,	Ministry of Long-Term Care		For the period fror	2022-01-01	to	2022-12-31
1	Ministère des Soins de longue du	e				
F	Facility #	Operator Name :				

H13534 Upper Canada Lodge - The Regional Municipality of Niagara

Section E - Actual Expenditures - Nutritional Support

	Nutritional Support	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
E001	Nutritional Support	358,668		358,668				0	
E002	Expenditure Recoveries (enter as negative)	(21,759)		(21,759)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 202 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding acros the NPC, PSS and NS envelopes		

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	406430		406430				0	
	Building and Property - Operations and Maintenance (B&P-OM)	177410		177410				0	
F003	Dietary Services (DS)	620990		620990				0	
F004	Laundry and Linen Services (L & LS)	139286		139286				0	
F005	General and Administrative (G&A)	818040	472314	1290354				0	
F006	Facility Costs (FC)	392812.24	14013	406825.24				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$2,554,968	\$486,327	\$3,041,295		\$0	\$0	\$0	
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.	213185		213185				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$2,341,783	\$486,327	\$2,828,110		\$0	\$0	\$0	

		Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)	
ſ	F010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 202 to March 31, 2022 period for Other Accommodation expenses. Note: The expenses must also be reported on lines FO01 through FO09, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes			

	Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F01	Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
FC	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)	
FC	13 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

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Ministry of Long-Term Care	For the period from	-	###########	to #########
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Section I: Part A.

Line Ia01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures	xpenditures for 12 months, January 1, 2022 to December 31, 2022					
			Overhead Expenses -				
	Salary	Benefits	operating	Total Expenditure			
la01a					\$0		

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022				
			Overhead Expenses -		
	Salary	Benefits	operating	Total Expenditure	
la01b					\$0

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	171
Ia01c Funding for the January 1, 2022 to December 31, 2022 period has been used for equipment intended to	
reduce falls or injuries from falls (Y / N).	1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

2022 Long-Term Care Home Annual Report

 Ministry of Long-Term Care
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to ########

Section I: Part A. (continued)

Ontario

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Line Ia01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, for the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	242208

Line Ia01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

		Total Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period	807470

Line la01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line la01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	52335

Line la01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line Ia01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	219318

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H13534	Upper Canada Lodge - The Regional Municipality of Niagara

Section I: Part A. (continued)

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	31003

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditu	ire	
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	100	0278	

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	5015
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	3827

Line la01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	25069

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	32845

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Ministry of Long-Term Care	For the period from	2022-01-01	to	#########
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Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	5011

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation, plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

la01k2 Expenditure for the April 1, 2022 to December 31, 2022 period	25517

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure]
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	1682	

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	12061

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2022 period in the 2022 period.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	4347

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			l otal Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		13042

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	213877
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	34905
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		10738

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$13,16,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	438020
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	82520
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		8358

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	35303

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Tot	al Expenditu	re
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period				18147

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0

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Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)		
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.			
lb2	High Intensity Needs Fund (HINF) Claims- Based	NF) Claims- Claims- exceptional wound care, preferred accommodation and transportation for dialysis.			
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	5,165		
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.			
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.			
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.			
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.			
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.			
	One-time and project funding	Use lines Ib9 through Ib13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing			
lb9	Description:				
lb10	Description:				
lb11	Description:				
lb12	Description:				
lb13	Description:				
	Total I	Expenses from Section I, Part B (sum of lines lb1 to lb13)	10,57		

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Licensee Name : Facility #

Upper Canada Lodge - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE]			
	Please complete lines 0001 through 0003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	249,665	249,665	260,808	260,808
O002	Employee Benefits	48,298	48,298	52,962	52,962
O003	Other (specify):	50,049	50,049	0	0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$348,012	\$348,012	\$313,770	\$313,770
	Program and Support Sorvices				

	Program and Support Services				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
0101	Salaries	23,371	23,371	23,916	23,916
0102	Employee Benefits	5,012	5,012	6,052	6,052
0103	Other (specify):	0	0	0	0
1104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$28,383	\$28,383	\$29,968	\$29,968

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

Ministry of Long-Term Care

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Licensee Name : Upper Canada Lodge - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Long	-Term Care	Home Ann	ual Report	
Ministry of Long-Term C	are For t	he period from	2022-01-01	2022-12-31	
Ministère des Soins de l					
· domey //	^{censee Name :} Ipper Canada Lodge - 1	The Regional Mu	nicipality of Niad	ara	
	Q - Licensee's Staten				
	•				
		-	on I, and Section	O and P of this Long-Term	Care Home
Annual Report of	f (legal name of License	e)			
for the Period fro	m		to	was prov	ided by management
This Report has	been prepared in confo	rmity with the bas	sis or bases of a	ccounting described in , Sec	tion P - Notes to the
Report and adhe	res to the technical inst	ructions and guid	lelines as provide	ed by the Ministry of Long-Te	erm Care.
The information	contained in this report	is in accordance	with the service	agreement between Ontario	Health / Local
	•			t between the Minister and	
and all applicable	policies pertaining to t	he program fund	ing provided to the	he home for the period being	J submitted.
Soctions C thru	- of the report evolution	ovpondituros as	applicable for:	the development of new long	a torm caro bode
				redevelopment of Replacer	
Upgraded "D" be	ds. Sections C thru F a			nditures funded from the init	
Section I: Part A	and Part B.				
o ,					
•	•			he reliability of this financial areful selection and training	of gualified
				hority and segregation of re	
personnel, and a	n organization providing		delegation of add	nonty and segregation of re-	sponsibilities.
Approved by the	Liconsoo on the		day of	20	
Approved by the			day of	, 20	
				(Print Licensee's Name	;)

	By:	
Witness	NAME	
	TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

Facility #	Licensee Name

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care

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Facility # Licensee Name :

H13534 Upper Canada Lodge - The Regional Municipality of Niagara

Appendix A

Ontario

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from ______to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

1. Basis of accounting

December 31, 2022

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.

COM-1 2024 Appendix 8

Deloitte.

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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 2022 Long-Term Care Home Annual Report of the Regional Municipality of Niagara – The Woodlands of Sunset (the "Region") and notes to the Annual Report including a summary of significant accounting policies (collectively referred to as the "Report").

In our opinion, the Report for the Regional Municipality of Niagara – The Woodlands of Sunset for the year ended December 31, 2022 is prepared, in all material respects, in accordance with the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines dated June 30th, 2023 issued by the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care and financial reporting provisions of the Hamilton Niagara Haldimand Brant Local Health Integration Network (the "LHIN") Service Accountability Agreements dated April 1, 2019 (collectively referred to as the "Guidelines").

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards ("Canadian GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Report* section of our Report. We are independent of the Region in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 of the Report, which describes the basis of accounting. The Report is prepared to assist the Region in complying with the Guidelines. As a result, the Report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Region's financial reporting process.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Region's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants [DATE]

Ontario			2022 Long-Te	rm Care Home Annual Report		
Ministry of Long-Term Ministère des Soins de			For the period from	2022-01-01	to	2022-12-31
Facility #	Operator Name					
H14496	Woodlands of Sunset (The) - The Regional Municipality o	f Niagara			

OH Region Name Hamilton Niagara Haldimand Brant Local Health Integration Network

Section A - Level of Care (LOC) Actual Resident Occu v Resident Reve and Resident Bad Debt

Section	A - Level of Care (LOC) Actual Resident Occupancy, Reside	nt Revenue a																	
		r	Re	sident Days					Resident Revenue					Total F	levenue				
	Current Revenue Period	January 1 to January 31, 2022 (1a)	February 1 to March 31, 2022 (1b)	April 1 to June 30, 2022 (1c)	July 1 to September 30, 2022 (1d)	October 1 to December 31, 2022 1(e)	Total Days (1f)	Basic Fees January 1 to January 31, 2022 (2a)	Basic Fees February 1 to March 31, 2022 (2b)	Basic Fees April 1 to June 30, 2022 (2c)	Basic Fees July 1 to September 30, 2022 (2d)	Basic Fees October 1 to December 31, 2022 (2e)	the premium charged above the maximum daily rate of	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18) February 1 to March 31, 2022 (3b)	to the premium charged above the maximum daily	Preferred Fees (applicable to the premium charged above the maximum daily rate of \$62.18 July 1 to September 30, 2022 (3d)	premium charged above the	Basic Revenue (4a=2a+2b+2c +2d+2e)	
A001	Long-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e		3,110	4,784	4663	4604	18,830	101,892	199,308	298,324	287,572	291,093	42.802	83,784	125,597	118,559	9 123,394	1,178,189	494,136
A002	Long-Stay - Semi - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3e	314	664	1,086	1094	1339	4,497	19,162	42,542	67,688									
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.)	1,410	2,615	4,254	4359	4536	17,174	69,827	137.472	223.022	229,261	248,199						907.781	
A004	Long-Stay two-bed room (Shared by spouses)				87		87				10,861							10,861	
A005	Short-Stay - Respite Care bed converted into a long-stay bed (include long-stay residents occupying converted short-stay respite care beds during the COVID-19 period)						0											0	
A005a	Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A005b	Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)						0											0	0
A006	Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	3,393	6,389	10,124	10,203	10479	40,588	190,881	379,322	589,034	595,258	623,984	46,546	92,139	138,926	131,863	3 140,206	2,378,479	549,680
A007	Interim Short-Stay - Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A008	Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 0.7% of Preferred Fees for the January to June 2022 period and 2.5% for the July to September 2022 period from Preferred Fees in columns 3a to 3d						0											0	0
A009		31	59	91	92	92	365	1,104	2207	3311	4,156	4,156						14,934	
A010	Interim Short-Stay - two-bed room (Shared by spouses)						0											0	
A011	Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	31	59	91	92	92	365	1,104	2,207	3,311	4156	4156	0) 0	0	(D C	14,934	0
A012	Convalescent Care Beds converted into long-stay beds. Include long- stay residents occupying converted convalescent care beds during the COVID-19 period.						0											0	0

The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to 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 is less than the Director approved reduced basic accommodation fee. A015

			_	Resid	lent-Days				
	Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)		
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the FIII-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre- Move Occupancy Days for Classified "D" Replacement beds						٥		
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 (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)		
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period						0		
				Resid	lent-Days				
	Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)		
A022a	Actual Resident-days in lines A001-A004 during ORP Period						0		
A022b	Actual Resident-days in line A007-A010 during ORP Period						0		

			Resid	ent Days					
	Occupied 3rd and above beds in ward rooms. Actual resident days on occupied 3rd and above beds in ward rooms for each reporting period	February to March (1a)	April to June (1b)	July to Septemb er (1c)	October to Decembe r (1d)	Total Days (1e)			
\023a	Actual resident days in line A003 (Long-stay basic beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
023b	Actual resident days in line A005 (Short-stay respite care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
023c	Actual resident days in line A009 (Interim short-stay basic) that was attributed to occupied 3rd and above beds in ward rooms.					0			
023d	Actual resident days in line A012 (Convalescent care beds converted into long-stay beds) that was attributed to occupied 3rd and above beds in ward rooms.					0			
	·	i			Resid	dent Days	-		
	Reimbursament for loat preformed revenues as per Section 3.2 of the COVID-19 Eme Measures Funding Policy. Use lines A0246 to A0246 as applicable, to report the rore eligible for reimbursament of load preformed revenue for the period atmacy. I to Desen Eligible resident days include: 1) actual resident days for the period the resident or performed accommodation where in accordance with beaction 3.2 of the COVID-19 Eff Measures Funding Policy (COVID-19 Policy), a placement coordinator desms that a merical leave is unable to return to their LTC home after the medical leave express to experimenting a COVID-19 outcomes, report the resident days for the period where the preferred accommodation are waived until the resident is able to return to the home p the Ministry with report on resident days under the processing to the Co-Pay B a basic room and preferred room rate to the licensee for the period the resident cour- tion. Do NOT report on resident days under the Co-Pay B a basic room and preferred room rate to the licensee for the period the resident cours on. Do NOT report on resident days under the Co-Pay RB a basic room and preferred room rate to the licensee for the period the resident cours on. Do NOT report on resident days under the Co-Pay RB	ident days mber 31, 2022. scupies mergency n applicant who resident on a ecause it is fees for post-outbreak. ulletin between pies a preferred is section (see	January (1a)	February to March (1b)	April to June (1c)	July to September (1d)	October to December (1e)	Total Days (1f)	
A024a	For Newer beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	ursement of lost program or, lost		57	213	3 387	425	1,082	
A024b	For Older beds - Private Accommodation report the resident days eligible for reimbur preferred revenue. Do not report on resident days related to the Co-payment waiver p preferred revenue reimbursed through the High Intensity Needs Fund.	rsement of lost program or, lost						0	
4024c	For Newer beds - Semi-Private Accommodation report the resident days eligible for of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	reimbursement vaiver program	62	118	185	5 84		449	
A024d	For Older beds - Semi-Private Accommodation report the resident days eligible for re of lost preferred revenue. Do not report on resident days related to the Co-payment w or, lost preferred revenue reimbursed through the High Intensity Needs Fund.	eimbursement vaiver program						0	
	dds - beds classified as "NEW" or "A" according to ministry design standards.								
andard	ds – beds classified as "B", "C", "Upgraded D" or "D" according to ministry des Is	sign							
		,			D- 1	dont Deur			
	Reimbursement for lost preferred revenues - Co-payment Waiver Pr lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost pr revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fc in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first c Ministry will emburse the maximum cost difference stipulated by th Builletin between a basic room and preferred room rate to the licenss period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity I Fund.	ys eligible referred re the fees sisident days on or or patients 2 is if meeting 246/22 choice). The he Co-Pay ee for the sisident days accived	January (1a)	February to March (1b)	Resid	July to September (1d)	October to December (1e)	Total Days (1)	
A024e	lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first c Ministry will reimburse the maximum cost difference stipulated by th Builetin between a basic room and preferred room rate to the licens- period the resident occupies a preferred room. D0 N0T report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue through the High Intensity	ys eligible referred re the fees usident days on or or patients 2 is if meeting 246/22 choice). The ne Co-Pay ee for the ssident days eceived Needs		to March	April to June	July to September (1d)	December	Total Days (1)	
A024e	lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost p revenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules fo in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first of Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the licens period the resident occupies a preferred room. DO NOT report on re already reported in section C and on resident days that may have re reimbursement of lost preferred revenue. Through the High Intensity I Fund. For Newer beds - Private Accommodation report the resident days el reimbursement of lost preferred revenue.	ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 2 hoice). The hoice). The hoice). The sident days sceived Needs eligible for ligible for	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December (1e)	(11)	
	lines A024e through A024h, as applicable, to report the resident day under the Co-payment Waiver Program for reimbursement of lost prevenue for the period January 1, 2022 to September 30, 2022 wher for preferred accommodation are waived. Report only on eligible re where the licensee of the LTC home to which a resident is admitted before April 10, 2022 under the special pandemic admission rules for in public hospitals set out in s. 242 of the Ontario Regulation 246/22 prohibited from charging that resident any accommodation charges the applicable conditions set out in s. 296 of the Ontario Regulation (e.g. at the time of admission the home was not the resident's first or Ministry will reimburse the maximum cost difference stipulated by th Bulletin between a basic room and preferred room rate to the licens- period the resident occupies a preferred room. DO NOT report on re reimbursement of lost preferred revenue through the High Intensity I Fund.	ys eligible referred re the fees sident days on or or patients 2 is if meeting 246/22 2 khoice). The the Co-Pay ee for the eo for the excleved Needs aceived Needs aligible for ligible for days eligible	(1a)	to March (1b)	April to June (1c)	July to September (1d)	December (1e)	564	

2022 Long-Term Care Home Annual Report

For the period from 2022-01-01 to 2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # Operator Name 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 Only
A030 Basic Revenue: July 1, 1994 to December 31, 2021		

	Resident Bad Debt on 2022 Basic Accommodation Fee	For Ministry Use Only	
A040	Basic Accommodation Fees - Bad Debt	3,420	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$3,420	

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
	Other: Provide Description		
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

2022 Long-Term Care Home Annual Report

Ministry of Long-Term Care	For the period from	2022-01-01	to	2022-12-31	
Ministère des Soins de longue durée					
Facility #	Operator Name :				
H14496	Woodlands of Sunset (The)	- The Regional Mun	icipality of N	iagara	

Section C - Actual Expenditures - Nursing and Personal Care

	Nursing and Personal Care (NPC)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
C001	Salaries	4,792,838		4,792,838				0	
C002	Employee Benefits	1,048,869		1,048,869				0	
C003	Purchased Services	29,569		29,569				0	
C004	Medical and Nursing Supplies	144,101		144,101				0	
C005	Equipment	27,873		27,873				0	
C006	Physician On-Call Coverage	14,697		14,697				0	
C007	Other	11,873		11,873				0	
C008	Expenditure Recoveries (enter as negative)	(6,887)		(6,887)				-	
C009						\$0	\$0	\$0	

Note: Claim-based not to be included.

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for N expenses. Note: The expenses must also be reported on lines C001 through C009, as ap funding is allocated to the Other Accommodation envelope; unused funding may be retain expenses reported on lines C010, D009, and E004 will be used to inform the allocation of across the NPC, PSS and NS envelopes	ursing and Personal Care blicable. 32% of the Global LOC ed by the home. The total		
			324716	

	Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C011 will be used to determine any unused funding from the RN & RPN - BSO initiative.	1	

	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- BSQ initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding from the PSW - BSO initiative.			

	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be added to the expenses reported on line D011 to determine any unused funding		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
C0,	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
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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Ministry of Long-Term Care		For the period from	2022-01-01	to	2022-12-31	
Ministère des Soins de longue dur	ée					
Feeility #	Operator Name :					

Facility # H14496 H14496 Woodlands of Sunset (The) - The Regional Municipality of Niagara Section D - Actual Expenditures - Program and Support Services

	Program and Support Services (PSS)	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
D001	Salaries	289,591		289,591				0	
D002	Employee Benefits	72,727		72,727				0	
D003	Purchased Services	161,817		161,817				0	
D004	Supplies	10,723		10,723				0	
	Equipment	1,566		1,566				0	
D006	Other	1,390		1,390				0	
D007	Expenditure Recoveries (enter as negative)			0				0	
D008									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D009	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		
	Additional Healthcare Personnel - BSO initiative	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D010	Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		
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	Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)

Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D011 will be added to the expenses reported on line C013 to determine any unused funding. D011

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
D0	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
D013	Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines D001 through D008, as applicable.	

2022 Long-Term Care Home Annual Report For the period from 2022-01-01 to 2022-12-31 Ministry of Long-Term Care Ministère des Soins de longue dur

Facility# H14496 Operator Name : 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	523,970		523,970				0	
E002	Expenditure Recoveries (enter as negative)	(29,628)		(29,628)				0	
E003									

	Global Level of Care Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$7.27 for the January 1, 2022 to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31, 2022 period for Nutritional Suport expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and NS envelopes		

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Section F - Actual Expenditures - Other Accommodation

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms- Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms- Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001	Housekeeping Services (HS)	526370		526370				0	
	Building and Property - Operations and Maintenance (B&P-OM)	212441		212441				0	
F003	Dietary Services (DS)	952494		952494				0	
F004	Laundry and Linen Services (L & LS)	140228		140228				0	
F005	General and Administrative (G&A)	1011485	634044	1645529				0	
F006	Facility Costs (FC)	734445	22885	757330				0	
	Total Other Accommodation Expenditures (Line F001 through Line F006).	\$3,577,463	\$656,929	\$4,234,392		\$0	\$0	\$0	
	Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation.	461223		461223				0	
F009	Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$3,116,240	\$656,929	\$3,773,169		\$0	\$0	\$0	

	Global Level of Care Funding		LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
F010	Report the total eligible expenses in relation to the Global LOC per diem to March 31, 2022 period and \$7.38 for the April 1, 2022 to December 31 expenses. Note: The expenses must also be reported on lines F001 throu funding is allocated to the Other Accommodation envelope; unused fundi expenses reported on lines C010, D009, and E004 will be used to inform funding across the NPC, PSS and NS envelopes	I, 2022 period for Other Accommodation ugh F009, as applicable. 32% of the Global LOC ing may be retained by the home. The total		

 Municipal Property Tax	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

	Enhanced Transition Support Funding	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F	12 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		
	Designated Specialized Units - Additional Funding	LTC beds only (exclude interim beds and Convalescent Care Beds) (1)	
F	13 Report the total eligible expenses funded from the Designated Specialized Units - Additional Funding . The expenses must also be reported on lines F001 through F009, as applicable.		

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Section I: Part A.

Line la01a- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01a Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022						
	Salary	Benefits	Overhead Expenses - operating	Total Expenditure			
la01a					\$0		

Line 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, 2022 to December 31, 2022						
			Overhead Expenses -				
	Salary	Benefits	operating	Total Expenditure			
la01b				\$0			

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Y / N
Ia01c Funding for the January 1, 2022 to December 31, 2 reduce falls or injuries from falls (Y / N).	2022 period has been used for equipment intended to 1

Line la01d - Designated Specialized Unit - One-time Start up Funding

In accordance with the Policy: Designation/Revocation of Specialized Units report One-time Specialized Unit Start up costs on line 1a01d. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

	Expenditures for 12 months, January 1, 2022 to December 31, 2022	Total Expenditure
la01d		

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Section I: Part A. (continued)

Line la01e1 - Additional COVID-19 Prevention and Containment Funding

I his section refers to the ADM letters of May 7, 2021, August 26, 2021, February 4, 2022, March 21, 2022, tor the provision of \$191,595,600, \$346,463,900 (\$56,001,200 for 2020-21 and \$290,462,700 for 2021-22), \$247,000,000 (\$45 million for 2020-21 and \$201,982,800 for 2021-22) and \$143,500,000 (\$7,869,200 for 2020-21 and \$135,614,300 for 2021-22), respectively and the Minister letter of December 22, 2022 for the provision of \$182.1 million in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e1. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses

		Total Expenditure
la01e1	Expenditure for the January 1, 2022 to March 31, 2022 period	401018

Line la01e2 - Additional COVID-19 Prevention and Containment Funding

This section refers to the ADM letters of May 2, 2022, September 1, 2022 and Minister letters of December 22, 2022, March 31, 2023 and June 26, 2023 for the provision of \$130,044,000, \$146,622,200, \$182.1 million, \$161,686,800 and \$181,100,000 respectively in additional one-time emergency funding to long-term care homes.

Report eligible incremental expenses associated with enhanced measures required to prevent and contain COVID-19 on line Ia01e2. Please note that this instruction applies to incremental expenses not already reported IN SECTIONS C THRU F OR ELSEWHERE IN SECTION I of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

Refer to the Long-Term Care Home Annual Report: Technical Instructions and Guidelines for guidance on the conditions of funding and eligible expenses.

			То	tal Expenditure
la01e2	Expenditure for the April 1, 2022 to December 31, 2022 period			683857
				/

Line Ia01h1 - Personal Support Worker Temporary Wage Enhancement

This section refers to (a) the ADM letter of November 23, 2021 on the provision of \$164,729,100 in Personal Support Worker Temporary Wage Enhancement funding to long-term care homes and (b) the November 2020 Long-Term Care PSW Temporary Wage Enhancement Funding Policy. For the January 1, 2022 to March 31, 2022 period, report PSW Temporary Wage Enhancement expenditures on line Ia01h1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01h1	Expenditure for the January 1, 2022 to March 31, 2022 period	93282

Line la01h2 - Personal Support Worker Temporary and Permanent Wage Enhancement

This section refers to (a) the ADM letter on April 27, 2022 on the provision of \$314,281,000 in Personal Support Worker Temporary Wage Enhancement funding and Personal Support Worker Permanent Wage Enhancement funding to long-term care homes, (b) the April 2022 Long-Term Care PSW Temporary Wage Enhancement Funding Policy, and (c) the April 2022 Long-Term Care PSW Permanent Wage Enhancement Funding Policy . For the April 1, 2022 to December 31, 2022 period, report Personal Support Worker Temporary and Permanent Wage Enhancement on line la01h2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01h2	Expenditure for the April 1, 2022 to December 31, 2022 period	354828

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Section I: Part A. (continued)

Line la01i1- Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of March 19, 2021 on the provision of \$61,373,400 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line Ia0111. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01i1	Expenditure for the January 1, 2022 to March 31, 2022 period	16091

Line Ia01i2 - Infection and Prevention Control - Minor Capital Funding

This section refers to the ADM letter of May 2, 2022 on the provision of \$61,428,600 in Infection and Prevention Control - Minor Capital funding to long-term care homes. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Minor Capital expenditures on line la01i2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period will be added to expenditure reported in the 2023 period in the 2023 period in the 2023 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure	
la01i2	Expenditure for the April 1, 2022 to December 31, 2022 period	55519	
			-

Line la01j1 - Infection and Prevention Control - Personnel and Training

This section refers to the ADM letter of July 16, 2021 on the provision of up to \$30,000,000 in one-time funding during the 2021-2022 funding year to support infection prevention and control capacity in long-term care homes including retaining IPAC professionals and providing IPAC training to LTC home personnel. For the January 1, 2022 to March 31, 2022 period, report Infection and Prevention Control - Personnel and Training expenditures on line la01j1a and la01j1b respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01j1a	Expenditure on Personnel for the January 1, 2022 to March 31, 2022 per	7585
la01j1b	Expenditure on Training for the January 1, 2022 to March 31, 2022 period	5789

Line Ia01j2 - Infection and Prevention Control - Personnel

This section refers to the ADM letter of May 2, 2022 on the provision of up to \$20,000,000 in one-time funding during the 2022-2023 funding year to support infection prevention and control capacity in long-term care homes to retain IPAC professionals. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Personnel expenditures on line Ia01j2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j2	Expenditure on Personnel for the April 1, 2022 to December 31, 2022 per	23132

Line Ia01j3 - Infection and Prevention Control - Training

This section refers to the ADM letter of September 29, 2022 on the provision of up to \$26,170,000 in funding for the 2022-2023 funding year to support infection prevention and control training and education. For the April 1, 2022 to December 31, 2022 period, report Infection and Prevention Control - Training expenditures on line la013. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01j3	Expenditure on Training for the April 1, 2022 to December 31, 2022 perio	30308

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Section I: Part A. (continued)

Line Ia01k1 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of March 19, 2021 on the provision of up to \$23,911,600 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period on line Ia01k1. DO NOT REPORT 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2022 reconciliation, less the amount of funding approved for carry over to the April 1, 2022 to March 31, 2023 period.

		Total Expenditure
la01k1	Expenditure for the January 1, 2022 to March 31, 2022 period	6716

Line Ia01k2 - New Long-Term Care Minor Capital Program

This section refers to the (a) ADM letter of May 2, 2022 on the provision of up to \$26,922,000 in funding for the New Long-Term Care Minor Capital program to support long-term care home operators in maintaining their homes in an optimal state of repair while ensuring the safety of their residents, and (b) the April 1, 2020 Long-Term Care Minor Capital Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line la01k2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period on line and the added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2022 to March 31, 2022 period to the April 1, 2023 period.

	,	Total Expenditure
la01k2	Expenditure for the April 1, 2022 to December 31, 2022 period	401950

Line Ia01m1 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$21,053,600 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01m1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 period will be added to expenditure reported in the 2021 Annual Report for the April 1, 2021 to December 31, 2021 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m1	Expenditure for the January 1, 2022 to March 31, 2022 period	2544

Line Ia01m2 - Medication Safety Technology Program

This section refers to the (a) ADM letter of April 28, 2021 on the provision of up to \$28,261,500 in funding for the Medication Safety Technology Program, and (b) the April 2021 Long-Term Care Medication Safety Technology Program Funding policy. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line la01m2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2022 period in the 2023 period in the 2023 reconciliation plus the amount of funding approved for carry over from the April 1, 2021 to March 31, 2022 period.

		Total Expenditure
la01m2	Expenditure for the April 1, 2022 to December 31, 2022 period	18242

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Section I: Part A. (continued)

Line Ia01p1 - Clinical Decision Support Tools Program

This section refers to the ADM letter of September 29, 2021 on the investment of up to \$3,070,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01p1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period and matched against funding provided for the April 1, 2021 to March 31, 2022 period in the 2022 period in the 2022 period in the 2022 period.

		Total Expenditure
la01p1	Expenditure for the January 1, 2022 to March 31, 2022 period	6576

Line Ia01p2 - Clinical Decision Support Tools Program

This section refers to the ADM letter of May 2, 2022 on the investment of up to \$6,140,000 in funding in the use of clinical decision support tools to improve the quality of care for residents. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01p2. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report, Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

			Total Expenditure
la01p2	Expenditure for the April 1, 2022 to December 31, 2022 period		19727

Line Ia01q1 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of October 15, 2021 for the 2021-22 fiscal year on the investment of up to \$227,187,500 to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses and Personal Support Workers (RN/RPN/PSW), up to \$42,802,600 to increase the provincewide average hours of direct care by Allied Health Professionals (AHP) and up to \$10,000,000 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the January 1, 2022 to March 31, 2022 period on lines la01q1a, la01q1b and la01q1c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be added to expenditure reported in the 2021 Annual Report for the November 1, 2021 to December 31, 2021 period and matched against funding provided for the November 1, 2021 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the January 1, 2022 to	
la01q1a	March 31, 2022 period	217614
	AHP Staffing Supplement expenditure for the January 1, 2022 to March 31, 2022	
la01q1b	period	40998
	SPGF expenditure for the January 1, 2022 to March 31, 2022 period	
la01q1c		16103

Line Ia01q2 - RN, RPN and PSW Staffing Supplement, AHP Staffing Supplement and Supporting Professional Growth Fund

This section refers to the Minister and ADM letters of March 15, 2022 and November 22, 2022 for the 2022-23 fiscal year on the investment of up to \$640,169,300 and up to \$33,304,700 respectively to increase the provincewide average hours of direct care provided by Registered Nurses, Registered Practical Nurses, Personal Support Workers (RN/RPN/PSW) and Allied Health Professionals (AHP), and up to \$10,000,000 and up to \$13,16,600 to support education and training of staff through the Supporting Professional Growth Fund program (SPGF) in LTC Homes. Report related expenditures for the April 1, 2022 to December 31, 2022 period on lines Ia01q2a, Ia01q2b and Ia01q2c respectively. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
	RN/RPN and PSW Staffing Supplement expenditure for the April 1, 2022 to	
la01q2a	December 31, 2022 period	662505
	AHP Staffing Supplement expenditure for the April 1, 2022 to December 31, 2022	
la01q2b	period	124816
	SPGF expenditure for the April 1, 2022 to December 31, 2022 period	
la01q2c		12649

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Section I: Part A. (continued)

Line Ia01r1 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of April 26, 2022 on the investment of up to \$56,847,500 in funding for Temporary Retention Incentive for Nurses for 2021-22. Report related expenditures for the January 1, 2022 to March 31, 2022 period on line Ia01r1. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the January 1, 2022 to March 31, 2022 period will be matched against funding provided for the January 1, 2022 to March 31, 2022 period in the 2022 reconciliation.

		Total Expenditure
la01r1	Expenditure for the January 1, 2022 to March 31, 2022 period	83420

Line Ia01r2 - Temporary Retention Incentive for Nurses

This section refers to the ADM letter of September 23, 2022 on the investment of up to \$44,000,000 in funding for Temporary Retention Incentive for Nurses for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01r2. The expenditure relates to nurses working during the period between February 13, 2022 and April 22, 2022 and employed as of September 1, 2022. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01r2	Expenditure for the April 1, 2022 to December 31, 2022 period	40094

Line Ia01s1 - Hiring More Nurse Practitioners for Long-Term Care

This section refers to the ADM letter of October 5, 2022 on the investment of up to \$9,984,000 in funding for Hiring More Nurse Practitioners for Long-Term Care for 2022-23. Report related expenditures for the April 1, 2022 to December 31, 2022 period on line Ia01s1. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report. Expenditure for the April 1, 2022 to December 31, 2022 period will be added to expenditure reported in the 2023 Annual Report for the January 1, 2023 to March 31, 2023 period and matched against funding provided for the April 1, 2022 to March 31, 2023 period in the 2023 reconciliation.

		Total Expenditure
la01s1	Expenditure for the April 1, 2022 to December 31, 2022 period	0

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Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2022 thru December 31, 2022 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2022 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2022 to December 31, 2022 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims- Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	240,117
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	5,725
lb4	RAI-MDS one- time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the operation of a LTCH Centre of Learning, Research and Innovation program.	
lb7	OH/LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by OH/LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
lb8	Local Priorities Fund	Eligible Local Priorities Fund expenses incurred.	
	One-time and project funding	Use lines lb9 through lb13, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2022 to Dec 2022 for any one-time and project funding, based on the funding p the LTCH Payment Calculation Notice. Report each funding item and provide a description, e.g. Water Quality Testing	ember 31, rovided in
lb9	Description:		
lb10	Description:		
lb11	Description:		
lb12	Description:		
lb13	Description:		
	Total E	Expenses from Section I, Part B (sum of lines lb1 to lb13)	245,842

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Ministère des Soins de longue durée

Licensee Name : Facility #

Woodlands of Sunset (The) - The Regional Municipality of Niagara

Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

	NURSING AND PERSONAL CARE				
	Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries	428,140	428,140	415,910	415,910
O002	Employee Benefits	83,441	83,441	90,022	90,022
O003	Other (specify):	90,212	90,212	0	0
0004	TOTAL NURSING AND PERSONAL CARE (sum of lines 0001 through 0003)	\$601,793	\$601,793	\$505,932	\$505,932

	Program and Support Services	\mathbf{h}				
	Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.		Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
101	Salaries		25,469	25,469	27,207	27,207
102	Employee Benefits		6,711	6,711	7,046	7,046
103	Other (specify):		0	0	0	0
104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)		\$32,180	\$32,180	\$34,253	\$34,253

	Other Accommodation - To Be Completed by Red-Circled Homes				
	Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.	Opening Accrual Balance (1)	Payment Settlements in 2022 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

2022 Long-Term Care H	lome Anr	ual Report
For the period from	2022-01-01	to

For the period from

2022-01-01

2022-12-31

Ministry of Long-Term Care Ministère des Soins de longue durée

Facility # H14496 Licensee Name : Woodlands of Sunset (The) - The Regional Municipality of Niagara

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here

and please explain:

Ontario	2022 Long-Term Care Home Annual Report
Ministry of Long-Ter	n Care For the period from 2022-01-01 to 2022-12-31
Ministère des Soins	
Facility # H14496	Licensee Name : Woodlands of Sunset (The) - The Regional Municipality of Niagara
	a Q - Licensee's Statement and Approval
0001101	
	n contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home of (legal name of Licensee)
for the Period	fromwas provided by management
This Report ha	as been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the
-	heres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.
	······································
Health Integra and all applica Sections C thr awarded by th Upgraded "D" Section I: Part Systems of int information. T	n contained in this report is in accordance with the service agreement between Ontario Health / Local tion Network and the licensee, any direct funding agreement between the Minister and the licensee, ble policies pertaining to the program funding provided to the home for the period being submitted. u F of the report excludes expenditures, as applicable, for: the development of new long-term care beds e Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on i A and Part B. ernal accounting control are maintained in order to assure the reliability of this financial hese systems include formal policies and procedures, the careful selection and training of qualified an organization providing for appropriate delegation of authority and segregation of responsibilities.
Approved by t	he Licensee on the day of, 20 (Print Licensee's Name)
	Dur

Witnes	s
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By:	
NAME:	
TITLE:	

Where the Licensee is a for profit nursing home provide a witness signature.

Image: Window of Long-Term Care 2022 Long-Term Care Home Annual Report Ministry of Long-Term Care For the period from Torm Care Torm Care

inistère des Soins de longue durée		
acility #	Licensee Name	

Independent Auditor's Report

To the Minister of Long-Term Care

Opinion

Fa

We have audited Sections A through F, Section I and Section O of the accompanying Long-Term Care Home Annual Report of (the Long-Term Care Home), and

(Name of Long-Term Care Home and legal name of licensee)

a summary of significant accounting policies and other explanatory information for the year ended December 31, (the Report).

In our opinion, the Report has been prepared by the management of the Long-Term Care home based on the financial reporting provisions of the 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines (Guidelines), the service accountability agreement between Ontario Health / Local Health Integration Network and the licensee (LOSAA), the Direct Funding Agreement between the Minister and the Long-Term Care Home (DFA), and all applicable policies and directives (Policies) pertaining to the program funding provided for the year ended December 31.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are independent of the Long-Term Care Home in accordance with the ethical requirements that are relevant to our audit of the Report in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

We draw attention to the fact that the Report has been prepared in accordance with the Guidelines, LOSAA, DFA and Policies. The Report is prepared to assist the Long-Term Care Home in complying with the applicable financial reporting provisions, for the purpose of calculating the allowable subsidy for the year ended December 31. As a result, the Report may not be suitable for another purpose.

Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Long-Term Care, and the LHIN / Ontario Health and should not be distributed to or be used by parties other than the directors of the Long-Term Care Home, the Ministry of Long-Term Care and the LHIN / Ontario Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Report

Management is responsible for the preparation of the Report in accordance with the Guidelines, LOSAA, DFA and Policies, and for such internal control as management determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian GAAS will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the Report.

As part of an audit in accordance with Canadian GAAS, we exercise professional judgement and maintain professional skepticism throughout the audit. We also

- Identify and assess the risks of material misstatement of the Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.
- The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants Licensed Public Accountants

(place)

(date)

2022 Long-Term Care Home Annual Report

to

2022-12-31

Ministry of Long-Term Care

2022-01-01

Ministère des Soins de longue durée

Licensee Name : Facilitv # H14496 Woodlands of Sunset (The) - The Regional Municipality of Niagara

For the period from

Appendix A

Ontario

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from to

prepared in accordance with the Ontario Regulation 79/10 section 241 or the Ontario Regulation 246/22 section 286. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) presents fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2022 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22 under the Ministry of Long-Term Care's Fixing Long-Term Care Act, 2021.

	Licensed Public Accountant
(place)	
(date)	

Notes to the Annual Report December 31, 2022

1. Basis of accounting

The Report has been prepared in accordance with the financial reporting provisions set out in the following:

- Ontario Ministry of Health and Ontario Ministry of Long-Term Care 2022 Long-Term Care Home Annual Report Technical Instructions and Guidelines, dated June 30, 2023; and
- LHIN Service Accountability Agreement dated April 1, 2019.

2. Revenue recognition

Resident revenue and funding from the Ontario Ministry of Health and the Ontario Ministry of Long-Term Care are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the period in with the transactions or events occurred that gave rise to the revenues.

3. Expenditures

Eligible expenditures are recorded in the period incurred, in accordance with the guidelines described in Note 1 above.