

The Corporation of the City of Kawartha Lakes

AGENDA

VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-07

Monday, September 18, 2017

9:30 A.M.

Victoria Manor Boardroom

Victoria Manor, Second Floor

220 Angeline Street South, Lindsay, Ontario

MEMBERS:

Councillor Doug Elmslie

Councillor Gerard Jilesen

Councillor Mary Ann Martin

Councillor John Pollard

Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. CALL TO ORDER
2. ADOPTION OF AGENDA
RESOLVED THAT the agenda be adopted as circulated.
3. DISCLOSURES OF PECUNIARY INTEREST
4. DEPUTATIONS AND PRESENTATIONS
5. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING 5 - 8
RESOLVED THAT the minutes of the Victoria Manor Committee of Management meeting held on September 18, 2017, be adopted as circulated.
6. BUSINESS ARISING FROM PREVIOUS MEETINGS
7. CORRESPONDENCE
8. REPORTS
 - 8.1 Victoria Manor Operations Report to Committee of Management, July and August 2017 9 - 38
RESOLVED THAT the Victoria Manor Operations Report to Committee of Management, July and August 2017, provided by Sienna Senior Living, be received for information.
 - 8.2 VMC2017-08 Victoria Manor Redevelopment Application Approval 39 - 77
RESOLVED THAT Report VMC2017-08, Victoria Manor Redevelopment Application Approval, be received;
THAT the Committee of Management recommends to City Council that an application for the Redevelopment of Victoria Manor under the Enhanced Long Term Care Home Renewal Strategy be submitted to the Ministry of Health and Long Term Care;
THAT the application for Redevelopment be based on a total home size of 160 beds; and
THAT the application for Redevelopment be based on the construction of a new facility.

- 8.3 VMC2017-09 Utilization of Increased Case Mix Index Subsidy 78 - 80
- RESOLVED THAT** Report VMC2017-09, "Utilization of Increased Case Mix Index Subsidy", be received; and
- THAT** Committee of Management approves the expenditures listed in Table 1 of Report VMC2017-09 to purchase supplies and equipment to improve efficiencies and support quality care.
- 8.4 VMC2017-10 Victoria Manor 2018 Capital Budget 81 - 84
- RESOLVED THAT** Report VMC2017-10, "Victoria Manor 2018 Capital Budget", be received; and
- THAT** the Committee of Management recommends to City Council the approval of the Victoria Manor 2018 Capital Budget, included as Attachment A to Report VMC2017-10, "Victoria Manor 2018 Capital Budget", in the amount of \$151, 476.
- 8.5 VMC2017-11 Victoria Manor 2018 Operating Budget 85 - 88
- RESOLVED THAT** Report VMC2017-11, "Victoria Manor 2018 Operating Budget", be received; and
- THAT** the Committee of Management recommends to City Council the approval of the 2018 Victoria Manor Operating Budget, included as Attachment A to Report VMC2017-11, "Victoria Manor Operating Budget 2018".
9. CLOSED SESSION
- RESOLVED THAT** the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Monday, September 18, 2017 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2) of the Municipal Act, S.O. 2001. S.25
- 9.1 Closed Minutes, Victoria Manor Committee of Management, August 8, 2107, Municipal Act, 2001 s.239(2)(b)(d)(g)
- 9.2 Victoria Manor Confidential Operations Report to Committee of Management, July and August 2017, Municipal Act, 2001 s.239(2)(b)(d)(e)
- 9.3 Correspondence with Family dated August 20 and 24, 2017, Municipal Act, 2001 s.239(2)(b)(e)

9.4 Management Contract Renewal - verbal update - Rod Sutherland,
Municipal Act, 2001 s.239(2)(f)

10. MATTERS FROM CLOSED SESSION

RESOLVED THAT Closed Session Item 9.3, Correspondence with
Family dated August 20 and 24, 2017, Municipal Act, 2001
s.239(2)(b)(e), was discussed and received.

11. OTHER NEW BUSINESS

12. NEXT MEETING

13. ADJOURNMENT

RESOLVED THAT the Victoria Manor Committee of
Management Meeting adjourn at 10:46 a.m.

The Corporation of the City of Kawartha Lakes
MINUTES
VICTORIA MANOR COMMITTEE OF MANAGEMENT

VMC2017-06
Tuesday, August 8, 2017
9:30 A.M.
Victoria Manor Boardroom
Victoria Manor, Second Floor
220 Angeline Street South, Lindsay, Ontario

MEMBERS:
Councillor Doug Elmslie
Councillor Gerard Jilesen
Councillor Mary Ann Martin
Councillor John Pollard
Councillor Kathleen Seymour-Fagan

Accessible formats and communication supports are available upon request.

1. CALL TO ORDER

Chair Elmslie called the meeting to order at 9:34 a.m. Councillors M. Martin, J. Pollard and K. Seymour-Fagan were in attendance.

Administrator Pamela Kulas, Director of Human Services Rod Sutherland and Sienna Senior Living VP Operations and Long Term Care Sanja Freeborn were also in attendance.

2. ADOPTION OF AGENDA

VMCM2017-057

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

RESOLVED THAT the agenda be adopted as circulated.

CARRIED

3. DISCLOSURES OF PECUNIARY INTEREST

There were no declarations of pecuniary interest noted.

4. DEPUTATIONS AND PRESENTATIONS

None

5. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING

VMCM2017-058

Moved By Councillor Martin

Seconded By Councillor Seymour-Fagan

RESOLVED THAT the minutes of the Victoria Manor Committee of Management meeting held on June 19, 2017, be adopted as circulated.

CARRIED

6. BUSINESS ARISING FROM PREVIOUS MEETINGS

None

7. CORRESPONDENCE

7.1 Letter from Sienna Senior Living - dated July 31, 2017

VMCM2017-059

Moved By Councillor Martin

Seconded By Councillor Pollard

RESOLVED THAT the July 31, 2017 correspondence from Sienna Senior Living, regarding work in Academic detailing, be received.

CARRIED

7.2 Public Inquiry News Article from the Ministry of the Attorney General dated August 1, 2017

VMCM2017-060

Moved By Councillor Seymour-Fagan

Seconded By Councillor Pollard

RESOLVED THAT the August 1, 2017 correspondence from Ministry of the Attorney General, regarding Public Inquiry News Article, be received.

CARRIED

8. REPORTS

8.1 Victoria Manor Operations Report to Committee of Management, June 2017

VMCM2017-061

Moved By Councillor Pollard

Seconded By Councillor Martin

RESOLVED THAT the Victoria Manor Operations Report to Committee of Management, June 2017, provided by Sienna Senior Living, be received for information.

CARRIED

9. CLOSED SESSION

VMCM2017-062

Moved By Councillor Pollard

Seconded By Councillor Seymour-Fagan

RESOLVED THAT the Victoria Manor Committee of Management convene into closed session in order to consider matters on the Tuesday, August 8, 2017 Closed Session Agenda and that are permitted to be discussed in a session closed to the public pursuant to Section 239(2) of the Municipal Act, S.O. 2001. S.25

CARRIED

10. MATTERS FROM CLOSED SESSION

None

11. OTHER NEW BUSINESS

Discussion regarding future presentations from different departments.

12. NEXT MEETING

September 18, 2017, Victoria Manor Boardroom, commencing at 9:30 a.m.

13. ADJOURNMENT

VMCM2017-067

Moved By Councillor Martin

Seconded By Councillor Pollard

RESOLVED THAT the Victoria Manor Committee of Management Meeting adjourn at 10:35 a.m.

CARRIED



July 2017 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: September 18, 2017
Information for the Month of: July 2017

Financials

Financials

VICTORIA MANOR

Executive Summary Statement of
Earnings
June 2017

	Current Month					Year-to-Date				
	Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days	4,871		4,905		(34)	29,111		29,595		(484)
Occupancy %	97.81%		98.5%		-0.7%	96.9%		98.5%		(1.6%)
Nursing Envelope Funds	534,825	109.80	535,314	109.13	(489)	3,162,202	108.63	3,160,610	106.79	1,592
Nursing Expenses	603,274	123.85	567,284	115.65	(35,990)	3,378,010	116.04	3,426,543	115.78	48,533
Net Nursing Envelope	(68,449)	(14.05)	(31,970)	(6.52)	(36,479)	(215,808)	(7.41)	(265,932)	(8.99)	50,125
Program Envelope Funds	59,753	12.27	58,972	12.02	781	353,973	12.16	352,619	11.91	1,354
Program Expenses	57,121	11.73	55,041	11.22	(2,080)	336,421	11.56	334,148	11.29	(2,273)
Net Program Envelope	2,632	0.54	3,931	0.80		17,553	0.60		0.62	

					(1,299)			18,472		(919)
Food Envelope Funds	42,081	8.64	42,081	8.58	-	253,889	8.72	253,889	8.58	-
Food Expenses	40,886	8.39	42,081	8.58	1,195	259,733	8.92	253,889	8.58	(5,844)
Net Food Envelope	1,195	0.25	-	-	(1,195)	(5,844)	(0.20)	-	-	5,844
Accommodation Revenue	337,886	69.37	308,483	62.89	29,403	1,938,144	66.58	1,861,175	62.89	76,969
Accommodation Expenses										
Dietary Expenses	93,647	19.23	84,603	17.25	(9,044)	531,646	18.26	522,508	17.66	(9,138)
Housekeeping Expenses	39,535	8.12	36,076	7.35	(3,459)	234,269	8.05	222,366	7.51	(11,903)
Laundry Expenses	15,988	3.28	15,197	3.10	(791)	101,657	3.49	93,574	3.16	(8,083)
Maintenance Expenses	64,833	13.31	46,565	9.49		276,429	9.50		8.17	

					(18,268)			241,886		(34,543)
Administration Expenses	29,723	6.10	44,446	9.06	14,723	237,254	8.15	271,203	9.16	33,949
Facility Expenses	85,019	17.45	92,198	18.80	7,179	515,579	17.71	555,264	18.76	39,685
Accommodation Expenses	328,745	67.49	319,086	65.05	(9,659)	1,896,833	65.16	1,906,801	64.43	9,968
Other Accomodation - NOI	9,141	1.88	(10,603)	(2.16)	19,744	41,310	1.42	(45,626)	(1.54)	86,936
Over/Under Adjustment	(64,623)	(13.27)	(28,039)	(5.72)	-	(204,099)	(7.01)	(247,461)	(8.36)	-
Net Operating Income	(55,481)	(11.39)	(38,642)	(7.88)	(16,839)	(162,789)	(5.59)	(293,087)	(9.90)	130,298
Capital Reserve	(55,037)	(11)	(26,761)	(5)	(28,276)	(160,566)	(6)	(160,566)	(5)	-
Net Income (Loss)	(110,518)	(22.69)	(65,403)	(13.33)	(45,115)	(323,355)	(11.11)	(453,652)	(15.33)	130,298

Variance Explanations
June 2017

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	534,825	535,314	(489)	3,162,202	3,160,610	1,592
<p>MTD Nursing revenue is in line with budget.</p> <p>YTD Nursing Revenue is favorable (\$2K) due to monthly high wage cost transition funding received from MOH not included in budget (\$14K), higher Hi-Intensity claims revenue (\$1K), and higher RPN initiative revenue (\$1K), offset by lower BSO funding (\$15K).</p>						
NURSING EXPENSES - DIRECT	526,752	505,548	(21,204)	3,037,078	3,093,765	56,686
<p>MTD Direct wages are unfavorable (\$21K) due to higher RN wages (\$1K), higher RPN wages (\$4K), higher PSW wages (\$37K), offset by lower BSO wages (\$4K), lower benefits (\$7K), and lower agency wages (\$8K).</p> <p>YTD Direct wages are favorable (\$57K) mainly due to lower RN wages (\$31K), lower RPN wages (\$8K), lower BSO wages (\$16K), lower MDS RAI wages (\$5K), lower benefits (\$34K), and lower RN and RPN Agency (\$49K), offset by higher PSW wages (\$85K).</p>						
NURSING EXPENSES - ADMIN	76,522	61,736		340,932	332,778	

			(14,786)			(8,154)
<p>MTD Nursing Admin expenses are unfavorable (\$15K) mainly due to higher incontinence supplies (\$2K), higher purchased services (\$13K).</p> <p>YTD Nursing Admin expenses are unfavorable (\$8K) mainly due to higher wages (\$7K), higher benefits (\$2K), higher equipment expenses (\$2K), higher purchased services (\$4K), higher medical expenses (\$1K), offset by lower incontinence supplies (\$3K), lower staff cost (\$5K), and lower travel expenses (\$2K).</p>						

PROGRAM REVENUE	59,753	58,972	781	353,973	352,619	1,354
<p>MTD Program revenue is in line with budget.</p> <p>YTD Program revenue is favorable (\$1K) mainly due to pay equity funding received but not budgeted (\$1K).</p>						

PROGRAM EXPENSES	57,121	55,041	(2,080)	336,421	334,148	(2,273)
<p>MTD Program expenses are unfavorable (\$2K) due to higher wages and benefits (\$1), and higher physio and exercise expenses (\$1K).</p> <p>YTD Program expenses are unfavorable (\$2K) due to higher wages and benefits (\$1K), higher equipment expenses (\$6K), higher physio and exercise expenses (\$1K), offset by lower supplies (\$5K), and lower purchased services (\$1K).</p>						

FOOD REVENUE	42,081	42,081	-	253,889	253,889	-
Food revenue is in line with budget.						

FOOD EXPENSES	40,886	42,081	1,195	259,733	253,889	
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						(5,844)
<p>MTD Food expenses are favorable (\$1K).</p> <p>YTD Food expenses are overspending (\$6K).</p>						

ACCOMMODATION REVENUE	337,886	308,483	29,403	1,938,144	1,861,175	76,969
<p>MTD Accommodations Revenue is favorable (\$29K) mainly due to higher preferred private revenues (\$8K), high wage cost transition funding received not budgeted (\$1K), and unbudgeted vendor rebates received (\$23K), offset by accreditation funding budgeted but not received (\$2K).</p> <p>YTD Accommodations Revenue is favorable (\$77K) due to higher preferred private revenues (\$37K) and high wage cost transition funding received not budgeted (\$4K), unbudgeted vendor rebates (\$46K), offset partly by accreditation funding budgeted but not received (\$10K).</p>						

DIETARY EXPENSES	93,647	84,603	(9,044)	531,646	522,508	(9,138)
<p>MTD Dietary expenses are unfavorable (\$9K) mainly due to higher wages and benefits (\$10K), offset by lower equipment expenses (\$1K).</p> <p>YTD Dietary expenses are unfavorable (\$9K) mainly due to higher wages and benefits (\$13K), offset by lower equipment expenses (\$4K).</p>						

HOUSEKEEPING EXPENSES	39,535	36,076	(3,459)	234,269	222,366	(11,903)
<p>MTD Housekeeping expenses are unfavorable (\$3K) mainly due to higher wages and benefits (\$3K).</p> <p>YTD Housekeeping expenses are unfavorable (\$12K) due to higher wages and benefits (\$9K) and higher chemical and cleaning supplies (\$3K).</p>						

LAUNDRY EXPENSES	15,988	15,197	(791)	101,657	93,574	(8,083)
<p>MTD Laundry expenses are in line with budget.</p>						

YTD Laundry expenses are unfavorable (\$8K) due to higher wages and benefits (\$7K) and higher equipment expenses (\$1K).

MAINTENANCE EXPENSES	64,833	46,565	(18,268)	276,429	241,886	(34,543)
<p>MTD Maintenance expenses are unfavorable (\$18K), mainly due to higher equipment expenses (\$1K), higher building repairs (\$4K), higher HVAC expenses (\$5K), and higher generator expenses (\$13K), offset by lower contracted services (\$3K), and lower supplies expenses (\$1K).</p> <p>YTD Maintenance expenses are unfavorable (\$35K) mainly due to higher wages and benefits (\$7K), higher plumbing repairs (\$26K), higher HVAC expenses (\$16K), higher generator expenses (\$14K), higher fire system (\$3K), and higher building repairs (\$2K); these are offset by lower elevator expenses (\$5K), lower equipment expenses (\$3K), lower landscaping expenses (\$5K), lower maintenance contracts (\$13K), and lower supplies expenses (\$7K).</p>						

ADMINISTRATION EXPENSES	29,723	44,446	14,723	237,254	271,203	33,949
<p>MTD Admin expenses are favorable (\$15K) due to lower wages and benefits (\$2K), unused wages-agency budget (\$3K), lower professional fees (\$4K), lower equipment expenses (\$3K), and bad debts expenses recovery (\$4K), offset by higher purchased services (\$1K).</p> <p>YTD Admin expenses are favorable (\$34K) mainly due to lower wages and benefits (\$3K), unused wages-agency budget (\$18K), unused association fees budget (\$2K), unused accreditation budget (\$2K), lower equipment expenses (\$7K), lower professional fees (\$10K), and unused promotion budget (\$2K); offset by higher purchased services (\$6K), higher collection costs (\$1K), higher supplies (\$1K), and higher staff costs (\$2K).</p>						

FACILITY EXPENSES	85,019	92,198	7,179	515,579	555,264	39,685
<p>MTD Facility expenses are favorable (\$7K) due to lower hydro expenses (\$4K) and lower gas expenses (\$2K), and lower water expenses (\$1K).</p> <p>YTD facility expenses are favorable (\$40K), due to lower hydro (\$43K), lower water (\$5K), and lower waste removal (\$1K); offset by higher gas (\$8K).</p>						

CAPITAL PURCHASES				228,595	60,708	
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						(167,887)
Capital Purchases include: JAN 2017 - Flooring (\$9,616), Replacement of fridge condensing unit (\$8,243). FEB 2017 - Automatic door (\$4,020), Common area furniture (\$13,895). MAR 2017 - New tubs (\$3,358), Power supply to AC system for dining room (\$1,272), Screen blind for Elord living room (\$275). APR 2017 - Installation of HVAC system (\$133,942), Tub room phase 4 (\$27,423). MAY 2017 - Resident room furniture (\$4,377), Installation of two ductless condensing units (\$22,174). JUN 2017 - No capital purchases.						

Scorecard: Quality

1) Health Quality Ontario Quality Improvement Plan (QIP) 2017-18 signed and submitted March 31, 2017. Quarter 1 data will be submitted in August 2017

Indicator	Current Performance	Target
Reduce transfers to Emergency department	39.81	37.00
Improve Resident Satisfaction	89.00	89.00
Reduce Antipsychotic medications	25.43	24.00
Reduce stage 2-4 pressure ulcers	4.82	4.50
Reduce the number of falls	24.69	23.00
Reduce the number of restraints	3.15	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Inspection Report Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
July 21, 2017	Critical Incident Follow Up	0 Findings	
July 27, 2017	Complaint Follow Up	2 WN 2 VPC	LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care O.Reg 79/10, s. 131. Administration of drugs

Scorecard: People

1) Employee Engagement Survey

- Team members were recognized by Spot A Star cards submitted by family members and peers
- Victoria Manor Long Term Care Quality Improvement Plan (QIP)
 - Action plan in place to improve onboarding
 - Department Specific Orientation – Action plan developed by the leadership team. Target for completion September 2017
 - Education to Educators – action plan will be developed in September. The goal is to provide education to all team members who will act as a mentor for new team members joining the organization

Sienna Support Services Updates

Sienna Partner Visits

- July 10th - Quality & Informatics Partner
- July 12th – Nutrition Care Partner

Projects, Location Events and other

- Residents celebrated Canada’s 150th birthday by releasing butterflies they raised from cocoons over several months.



Long Term Care Update

1. Occupancy (data since last report):

Occupancy Report	Private	Semi	Basic	Short Stay	TOTAL
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Admissions (+)	1.0	3.0	0.0	6.0	10.0
Departures (-)	0.0	2.0	2.0	8.0	12.0
Discounted Private or Semi – Private Beds (under 60%)	2	0	0	0	2

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
No visit this month		

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
Family concerned with toileting routine	July 6, 2017	Regular communication being provided to family.
Identified ants in the residents room.	July 11, 2017	Personal food items left over by the resident removed. Plan in place to purge personal left over food items regularly.
Hand washing of residents hands entering a dining room was not observed by family	July 14, 2017	Hand washing audits are in place. Team members received additional education

4. Compliments Summary:

Compliment	Date	Outcomes
More than 10 staff were acknowledged through the Spot a Star program by residents and families	July 1 – 31, 2017	Spot awards were given to all team members
All team members who were present during the code red event were given a Spot a Star Card	July 29, 2017	Spot awards were given to all team members

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
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No issues noted		
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6. Media Issues (as applicable):

Media Issues	Date	Outcomes
No issues noted		

7. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident & Family Council approved survey.	June 8, 2017	Resident and Family Satisfaction Surveys to be completed September 6 th to September 22 nd

8. Employee engagement updates:

Update	Date	Outcomes
Department specific orientation WIG in progress.	Ongoing	Implementation set for October, 2017

9. External vacancies and hires:

Position	PT External Vacancies	TPT External Vacancies	PT External Hires	External Hires	Current Status
RN	0	0	0	0	All positions have been filled
RPN	0	0	0	0	All positions have been filled
PSW	2	3	2	2	Onboarding in progress
Building Services	0	0	0	0	All positions have been filled

Dietary Aide	0	2	0	2	Interviews schedule
Life Enrichment	0	0	0	0	All positions have been filled
Reception	0	0	0	0	All positions have been filled

10. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Nothing to report		

11. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Nothing to report		

12. List all outstanding building, legal / insurance claims issues:

Council	Date	Outcomes/ Comments
Nothing to report		

13. Capital Expenses:

Issue & date	Total Spent @ 07/31/17	Approved Budget
Heating & Cooling System 1 st floor dining rooms and serveries	\$31,687.49	\$ 22,500
HVAC Units	In progress	\$ 56,000
Ascom Telephone System	Project delayed. Target scheduled for August 15, 2017	\$ 55,000

MacMillan Common Area Furniture	\$13,591.00	\$ 15,000
Resident Café Area	Work in progress	\$ 6,000
Resident Room Furniture	\$4,376.98	\$ 5,000
Dining Room Tables	Project on hold	\$ 2,500
Tub Rooms MacMillan/Elford	\$40,398	\$ 35,000
Automatic Door Openers – 1 st floor washrooms	\$4,019	\$ 3,000
Total 2017 Approved Capital		\$200,000
Total 2017 Remaining		\$105,972.53

14. WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
1	10	0	1	None	None

15. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
July 19 @ 10:30 am ; July 9, @ 3:50 pm ; July 31 @ 4:00 am	Code Red	None



August 2017 Victoria Manor Operations Report to Committee of Management

Non-Confidential Report

Submission Date: September 18, 2017
Information for the Month of: August 2017

Financials

Financials

VICTORIA MANOR

Executive Summary Statement of Earnings
 July 2017

	Current Month					Year-to-Date				
	Actual	Actual PRD	Budget	Budget PRD	Variance	Actual	Actual PRD	Budget	Budget PRD	Variance
Resident Days	5,038		5,069		(31)	34,149		34,664		(515)
Occupancy %	97.90%		98.5%		-0.6%	97.0%		98.5%		(1.5%)
Nursing Envelope Funds	560,638	111.28	551,377	108.78	9,261	3,722,840	109.02	3,711,987	107.08	10,853
Nursing Expenses	545,694	108.32	596,318	117.64	50,624	3,923,704	114.90	4,022,861	116.05	99,157
Net Nursing Envelope	14,944	2.97	(44,942)	(8.87)	59,886	(200,864)	(5.88)	(310,874)	(8.97)	110,010
Program Envelope Funds	60,864	12.08	60,571	11.95	293	414,837	12.15	413,190	11.92	1,647
Program Expenses	50,300	9.98	57,289	11.30	6,988	386,721	11.32	391,436	11.29	4,716
Net Program Envelope	10,564	2.10	3,282	0.65	7,281	28,116	0.82	21,754	0.63	6,363
Food Envelope Funds	46,314	9.19	44,127	8.71	2,187	300,203	8.79	298,015	8.60	2,187
Food Expenses	44,850	8.90	44,127	8.71	(724)	304,583	8.92	298,015	8.60	(6,568)
Net Food Envelope	1,464	0.29	-	-	2,911	(4,381)	(0.13)	-	-	8,755

Accommodation Revenue	329,730	65.45	321,844	63.50	7,886	2,267,874	66.41	2,183,019	62.98	84,855
Accommodation Expenses										
Dietary Expenses	95,915	19.04	90,353	17.83	(5,561)	627,560	18.38	612,861	17.68	(14,699)
Housekeeping Expenses	38,675	7.68	38,758	7.65	82	272,944	7.99	261,124	7.53	(11,821)
Laundry Expenses	17,962	3.57	16,282	3.21	(1,680)	119,618	3.50	109,856	3.17	(9,762)
Maintenance Expenses	35,844	7.11	35,736	7.05	(109)	312,273	9.14	277,622	8.01	(34,651)
Administration Expenses	26,732	5.31	46,075	9.09	19,343	264,496	7.75	317,278	9.15	52,782
Facility Expenses	80,760	16.03	93,384	18.42	12,624	596,340	17.46	648,648	18.71	52,309
Accommodation Expenses	295,888	58.73	320,588	63.25	24,700	2,193,232	64.23	2,227,389	64.26	34,157
Other Accommodation - NOI	33,842	6.72	1,257	0.25	32,586	74,642	2.19	(44,369)	(1.28)	119,012
Over/Under Adjustment	26,971	5.35	(41,659)	(8.22)	-	(177,128)	(5.19)	(289,120)	(8.34)	-
Net Operating Income	60,814	12.07	(40,403)	(7.97)	101,216	(102,486)	(3.00)	(333,490)	(9.62)	231,004
Capital Reserve	(12,623)	(3)	(26,761)	(5)	14,138	(173,189)	(5)	(187,326)	(5)	14,138
Net Income (Loss)	48,191	9.57	(67,164)	(13.25)	115,354	(275,674)	(8.07)	(520,816)	(15.02)	245,142

Variance Explanations
 July 2017

	Current Month			Year-to-Date		
	Actual	Budget	Variance	Actual	Budget	Variance
NURSING REVENUE	560,638	551,377	9,261	3,722,840	3,711,987	10,853
MTD Nursing revenue is favorable (\$9K) due to higher pay equity funding (\$2K) and higher BSO funding received (\$7K). YTD Nursing Revenue is favorable (\$11K) due to monthly high wage cost transition funding received from MOH not included in budget (\$17K), higher RPN initiative revenue (\$1K), offset by lower BSO funding (\$8K).						
NURSING EXPENSES - DIRECT	481,825	541,918	60,093	3,518,904	3,635,683	116,779
MTD Direct wages are favorable (\$60K) due to lower RN wages (\$9K), lower RPN wages (\$9K), lower PSW wages (\$28), lower RAI wages (\$3K), lower agency wages (\$8K), and lower benefits (\$10K), offset by higher BSO wages (\$6K). YTD Direct wages are favorable (\$117K) mainly due to lower RN wages (\$40K), lower RPN wages (\$16K), lower BSO wages (\$9K), lower MDS RAI wages (\$8K), lower benefits (\$44K), and lower RN and RPN Agency (\$57K), offset by higher PSW wages (\$57K).						
NURSING EXPENSES - ADMIN	63,869	54,400	(9,469)	404,800	387,178	(17,622)
MTD Nursing Admin expenses are unfavorable (\$9K) due to higher wages and benefits (\$1K), higher incontinence supplies (\$1K), higher purchased services (\$10K), offset by lower equipment expenses (\$1K), lower medical supplies (\$1K), and lower travel cost (\$1K).						

YTD Nursing Admin expenses are unfavorable (\$18K) mainly due to higher wages (\$8K), higher benefits (\$2), higher purchased services (\$14K), higher medical expenses (\$1), offset by lower incontinence supplies (\$1K), lower staff cost (\$5K), unused travel budget (\$2K).

PROGRAM REVENUE	60,864	60,571	293	414,837	413,190	1,647
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MTD Program revenue is in line with budget.

YTD Program revenue is favorable (\$2K) mainly due to pay equity funding received but not budgeted (\$1K) and higher physio funding (\$1K).

PROGRAM EXPENSES	50,300	57,289	6,988	386,721	391,436	4,716
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MTD Program expenses are favorable (\$7K) mainly due to lower wages and benefits (\$5K), lower physio and exercise expenses (\$1K), and lower supplies (\$1K).

YTD Program expenses are favorable (\$5) due to lower wages and benefits (\$5K), lower supplies (\$6K), and lower purchased services (\$2K), offset by higher equipment expenses (\$7K), higher physio and exercise expenses (\$1), and higher staff cost (\$1K).

FOOD REVENUE	46,314	44,127	2,187	300,203	298,015	2,187
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Food revenue is favorable (\$2K).

FOOD EXPENSES	44,850	44,127	(724)	304,583	298,015	(6,568)
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MTD Food expenses are in line with budget.

YTD Food expenses are overspending (\$7K).

ACCOMMODATION REVENUE	329,730	321,844	7,886	2,267,874	2,183,019	84,855
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MTD Accommodations Revenue is favorable (\$8K) mainly due to higher preferred private revenues (\$8K), and high wage cost transition funding received not budgeted (\$1K), offset by accreditation funding budgeted but not received (\$2K).

YTD Accommodations Revenue is favorable (\$85K) mainly due to higher preferred private revenues (\$44K) and high wage cost transition funding received not budgeted (\$5K), unbudgeted vendor rebates (\$46K), offset partly by accreditation funding budgeted but not received (\$12K).

DIETARY EXPENSES	95,915	90,353	(5,561)	627,560	612,861	(14,699)
<p>MTD Dietary expenses are unfavorable (\$6K) mainly due to higher wages and benefits (\$6K).</p> <p>YTD Dietary expenses are unfavorable (\$15K) mainly due to higher wages (\$15K), and higher benefits (\$3K), offset by lower equipment expenses (\$3K).</p>						

HOUSEKEEPING EXPENSES	38,675	38,758	82	272,944	261,124	(11,821)
<p>MTD Housekeeping expenses are in line with budget.</p> <p>YTD Housekeeping expenses are unfavorable (\$12K) due to higher wages and benefits (\$10K) and higher chemical and cleaning supplies (\$2K).</p>						

LAUNDRY EXPENSES	17,962	16,282	(1,680)	119,618	109,856	(9,762)
<p>MTD Laundry expenses unfavorable (\$2K) mainly due to higher wages (\$2K).</p> <p>YTD Laundry expenses are unfavorable (\$10K) due to higher wages and benefits (\$9K) and higher bedding and linen (\$1K).</p>						

MAINTENANCE EXPENSES	35,844	35,736	(109)	312,273	277,622	(34,651)
<p>MTD Maintenance expenses are in line with budget.</p> <p>YTD Maintenance expenses are unfavorable (\$35K) mainly due to higher wages and benefits (\$6K), higher plumbing repairs (\$28K), higher HVAC expenses (\$18K), higher generator expenses (\$14K), higher fire system (\$4), and higher building repairs (\$2); these are offset by lower elevator expenses (\$5K), lower equipment expenses (\$5K), lower landscaping expenses (\$5K), lower maintenance contracts (\$13K), and lower supplies expenses (\$8K).</p>						

ADMINISTRATION EXPENSES	26,732	46,075	19,343	264,496	317,278	52,782
<p>MTD Admin expenses are favorable (\$19K) due to lower wages and benefits (\$1K), unused wages-agency budget (\$3K), lower professional fees (\$13K), lower equipment expenses (\$3K), unused accreditation and association fees (\$1K), lower staff costs (\$1K), lower supplies (\$1K), offset by higher purchased services (\$1K) and bad debt expense (\$2K).</p> <p>YTD Admin expenses are favorable (\$53K) mainly due to lower wages and benefits (\$4K), unused wages-agency budget (\$21K), unused association fees budget (\$2K), unused accreditation budget (\$2K), lower equipment expenses (\$9K), lower professional fees (\$23K), lower communication expenses (\$1K), and unused promotion budget (\$2K); offset by higher purchased services (\$7K), higher collection costs (\$1K), and higher staff costs (\$2K), bad debt expense (\$2K).</p>						

FACILITY EXPENSES	80,760	93,384	12,624	596,340	648,648	52,309
<p>MTD Facility expenses are favorable (\$13K) due to lower hydro expenses (\$9K), lower gas expenses (\$5K), and lower water expenses (\$1K), offset by higher management fees (\$3K) .</p> <p>YTD facility expenses are favorable (\$52K), due to lower hydro (\$52K), lower water (\$6K), and lower waste removal (\$2K); offset by higher gas (\$3K) and higher management fee (\$4K).</p>						

CAPITAL PURCHASES				265,355	70,826	(194,529)
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Capital Purchases include:
JAN 2017 - Flooring (\$9,616), Replacement of fridge condensing unit (\$8,243).
FEB 2017 - Automatic door (\$4,020), Common area furniture (\$13,895).
MAR 2017 - New tubs (\$3,358), Power supply to AC system for dining room (\$1,272), Screen blind for Elord living room (\$275).
APR 2017 - Installation of HVAC system (\$133,942), Tub room phase 4 (\$27,423).
MAY 2017 - Resident room furniture (\$4,377), Installation of two ductless condensing units (\$22,174).
JUN 2017 - No capital purchases.
JUL 2017 - Panasonic wireless phones installation (\$36,760).

Scorecard: Quality

1) Health Quality Ontario Quality Improvement Plan (QIP) 2017-18 signed and submitted March 31, 2017. Quarter 1 data submitted to CIHI

Indicator	Current Performance	Target
Reduce transfers to Emergency department	39.81	37.00
Improve Resident Satisfaction	89.00	89.00
Reduce Antipsychotic medications	25.43	24.00
Reduce stage 2-4 pressure ulcers	4.82	4.50
Reduce the number of falls	24.69	23.00
Reduce the number of restraints	3.15	3.10

2) LTC: MOH Compliance Orders / Inspection Findings Summary:

Inspection Report Date	Purpose of Visit	WN/ VPC/ CO	Findings Summary
August 15, 2017	Critical Incident Follow Up	1 WN	LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of Care

Scorecard: People

1) Employee Engagement Survey

- More than 30 team members were recognized by Spot A Star cards submitted by family members and peers
- Victoria Manor Long Term Care Quality Improvement Plan (QIP)
 - Action plan in place to improve onboarding
 - Department Specific Orientation – Action plan developed by the leadership team. Target for completion September 2017
 - Education to Educators – action plan will be developed in September. The goal is to provide education to all team members who will act as a mentor for new team members joining the organization

Sienna Support Services Updates

Sienna Partner Visits

- August 8th – VP Operations
- August 23rd - Quality & Informatics Partner
- August 23rd – Clinical Partner
- August 23rd – Infection Prevention and Control Partner

Projects, Location Events and other

- Residents enjoyed an afternoon outdoor working with cement
- Residents spent the day cruising on the Trent water way
- Annual Whole Home BBQ was held on August 25th. Although it was a bit chilly outside for residents to eat outside, residents enjoyed fresh corn, hamburgers and salads
- Many residents enjoyed the entertainment and music by Elvis



Long Term Care Update

1. Occupancy (data since last report):

Occupancy Report	Private	Semi	Basic	Short Stay	TOTAL
Admissions (+)	1.0	3.0	0.0	4.0	8.0
Departures (-)	1.0	1.0	0.0	4.0	6.0
Discounted Private or Semi – Private Beds (under 60%)	2.0	0.0	0.0	0.0	2.0

2. Regulatory visits i.e. MOL, Public Health:

Visitor	Date	Drivers and Actions
No visit this month		

3. Written & Verbal Complaints Summary:

Complaint	Date	Outcomes
Family member upset that resident waited 12 minutes to be taken to washroom. Concerns with team members working below regular staffing compliment.	August 11, 2017	Resolved
Family member indicated that a team member was disrespectful as resident had already eaten when family member arrived to assist resident to eat.	August 8, 2017	Resolved

4. Compliments Summary:

Compliment	Date	Outcomes
Family decided not to move their loved one to another long term care home 15 minutes from their home because they are very pleased with the care provided	August 8, 2017	
Family member of a resident who recently moved into the home communicated that she is so pleased with the care that has been shown to her mom. She cannot believe how the resident is settling in so well.	August 9, 2017	
Family was thrilled with an RN who helped them feel so comfortable during the move in. The grandson was made to feel very special and part of the move in experience.	August 17, 2017	

5. OH&S Issues (as applicable):

OH & S Issue	Date	Outcomes
No issues noted		

6. Media Issues (as applicable):

Media Issues	Date	Outcomes
No issues noted		

7. Resident & Family Satisfaction Survey (as applicable):

Resident & Family Satisfaction Survey Scores	Date	Outcomes
Resident & Family Council approved survey.	June 8, 2017	Resident and Family Satisfaction Surveys to be completed September 6 th to September 22 nd

8. Employee engagement updates:

Update	Date	Outcomes
Department specific orientation WIG in progress.	June 1, 2017	Implementation set for October, 2017

9. External vacancies and hires:

Position	PT External Vacancies	TPT External Vacancies	PT External Hires	External Hires	Current Status
RN	0	0	0	0	All positions have been filled
RPN	0	0	0	0	All positions have been filled
PSW	2	3	2	2	Onboarding in progress
Building Services	0	0	0	0	All positions have been filled
Dietary Aide	0	2	0	2	Interviews schedule
Life Enrichment	0	0	0	0	All positions have been filled
Reception	0	0	0	0	All positions have been filled

10. Any updates re Resident/Family Councils:

Council	Date	Outcomes/ Comments
Nothing to report		

11. Any contract updates i.e. Pharmacy Services / TENA / etc.:

Contracts	Date	Outcomes/ Comments
Nothing to report		

12. List all outstanding building, legal / insurance claims issues:

Council	Date	Outcomes/ Comments
Nothing to report		

13. Capital Expenses:

Issue & date	Total Spent @ 08/31/17	Approved Budget
Heating & Cooling System 1 st floor dining rooms and serveries	\$31,687.49	\$ 22,500
HVAC Units	In progress	\$ 56,000
Ascom Telephone System	\$36,760	\$ 55,000
MacMillan Common Area Furniture	\$13,591.00	\$ 15,000
Resident Café Area	Work in progress	\$ 6,000
Resident Room Furniture	\$4,376.98	\$ 5,000
Dining Room Tables	Project on hold	\$ 2,500
Tub Rooms MacMillan/Elford	\$40,398	\$ 35,000
Automatic Door Openers – 1 st floor washrooms	\$4,019	\$ 3,000
Total 2017 Approved Capital		\$200,000

Total 2017 Remaining	\$69,167.53
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14.WSIB updates:

Accidents	Incidents	Lost Time	Medical Attention	Outstanding WSIB for Month	Ongoing Outstanding WSIB Claims
1	10	0	1	None	None

15. Environmental concerns & emergency preparedness:

Date	Code Practiced	Outcomes/ Barriers
Aug 22 nd @ 2:14 pm; Aug 22 nd @ 4:26 pm ; Aug 31 st @ 4:00 am	Code Red	
Aug 4 th @ 3:30 pm	Code Orange	

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report Number VMC2017-08

Date: September 18, 2017

Time: 9:30 a.m.

Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: **Victoria Manor Redevelopment Application Approval**

Author Name and Title: **Rod Sutherland, Director of Human Services**

Recommendation(s):

Resolved That Report VMC2017-08, Victoria Manor Redevelopment Application Approval, be received;

That the Committee of Management recommends to City Council that an application for the Redevelopment of Victoria Manor under the Enhanced Long Term Care Home Renewal Strategy be submitted to the Ministry of Health and Long Term Care;

That the application for Redevelopment be based on a total home size of 160 beds; and

That the application for Redevelopment be based on the construction of a new facility.

DIRECTOR

OTHER

Background

In October 2014 the Ministry of Health and Long-Term Care (MOHLTC) announced the Enhanced Long-Term Care Home Renewal Strategy (ELTCHRS) to support redevelopment of all homes to meet Level A standards by June 30, 2025. This enhanced strategy revised the previous 2007 redevelopment strategy with the implementation of the following measures:

- Establishing a dedicated project office to support the Enhanced Strategy
- Increasing the Construction Funding Subsidy by up to \$4.73
- Supporting increases to preferred accommodation premiums
- Extending the maximum Long-Term Care (LTC) licence term (from 25 to 30 years) for homes that redevelop
- Scheduling LTC homes for redevelopment
- Establishing a committee to review variance requests from design standards.

Victoria Manor, built in 1989, is approved for 166 beds as a B class home.

At the Council meeting of April 28, 2015, Council adopted resolution **CR2015-456 as follows:**

Resolved that Report VM2015-01, “Enhanced Long Term Care Home Renewal Strategy Survey”, be received; and

That Council authorizes staff to submit the Enhanced Long Term Care Home Renewal Strategy Survey to the Ministry of Health and Long-Term Care identifying the City’s potential interest in redeveloping Victoria Manor by 2025.

At the Council meeting of January 10, 2017, Council adopted resolution CR2017-022 as follows:

Resolved that Report VM2017-001, Victoria Manor Redevelopment Direction, be received; and

That staff investigate and identify a preferred redevelopment strategy for Victoria Manor and report back to the Committee of Management and Council no later than September 2017 with recommendations for a redevelopment application.

This report addresses that direction.

Under the 2015 Long Term Care Homes design standards, there are approximately 234 identifiable design standards. All LTC homes must comply with the design standards, in addition to complying with all applicable Ontario legislation and regulations, including the Long-Term Care Homes Act (LTCHA) and Regulation, the Ontario Fire Code, the Building Code, and the Accessibility for Ontarians with Disabilities Act.

The design standards are intended to:

- Promote innovative design in long-term care homes in Ontario, by giving service providers flexibility to create environments that make it possible to respond positively and appropriately to the diverse physical, psychological, social and cultural needs of all long-term care home residents.
- Integrate design concepts that will facilitate the provision of quality resident care in an environment that is comfortable, aesthetically pleasing and as 'home-like' as possible; and support well-coordinated, interdisciplinary care for residents who have diverse care requirements.

Staff have reviewed the design standards and identified that the current facility does not comply with approximately 71 of the 234 standards. Appendix A provides a summary of the standards and current compliance.

Key areas of non-compliance include:

- Resident Home Areas (RHA) are to be a maximum of 32 residents. There are currently four RHAs, two with 41 residents and two with 42.
- None of the RHAs include the required program and activity areas within them due to a lack of space.
- No resident bedrooms meet the minimum layout requirements.
- Bedroom doors are 36" wide, while the standard now requires 44" doors.
- Resident washrooms do not meet minimum space requirements to allow for turning radius (10" of additional width or depth required).
- Resident washroom doors are not wide enough to meet standards.
- The size of resident lounges and activity rooms are less than half the standard.

Deficiencies in space requirements in particular are difficult to remedy through renovations. The addition of a wing or another storey on the building may provide increased floor space, but moving walls and doorways to increase rooms space is very labour intensive and expensive. Full, 100% compliance with all design standards is not mandatory; however, there are defined variances that set the limits of non-compliant areas. Variances are only permitted if redevelopment involves renovations to an existing facility, they cannot be applied to new construction.

Rationale

Staff recommend the submission of an application to the MOHLTC under the ELTCHRS to redevelop Victoria Manor through the construction of a new 160-bed facility.

As previously reported, the 2009 Building Condition Assessment from Snyder and Associates identified the costs of redeveloping Victoria Manor through new construction at approximately \$20,790,000 and through renovations at least \$17,200,000. Indexing these costs at 2% annually increase these costs to \$25,849,752 and \$21,386,038 respectively in 2020 for comparison purposes.

The gross difference between new construction and renovation based on the above is \$4,463,714. With renovations to the existing building, 100% compliance with the design standards is not likely to be achievable, resulting in a variance to the Construction Funding Subsidy Per Diem. The maximum extent of design variances reduces the base per diem by up to \$5.18. While a renovation design has not been developed, applying the variance to the above estimates, each \$1.00 per diem reduction results in a subsidy reduction of \$1.46M over the 25 year funding period.

Renovations would also likely eliminate the potential to achieve a LEED Silver (Leadership in Energy and Environmental Design) certification. Achieving the LEED Silver certification would result in an additional \$1.00 subsidy per diem, representing \$1.46M over 25 years.

A reduction of six beds will result in a reduction in ongoing MOHLTC operating subsidy but the development of a 160-bed home will be fully compliant, generating full Construction Subsidy and will also create operating efficiencies compared to the existing facility. Opportunities for efficiencies include energy and heating costs and more effective workflows (eg: kitchen and server or nursing station locations).

The submission of an application to the MOHLTC does not contractually bind the City or the Province to a redevelopment project. Following submission of an application, the Ministry will review all information and work with the City to finalize any outstanding questions. Once the Ministry is satisfied with the approach, they will issue an application approval letter. A copy of the Application for the Enhanced Long-Term Care Home Renewal Strategy is appended to this report as Appendix B.

Once the application is approved, the Ministry will work with the City to prepare a formal Development Agreement (DA) that will spell out the full details of the project, including timelines and financing. The execution of the DA will require Council approval. It is the Ministry's expectation that construction will be fully completed within 36 months of the execution of the DA.

The DA will also identify the ratio of redeveloped basic accommodation beds. Homes are expected to provide a minimum of 40% of their beds at basic accommodation rates, compared to private bed rates. The actual design of the physical room can have a private or semi-private (2 beds) set up, but the rates charged to residents have to be the basic rate in at least 40% of rooms. Developing a higher rate of basic beds, up to 60%, generates increased Construction Funding Subsidy under the redevelopment strategy. Detailed development financial planning will identify the correct ratio of basic rates to balance the long term needs of current and future residents with the funding model. While a lower construction subsidy is generated with a lower basic rate ratio, ongoing operating income is higher based on the higher rate for private beds.

Appendix C is provided for information to highlight the current (July 2017) wait list statistics for LTC homes within the Central East Local Health Integration Network (CELHIN) area. Page 4 of the Appendix C lists the Northeast cluster of the CELHIN, including Victoria Manor. Although applicants identify their preferred type of

accommodation (basic to private), there are no ‘basic’ (or ward) rooms at Victoria Manor, only semi-private (2 beds) or private.

Estimated Timelines

Through the development of the application to the Ministry and the subsequent DA, the project timelines will be established. The steps in Table 1 below are estimated timelines only. Further development will be required and will include various internal City and external resources.

Table 1: Estimated Project Timelines

Anticipated Timing	Stage	Details
Q1 2018	Submission of Redevelopment Application	With Council’s approval to submit the application, it will be prepared completed in detail and submitted in Q1 2018.
Q2 – Q3 2018	MOHLTC Approval of Application	Estimated timeframe for Ministry approval.
Q3 2018	2019 Capital Budget recommendations	Include a 2019 Capital Project for detailed design, including securing a project design firm or contractor.
Q4 2018 – Q2 2019	Site Identification	Within 6 months of approval of the application, it is expected that the site for redevelopment will be confirmed and/or acquired.
Q4 2018 – Q2 2019	Execute the Development Agreement	Prepare the Development Agreement with MOHLTC and submit for Council approval.
2019	Detailed Design	Detailed design planning, including identifying construction costs to include in a 2020 Capital Budget construction project.
Q3 2019	2020 Capital Budget recommendations – for full construction project	Include a 2020 (or multi-year) Capital Project for full construction.
2020-2021	Begin Construction	Construction to commence in 2020, with anticipated completion by 2022.
2022	Project completion and admission of residents	Includes all applicable Ministry license approvals and Service Accountability Agreements.

Municipal LTC homes qualify for the Ministry’s Planning Grant. This \$250,000 subsidy is in addition to the Construction Funding Subsidy and is payable following the execution of the DA. This grant will be incorporated in the development of the Capital Budget for the project to assist with design and planning expenses.

It is expected that the design and planning work will require external expertise which will be incorporated in the project budget recommendations.

During the design phase, there is also the ability to consider innovative partnerships that could provide development opportunities to coincide with a new facility. Options for consideration could include a campus style design incorporating public or private partnerships for supportive or affordable housing or private retirement residences.

Other Alternatives Considered

The option of renovating the existing facility could be considered although it is not recommended. Based on earlier estimates, the cost of redeveloping the existing building including the addition of a new wing would be approximately 17.2% less than the cost of a new building (\$17.2M base cost vs \$20.7M). While a new wing could be built to fully comply with the new Design Standards, the renovations to the remaining structure would not necessarily result in full compliance. The option to redevelop through the addition of a third floor to the existing building was estimated to cost 5.4% more than the construction of an entirely new facility.

There are 11 areas of acceptable design variances that result in reduced provincial redevelopment subsidy. Based on the known areas of non-compliance in the existing facility, were renovations to be completed there would be a reduction to the redevelopment subsidy of at least \$2.11 per day, per bed. Over the 25 year subsidy period this would result in reduced subsidy of approximately \$3.1M.

While these are estimated projections, the reduced cost of redeveloping the existing building would in the long term also result in reduced subsidy. The net long term variance would be dependent on the extent of design variances.

The alternative of constructing a new facility with 192 beds could also be considered. Based on the design standard of a maximum of 32 beds per Resident Home Area, redeveloping with five RHAs of 32 beds each would be fully compliant. For new construction, 166 beds could not be considered as design variances are not permitted. Increasing to six RHAs of 32, for a total of 192 beds would be compliant with the standards. At this point however, the Ministry and the LHIN, responsible for the allocation of LTC beds within the region, have indicated that there is no ability to increase the number of funded beds in Victoria Manor, now or in the foreseeable future.

The City could still choose to create 192 beds, however, 26 beds would be un-funded by the Ministry and would require 100% municipal funding.

Financial Considerations

Table 2 below provides an estimate of the overall redevelopment for new construction. There are many factors that will affect the actual costs and subsidies. As planning proceeds and design elements are finalized, these estimates will be revised.

Table 2: High Level Financing Estimates Only

Total Construction cost: 2009 estimate	20,790,000
Indexed to 2020 (+2% / yr.)	25,849,752
Total with 15% other project / contingency costs	29,727,215
Net financing requirement	29,727,215
Cost of Financing (25 years based on Infrastructure Ontario rate of 3.46%)	14,728,131
Total Cost	44,455,346
Estimated Provincial subsidy (over 25 yrs.)	(29,419,000)
Net Cost	15,036,346

The potential redevelopment of Victoria Manor was included in the development of the City's Ten-Year Capital Financial Plan presented to Council in July 2017.

Consultations

Central East Local Health Integration Network
Ministry of Health and Long-Term Care, Long-Term Care Home Renewal Branch
Corporate Asset Manager
City Treasurer
Sienna Senior Living

Attachments

Appendix A: Summary of Current Compliance with Design Standards



Appendix A Summary
of Compliance.pdf

Appendix B: Application for the Enhanced Long-Term Care Home Renewal Strategy



Appendix B
Enhanced_Strategy_

Appendix C: LTCH Wait List Statistics (July 31, 2017)



Appendix C LTC Wait
List.pdf

Department Head E-Mail: rsutherland@kawarthalakes.ca

Department Head: Rod Sutherland

Appendix A: Summary of Design Standard Compliance

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
1. Resident Home Area (RHA)	1.1.1	RHAs must be clearly defined, distinct units located on the same floor and provide accommodation for a maximum of 32 residents.	No	Currently two at 41 and two at 42.
	1.1.2	Resident space including the bedrooms, the bath and shower rooms, dining area(s), lounge area(s) and program/activity space must be located in each RHA.	No	No home areas have program/activity space within home area
	1.1.3	Staff work space including the documentation area, therapy space, storage for equipment and supplies and utility spaces must be located in each RHA.	No	Missing therapy space and equipment storage space
	1.1.4	The RHA must be self-contained and not a transitory passageway for persons not connected with the RHA to pass through the RHA to go to other areas of the home.	Yes	
2.1 Resident Bedrooms	2.1.1	Resident bedrooms must have one or two beds but not more than two beds per bedroom.	Yes	
	2.1.2	A one-bed bedroom (private and semi-private layouts), must have at least 12.08 sq. m (130 sq. ft.) of usable net floor space. The usable net floor space excludes the clothes closet, resident en-suite washroom, vestibule and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.	No	Total space within acceptable size but layout not compliant
	2.1.3	A two-bed bedroom must have at least 10.68 sq. m (115 sq. ft.) of usable net floor space per resident. The usable net floor space excludes the clothes closets, resident ensuite washroom, vestibule and the space that is occupied by mechanical/electrical units, building structures (e.g. columns) and built-in furniture.	No	Usable space 90 sq ft
	2.1.4	Resident/staff communication and response system devices (nurse call bell) is required at the head of each bed.	Yes	
	2.1.5	Every bedroom must have an ensuite washroom.	Yes	
	2.1.6	The entrance to the washroom must be from within the bedroom itself (which includes the vestibule).	Yes	
	2.1.7	Bedrooms must have a clothes closet for each resident. Each clothes closet must have at least 0.56 sq. m (6 sq. ft.) of floor space. The clothes closet must be large enough in height and depth to store and hang clothes. If portable, the clothes closet must have a non-tipping design component.	No	
	2.1.8	Bedroom doors must be a minimum width of 1120 mm (44 in.).	No	Non-compliant at 36"
	2.1.9	If locks are installed on bedroom doors, the locks must be readily releasable and easy for residents and staff to open from outside the door.	No	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	2.1.10	In each bedroom, there must be sufficient space to give caregivers access to three sides of each bed; that is, both sides of the bed and the foot of the bed.	No	
	2.1.11	Bedrooms must be designed to allow specialized equipment access on both sides and at the foot of the bed.	No	
	2.1.12	Bedrooms must be designed to allow a 180 degrees change of direction of any care equipment within the room.	No	
	2.1.13	Bedrooms must have at least one window that provides a direct view to the outdoors to a person either sitting or lying in bed.	Yes	
	2.1.14	Bedroom windows must be equipped with blinds or curtains in order to provide privacy.	Yes	
	2.1.15	Windows that are accessible to residents cannot be opened more than 15 cm (6 in.).	Yes	
	2.1.16	Windows must have screens in the spring, summer and fall seasons.	Yes	
	2.1.17	Telephone, television and internet service capability must be provided for each resident in each bedroom.	No	
	2.1.18	Where there are two beds in a room, there must be privacy drapes/screening that provides complete privacy at each bed while still allowing access to common spaces in the room such as the window and entrance into the ensuite washroom.	Yes	
2.2 Resident Washrooms	2.2.1	Resident washrooms must contain a toilet, a hand washbasin and be equipped with toilet paper, soap dispensers as well as towel bar(s) for each resident.	No	
	2.2.2	In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in each resident washroom. No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius. Note: The turning radius is measured from the edge of the toilet seat and from the edge of the countertop/sink.	No	Currently 50" turning radius
	2.2.3	Resident washrooms must have an entrance width of at least 914 mm (3 ft.).	No	Currently 35"
	2.2.4	Resident/staff communication and response system device (nurse call bell) is required at the toilet within easy reach for a resident. Residents cannot reach over their shoulders or from behind to access the nurse call cord.	Yes	
	2.2.5	When open, a washroom door must not block the bedroom entrance-way and must not swing into another door in the bedroom, such as the bedroom door or a clothes closet door.	Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	2.2.6	If locks are provided on washroom doors, the locks must be readily releasable and easy for residents and caregivers to open from outside the door.	Yes	
	2.2.7	There must be no direct view of the toilet in the ensuite washroom from the corridor when the washroom door is open.	Yes	
	2.2.8	Washrooms must have sufficient space to enable independent and/or assisted transfer from the front and at least one side of the toilet.	Yes	
	2.2.9	There must be securely fastened grab bars at every toilet within the resident's easy reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load. Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.	Yes	
	2.2.10	Washrooms must have counter space to allow for easy placement of personal grooming items and be equipped with a mirror.	Yes	
	2.2.11	There must be accessible space in each washroom for individual storage of resident's personal items. Where two residents share a washroom, there must be separate storage space available for each resident.	No	
	2.2.12	Lever-handled taps that clearly distinguish between hot and cold water must be provided in all resident washrooms. This type of fixture is the preferred model for residents with visual impairments and for residents with physical disabilities that affect hand movement.	Yes	
	2.2.13	If a sliding door is installed in the washroom: <ul style="list-style-type: none"> • door handles must be easy to grip ("C" or "D" type handles) and located on the door so that hands and knuckles will not be hit when opening and shutting the door; • the door must shut completely to ensure resident privacy; and • the door must slide easily to make it easy for resident use. 	Yes	
			No	
			No	
			Yes	
	2.2.14	Non-slip flooring must be provided in resident washrooms.	Yes	
2.3 Resident bath and shower rooms	2.3.1	RHA(s) must have a minimum of:		

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
		<ul style="list-style-type: none"> • one separate room with a raised bathtub equipped with a hydraulic, electric or mechanical lift. and that allows for access to 3 sides of the bathtub; • one separate room with a shower (the showering area must have sufficient space to accommodate a shower chair so that a resident can receive assistance from a seated position); and • a washroom (toilet and a sink) located in each bath room and shower room or a shared washroom, (toilet and sink) with direct access from both rooms. 	No	
			No	
			Yes	
	2.3.2	There must be no direct view of the bathtub, the shower or the toilet from the corridor outside of each resident bath room and shower room.	No	
	2.3.3	Doors leading into shower rooms and tub rooms must be a minimum width of 1120 mm (44 in.).	No	Currently 35"
	2.3.4	In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in the tub rooms, the shower rooms and the washrooms. No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius. Note: The turning radius is measured from the edge of the toilet seat and from the edge of the countertop/sink.	No	Currently 55"
	2.3.5	The toilet in the resident bath room and shower room must be positioned so that independent and/or assisted transfer from at least the front and one side of the toilet can occur.	Yes	
	2.3.6	There must be a securely fastened grab bar for resident's use at each toilet, and on the faucet wall and on the adjacent wall of each shower. Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.	Yes	
	2.3.7	There must be access to both sides and the foot of the bath tub.	Yes	
	2.3.8	The washroom must be equipped with a paper towel and soap dispenser.	Yes	
	2.3.9	All resident bath rooms and shower rooms must be equipped with an independently controlled thermostat to allow the room temperature to be set at the resident's preference while bathing or showering.	No	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	2.3.10	Space must be provided in each bath and shower room to accommodate resident towels, personal clothing and toiletries.	Yes	
	2.3.11	Resident bath rooms and shower rooms must have secure areas to store cleaning supplies.	No	
	2.3.12	Resident/staff communication and response system (nurse call bell) is required at each shower that is easily accessible to staff.	Yes	
	2.3.13	Resident/staff communication and response system (nurse call bells) are required on both sides of the tubs that are easily accessible to staff.	No	
	2.3.14	Non-slip flooring must be provided in all tub and shower rooms.	Yes	
3.1 Nursing and Program/Therapy Work Space	3.1.1	RHAs must have work space for nursing and program/therapy staff so they can carry out their administrative duties. The space must accommodate: <ul style="list-style-type: none"> • a work area to complete documentation; • multi-disciplinary team activities; and • Secure storage of resident care records. 		
			Yes	
			No	
	3.1.2	On every floor where RHAs are located, there must be one space to support the delivery of therapeutic programs that the home provides such as podiatry, dental, ophthalmology, social and psychiatric services. There must be a minimum of one therapy room for every three RHAs. This space or spaces must be in a centrally accessible area.	No	Not on each floor
			No	
3.2 RHA Storage Space for Resident Care: Supplies and Equipment	3.1.3	In areas where therapeutic programs are delivered, there must be convenient access for residents to a washroom that is separate from resident bedroom washrooms. (Refer to Standards 10.7.1-7.8 - Public Washrooms)	No	
	3.2.1	The storage space for resident care supplies and equipment must be convenient and accessible to the staff working in each RHA.	No	
	3.2.2	Secured space must be provided either within each RHA or shared between RHAs on the same floor, for the storage of resident medications, stock medications and medication carts.	Yes	
	3.2.3	There must be secure space with lockable cupboards for the storage of all supplies and equipment related to care delivery.	No	
	3.2.4	Areas used for charging of batteries (e.g., wheelchair batteries) must have adequate and continuous mechanical ventilation.	No	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
4.1 Resident Lounge and Program/Activity Space	4.1.1	The minimum total required space for resident lounge and program/activity space is 2.5 sq. m (27 sq. ft.) per resident.	No	Currently 11.5 sq ft
	4.1.2	At least 70 per cent of the required resident lounge and program/activity space for each RHA must be located in the RHA. The remaining required space for the resident lounge and program/activity space may be located outside the RHA(s) for access by all residents of the long-term care home.	No	no designated space on units
	4.1.3	Each RHA must have at least one resident lounge with a minimum of 14 sq. m 50 sq. ft.) of total floor area.	Yes	
	4.1.4	Each RHA must have at least one resident program/activity space with a minimum of 14 sq. m (150 sq. ft.) of total floor area.	No	no designated space on units
	4.1.5	At least one resident lounge in each RHA must have a window with a direct view to the outside.	Yes	
	4.1.6	Resident program/activity areas must have convenient access to a washroom that is separate from and not located in resident bedrooms or tub and shower rooms. (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)	No	
	4.1.7	Where resident-accessible electrical appliances are provided, there must be deactivation ("kill") switches.	No	
	4.1.8	Resident/staff communication and response system (nurse call bell) is required in every lounge and program/activity space.	Yes	
5.1 Resident Dining Areas	5.1.1	RHAs must have dedicated space for dining that is separate from any other type of space.	Yes	
	5.1.2	The minimum required usable space for dining area(s) in each RHA is 2.8 sq. m (30 sq. ft.) of floor area per resident of the RHA. The usable net floor space excludes the servery and the area immediately surrounding the servery where staff pick up the meals, as well as storage areas, pillars, alcoves, etc., where dining room table, chair and wheelchair access is restricted.	No	Currently 17 sq ft
	5.1.3	100 percent of the required space for dining areas must be located within the RHA.	No	
	5.1.4	Resident/staff communication and response system (nurse call bell) is required in every dining room.	Yes	
	5.1.5	Dining areas must have convenient access to a washroom that is separate from and not located in resident bedrooms, tub and shower rooms, and does not open directly into food preparation or dining areas. (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)	Yes	

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	5.1.6	Dining areas must incorporate storage space for equipment/supplies as necessary.	No	
	5.1.7	Dining areas must have a hand wash area either in the dining area or immediately next to the dining area for staff to use in preparing, delivering and serving food to the residents. If the hand washing sink is located in the servery, it must be accessible immediately upon entering the area.	No	
	5.1.8	Dining areas must provide a direct view to the outdoors.	Yes	
	5.1.9	To provide resident comfort and security while eating, dining area chairs must be equipped with arms.	Yes	
	5.1.10	To promote a 'home-like' dining atmosphere, dining tables must accommodate no more than four residents.	Yes	
	5.1.11	Dining areas must provide a servery area for assembling and serving meals. If the dining area is located immediately next to the kitchen, the kitchen can be used for the servery function.	Yes	
	5.1.12	A separate housekeeping/janitor's closet (with a curb service sink) to store the supplies and equipment used to clean the dining area and servery, must be provided close to each dining area.	Yes	
5.2 Dietary Service Space	5.2.1	The dietary service space must be designed so that the storage areas for small equipment and utensils and for non-refrigerated and frozen food are conveniently located for dietary staff to easily access and use them. Storage areas must be close to dietary work areas.	Yes	
	5.2.2	The dietary service space must include a work area for dietary staff that: <ul style="list-style-type: none"> • is secure for records and reference materials; • accommodates appropriate furnishings and equipment; and • is accessible without passing through the food production area. 		
			Yes	
			Yes	
			Yes	
	5.2.3	The design of the dietary service space must provide a layout that allows for an efficient work flow, prevents cross-contamination between clean and soiled areas and supports safe food production and delivery.	Yes	
	5.2.4	The design of the dietary service space must allow for the preparation of a range of food products prepared in a variety of methods.	Yes	
	5.2.5	The design of the dietary service space must support the delivery of a bulk food service system to the dining areas so that meals can be served by individual course.	Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	5.2.6	The design of the dietary service space must include serving areas near the dining area(s) so that residents have the opportunity to see and smell food, snacks can be prepared and residents can make food choices at the point of meal service.	Yes	
	5.2.7	Dietary service space must be provided to accommodate the required equipment to support the home's meal service program. The provided equipment must be appropriate in size and design to prepare and serve a variety of food products and beverages that meet the nutritional care needs of residents, retain the texture, colour and palatability of food items, and allow the home to meet the cultural requirements, therapeutic needs and food preferences of all of its residents.	Yes	
	5.2.8	The dietary service space must be designed to keep excessive noise, steam and heat to a minimum.	No	
	5.2.9	Depending on the food service program, the dietary service space must provide space for scraping, soaking, pre-rinsing, washing, rinsing, sanitizing, air drying and sorting of dishes, pots/pans, utensils, large equipment and carts.	Yes	
	5.2.10	The dietary service space must include adequate floor drainage.	Yes	
	5.2.11	There must be storage space for non-refrigerated (dry) goods and supplies. The storage space must be able to meet usual and peak capacity volume storage requirements and be well-ventilated.	Yes	
	5.2.12	There must be storage space for refrigerated and frozen food supplies. This storage space must be able to meet usual and peak capacity volume storage requirements.	Yes	
	5.2.13	The dietary service space must include hand washing area(s).	Yes	
	5.2.14	The dietary service space must include convenient access to electrical services and to hot and cold water supply services.	Yes	
	5.2.15	The dietary service space must provide separate and sufficient space for garbage cans/recycling bins.	No	
	5.2.16	The dietary service space must provide secure storage space for chemicals, cleaning supplies and equipment used to clean the dietary service space (e.g., kitchen mops and pails) and equipment used to deliver meals and snacks to residents (e.g., food carts).	No	
	5.2.17	The dietary service space must include a separate housekeeping/janitor's closet that is equipped with a curb service sink.	Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	5.2.18	Where major electrical appliances are located in the servery(s) that are accessible to residents, there must be deactivation ("kill") switches.	No	
	5.2.19	Where a long-term care home is sharing the kitchen with another service space within the same complex (e.g., a hospital): <ul style="list-style-type: none"> • serveries will have storage space for at least a 2-day supply of refrigerated/frozen and dry storage food items; • the home shall have a contingency plan that ensures that, if part of the multi-use complex closes, the long-term care home will be able to continue to use the shared kitchen or that a kitchen will be added to the long-term care home; and • serveries will have equipment (e.g., a range, microwave, toaster, etc.) that will allow the residents the opportunity to see and smell food cooking 	No	
			No	
			No	
	5.2.20	There must be a physical design solution to restrict resident access into the servery and to the steam tables while the meal service is underway and the equipment is hot (e.g., doors).	Yes	
6.1 Outdoor Space	6.1.1	Outdoor space must be provided on every floor where there is an RHA.	Yes	
	6.1.2	The distance measured from the entrance of the resident outdoor space to the farthest resident bedroom must be no more than 61 m (200 ft.)	No	2nd floor no
	6.1.3	There must be outdoor space that is accessible at grade level.	Yes	
	6.1.4	At least one outdoor space at grade level must be enclosed to prevent unauthorized entering or exiting from the home.	Yes	
	6.1.5	Enclosed outdoor spaces, including grade level spaces, balconies, roof top terraces etc. must have a minimum railing/fencing/gate height of 1.6 m (5 ft.).	Yes	
	6.1.6	The landscaping and design of resident outdoor space must consider the safety needs of residents. Outdoor space in resident-accessible areas must incorporate hard, flat surfaces and not include inclines and steps.	Yes	
	6.1.7	Each outdoor space must have an area that provides shade, seating and protection from wind and other weather elements.	Yes	
	6.1.8	Resident/staff communication and response system (nurse call bell) is required in all outdoor spaces.	Yes	
6.2 Beauty Salon/Barber Shop	6.2.1	The long-term care home must have a beauty salon/barber shop that is available to all residents.	Yes	
	6.2.2	There must be sufficient space to include hairdressing chairs, work and storage counters, secured storage space for chemicals as well as a hair drying area.	Yes	

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	6.2.3	The beauty salon/barber shop must contain a shampoo chair that allows residents to have their hair washed, either leaning forward over the basin or leaning back, and a hair wash sink equipped with a hose.	Yes	
	6.2.4	There must be a hand washing sink that is equipped with a paper towel dispenser and soap dispenser in the beauty salon/barber shop.	No	
	6.2.5	Resident/staff communication and response system (nurse call bell) is required in the beauty salon/barber shop.	Yes	
6.3 Place of Worship	6.3.1	A long-term care home must have space outside of the RHAs for the purpose of worship. The place of worship can be shared with other common areas but there must be the ability to convert/section off an area to provide appropriate worship space.	Yes	
	6.3.2	Resident/staff communication and response system (nurse call bell) is required in the place of worship.	Yes	
6.4 Enhanced Resident Common Space	6.4.1	If all of the required lounge space and program/activity space is located in the RHA(s), at least one additional area must be located outside the RHA(s).	Yes	
	6.4.2	Residents must have convenient access to a separate washroom, located outside the RHA(s). (Refer to Standards 10.7.1-10.7.8 - Public Washrooms)	Yes	
	6.4.3	Resident/staff communication and response system (nurse call bells) are required in all resident common spaces located outside of the RHA(s).	Yes	
7.1 Laundry Space	7.1.1	The laundry area must be able to accommodate industrial washers and dryers of appropriate size and capacity to meet the laundry service needs of the long-term care home. If the home shares laundry services with other operations (e.g. an adjoining rest/retirement home), the size of the laundry space must be able to accommodate maximum laundry service volumes.	Yes	
	7.1.2	If an off-site laundry service is to be used, there must be separate space in the long-term care home for soiled laundry storage and for clean laundry receiving and delivery.	Yes	
	7.1.3	The laundry area must be designed so that there is access to the back of the equipment (including washers, dryers and chemical dispensers) necessary to ensure easy cleaning and repair work as necessary.	Yes	
	7.1.4	The laundry area must be designed so that there is separation of, and a one way work flow between, clean and soiled areas.	Yes	
	7.1.5	The laundry area must be equipped with hand wash area(s) that are conveniently located for staff use.	Yes	

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	7.1.6	The laundry area must include space for collecting, storing and sorting soiled laundry until it can be processed.	Yes	
	7.1.7	The laundry area must have space for all laundering process functions including storing, folding and hanging clean linen/personal clothing, and labelling personal clothing.	Yes	
	7.1.8	The laundry area must have access to space for cleaning and sanitizing laundry equipment such as carts used for soiled linens.	Yes	
	7.1.9	The laundry area must include storage space for laundry service supplies and equipment.	Yes	
	7.1.10	The laundry area must be provided with floor drains.	Yes	
	7.1.11	Where the home provides laundry chutes, resident access to the chutes must be restricted.	Yes	
7.2 Housekeeping Service Support Space	7.2.1	Housekeeping/janitor's closets must be located inside every RHA as well as outside the RHAs (e.g. in service corridors, in areas where community space such as a cafe, beauty salon, place of worship, etc., are located) to support the long-term care home's housekeeping requirements.	Yes	
	7.2.2	Housekeeping/janitor's closets must be equipped with a hot and cold running water supply, a curb service sink.	Yes	
	7.2.3	Housekeeping/janitor's closets must have sufficient space and provide for securely storing chemicals, cleaning supplies and chemical dispensing units as well as space for storing carts and other housekeeping equipment such as mops and pails.	Yes	
	7.2.4	Doors leading into housekeeping/janitor closets in areas to which residents have access must be self-closing and self-locking.	Yes	
7.3 Utility Space	7.3.1	Clean and soiled utility rooms must be conveniently located in each RHA to support storage, cleaning and sanitizing of resident care equipment.	Yes	
	7.3.2	Clean and soiled utility rooms must be large enough to hold all the fixtures that the home uses for cleaning, sanitizing and storing care equipment. These fixtures may include, but are not limited to, a hopper sink, a bedpan flusher and/or sterilizer, rinse sinks, storage racks, counters and cupboards.	Yes	
	7.3.3	Doors leading into utility rooms in areas to which residents have access must be self-closing and self-locking.	Yes	
	7.3.4	The clean utility room must have a space for storing cleaning supplies and equipment and include counter space.	No	

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	7.3.5	The soiled utility room must have space for storing the equipment used for collecting soiled materials (e.g., soiled linen and towels) and include counter space.	No	
	7.3.6	Clean and soiled utility rooms must have a conveniently located hand washing sink for staff use.	No	
	7.3.7	The soiled utility room must have floor drains.	Yes	
7.4 Maintenance Service Support Space	7.4.1	There must be a secured dedicated maintenance service support space in the long-term care home.	Yes	
	7.4.2	There must be an area within the maintenance service support space for storing maintenance equipment, machinery and tools.	Yes	
	7.4.3	There must be a secured area within the maintenance service support space for storing hazardous materials and equipment.	Yes	
	7.4.4	There must be a secured area, inaccessible to residents, for locating environmental controls and other building system controls.	Yes	
	7.4.5	Doors leading into maintenance spaces in areas to which residents have access must be self-closing and self-locking.	Yes	
8.1 Resident/Staff Communication and Response System (Nurse Call System)	8.1.1	The resident/staff communication and response system (nurse call system) must be a designed system that is equipped with activation devices that are easily accessible, simple and easy to use by all residents and staff.	Yes	
	8.1.2	The resident/staff communication and response system (nurse call system) must be designed so that it remains on at all times.	Yes	
	8.1.3	The resident/staff communication and response system (nurse call system) must be connected to the back-up generator.	Yes	
	8.1.4	When a device for the resident/staff communication and response system (nurse call system) is activated, it must be designed to clearly show where the signal is coming from, either inside the RHA or in areas outside the RHA, so that staff can respond promptly. For example, bedrooms and ensuite washrooms should be identified by numbers. Common areas such as the chapel, beauty salon, care, etc. must be identified by name.	Yes	
	8.1.5	The resident/staff communication and response system (nurse call system) must be designed so that when it is activated, the deactivation of the call can only occur at the source of the activation.	Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	8.1.6	If the resident/staff communication and response system (nurse call system) uses sound to alert staff, it must be designed so that the level of sound is calibrated and equalized to be audible to staff but not excessive or unduly disruptive to residents. An audible system must be equally distributed in the areas that it covers.	Yes	
	8.1.7	Resident/staff communication and response system devices (nurse call bells) are required in all locations where residents have access. These locations include, but are not limited to: <ul style="list-style-type: none"> • all toilets and urinals; • auditoriums; • balconies/terraces and courtyards; • bath tubs (must be accessible from both sides of the tub); • beauty salon/barber shop; • dining rooms; • family dining areas/café; • lounges and program/activity rooms; • place of worship; • public washrooms (including common washroom toilets located in cubicles); • resident bedsides; • resident personal laundry rooms; • showers; and • therapy rooms. 		
			No	
			No	
			Yes	
			No	
			Yes	
			Yes	
			Yes	
			Yes	
			Yes	
			Yes	
			No	
			Yes	
	8.1.8	The resident/staff communication and response system device (nurse call bell) must be located at every toilet so that residents are able to activate the device while in a sitting position without having to reach forward or backward. Where toilets are centrally located on the wall, the call cord must be attached to the grab bar.	Yes	
	8.1.9	Where pagers and/or phones are used and there is not an audible component, there must be an escalation feature that initially alerts the front line staff and then after a predetermined time, alerts senior	No	
8.2 Door Access Control System	8.2.1	All doors leading to non-resident areas must be equipped with locks to restrict unsupervised access to those areas by residents.	Yes	
	8.2.2	The door access control system must be designed so that it is on at all times.	Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	8.2.3	All doors in the long-term care home leading to the outside, to non-long-term care resident areas, (including services areas such as the kitchen and laundry room, community space, retirement home, etc.), into stairwells, and on to open stairways, must be equipped with magnetic locks or similar devices, to prevent unauthorized entering or exiting from the home.	Yes	
	8.2.4	All doors must be provided with a back-up alarm system as an alert to staff in the event that a magnetic lock does not properly engage, therefore leaving the door(s) unlocked and unsupervised.	Yes	
	8.2.5	The back-up alarm should activate in approximately 10 seconds for doors that residents do not regularly access (for example doors into stairwells). For doors that residents will use, for example a main entrance door that automatically opens, the back-up alarm should activate in approximately 10-20 seconds. The delay prior to the door alarm activating allows staff and visitors where applicable, to go through the door without alerting other staff that the door has been opened	Yes	
	8.2.6	The back-up alarm must be connected to the back-up power supply.	Yes	
	8.2.7	The door access control system must be designed so that when an alarm is activated, the deactivation of the alarm can only occur at the source of the alarm.	No	
	8.2.8	If, under applicable law (e.g. the Fire Code), door closures are required on any door leading into resident areas (e.g., lounges, dining room, place of worship etc.) then the home must provide electronic “hold open” devices to ensure that residents have unobstructed access to resident areas.	Yes	
	8.2.9	The door access control system must be integrated with the resident/staff communication system (nurse call system).	Yes	
	8.2.10	Where elevators that are accessible to residents, open into non long-term care areas, (including but not limited to service areas, basements, co-located areas such as retirement home, community space, etc.), controls must be placed in the elevator to restrict long-term care residents from accessing these spaces.	Yes	
	8.3 Water Temperature Control System	8.3.1	The water temperature control system must be designed to ensure hot water is provided to resident care areas at a safe and comfortable temperature for residents.	Yes

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
8.4 Railing Heights	8.4.1	Where railings/fencing/gates are required, both indoors and outdoors, the height of the railings/fencing/gates must be a minimum of 1.524 m	Yes	
8.5 Windows	8.5.1	Every window where residents have access cannot be opened more than 15 cm (6 in.).	Yes	
9.1 Lighting	9.1.1	A lighting must be able to provide a minimum of 322.92 lux of continuous lighting levels in all corridors.	No	At 215.28
	9.1.2	A lighting system must be able to provide continuous lighting levels of at least 322.92 lux in enclosed stairways.	No	not continuous lighting
	9.1.3	A lighting system must able to provide general lighting levels of at least 322.92 lux in all other resident areas of the home including resident bedrooms and vestibules, Washrooms, and tub and shower rooms. Please Note - lighting levels are measured in the following manner: 1. holding a light meter 3 to 4 feet[914.4 mm to 1219.2 mm] from the floor when determining lighting levels in the corridors. 2. holding a light meter 3 to 4 feet[914.4 mm to 1219.2 mm] from the floor in the vicinity of the bed when determining the lighting levels for resident bedrooms. 3. holding a light meter 3 to 4 feet [914.4 mm to 1219.2 mm]from the floor in the vicinity of the toilet and in the vicinity of the hand wash area when determining lighting levels for washrooms.	Yes	
			Yes	
			Yes	
			Yes	
9.2 Heating, Ventilation and Air-Conditioning (HVAC) System	9.2.1	There must be a mechanical system to cool air temperatures in all corridors, lounges, program/activity areas, all dining areas, the kitchen and the laundry space. The remaining areas of the long-term care home, including resident bedrooms, resident bath and shower rooms and resident washrooms, must have a system for tempering the air to keep air temperatures at a level that considers resident needs and comfort.	Yes	
	9.2.2	There must be negative air pressurization of the washrooms, soiled utility space, kitchen and laundry areas to contain odours. All of these rooms must have mechanical ventilation to exhaust air from these areas.	No	
9.3 Emergency Generating System	9.3.1	An emergency generator power supply must be provided that is available at all times, and that has the capacity to maintain, in the event of a power outage: a) the heating system; b) emergency lighting in hallways, corridors, stairways and exits; and	Yes	
			Yes	
			Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
		c) essential building systems and services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, the resident-staff communication and response system (nurse call system), elevators, and life support, safety and emergency equipment.	Yes	
10.1 Storage Space	10.1.1	In addition to clothes closets in resident bedrooms, there must be additional storage space located in the long-term care home.	Yes	
10.2 Non-Resident Space	10.2.1	There must be office space for the Administrator, Director of Care, supervisory staff, visiting health care providers, social service providers and other professional service providers.	Yes	
	10.2.2	There must be space provided for administrative/clerical functions.	Yes	
	10.2.3	There must be an area, separate from resident care and common areas, for staff break periods.	Yes	
	10.2.4	There must be separate male and female staff change areas with lockers for storage of personal items.	Yes	
	10.2.5	There must be separate male and female washrooms in the area where locker rooms are located.	Yes	
10.3 Receiving/Service Space	10.3.1	The receiving/service space must be located away from the main entrance of the long-term care home and from all other resident and public areas so as not to expose residents and the public to noise, vehicle exhaust and safety hazards.	Yes	
	10.3.2	There must be a separate area for garbage storage and pick-up in the receiving/service space.	Yes	
	10.3.3	The receiving/service space must be in a location with convenient access to the dietary service space.	Yes	
	10.3.4	The receiving/service space must be designed so that no direct receipt of goods into food preparation area(s) occurs.	Yes	
	10.3.5	There must be storage space for the temporary accumulation of received goods.	Yes	
	10.3.6	Receiving/service space must provide year-round access for delivery services.	Yes	
	10.3.7	There must be an area used for cleaning and disinfecting equipment such as garbage containers, carts and racks, that is equipped with floor drains.	No	
10.4 Reception/Entrance	10.4.1	The reception/entrance space must be close to an outside, protected vehicle pick-up and drop-off area for residents.	Yes	
10.5 Signage	10.5.1	At a minimum, the following areas must be provided with signage and/or symbols that are easy to recognize, read and understand: • all public washrooms;	Yes	
			Yes	

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
		<ul style="list-style-type: none"> • each bedroom entrance that includes the bedroom number and name of the resident(s) residing in the room; • entrance to each RHA; • resident common areas such as the place of worship, beauty salon/barber shop, café, therapy spaces, etc.; • the lobby (both the main lobby and in elevator lobbies, where applicable), providing direction to RHAs, administration areas and to service areas; and • work station(s) provided in the RHAs. 	Yes	
			Yes	
			Yes	
			Yes	
			Yes	
10.6 Elevators	10.6.1	At least one of the elevators in a long-term care home must be large enough to accommodate a stretcher and must be located close to the RHAs.	Yes	
	10.6.2	Where elevators that are accessible to residents, open into non long-term care areas, (including but not limited to service areas, basements, co-located areas such as a retirement home, community space, etc.), controls must be placed in the elevators to restrict long-term care residents from accessing areas that are not to be accessed by residents.	Yes	
10.7 Public Washrooms	10.7.1	Public washrooms must be equipped with a wheelchair accessible toilet and one wheelchair accessible hand washing sink.	Yes	
	10.7.2	Public washrooms must have locks that are readily releasable and easy to open from outside the door(s).	Yes	
	10.7.3	Public washrooms must have entrance widths of at least 914 mm (3 ft.).	No	Currently 33"
	10.7.4	Public washrooms must have sufficient space to enable independent and/or assisted transfer from the front and at least one side of the toilet(s).	Yes	
	10.7.5	In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a 1.524 m (5 ft.) turning radius in each public washroom (note the 1.524 m (5 ft.) turning radius is measured from the edge of the toilet seat to the edge of the countertop/sink). No furnishings or equipment such as storage cupboards, towel bars, etc. can impede the 1.524 m (5 ft.) turning radius.	No	Currently 32 inches in stalls

Section	Sub-Section	2015 MOHLTC Design Standard	Victoria Manor Compliance (Y / N)	Comment
	10.7.6	There must be a securely fastened grab bar located at every toilet within the resident's reach. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load. Where the toilet is located in the centre of the washroom wall, fold down type grab bars are required on both sides of the toilet. One of the grab bars must be kept in the down position in order for a resident to be able to access the toilet paper dispenser. The toilet paper dispenser must be attached to the grab bar; it cannot be on the wall. The nurse call cord must also be attached to the grab bar in the down position in order for a resident to be able to access it.	No	
	10.7.7	Resident/staff communication and response system devices (nurse call bells) are required at the toilets and urinals in all public washrooms.	No	
	10.7.8	Lever-handled taps that clearly distinguish between hot and cold water must be used in all public washrooms. This type of fixture is the preferred model for residents with visual impairments and for residents with physical disabilities that affect hand movement.	Yes	
10.8 Corridors	10.8.1	All corridors in resident areas must be a minimum width of 1820 mm (72 in.).	No	Currently 65" hallways and opening at fire separation doors is 58"
	10.8.2	Handrails must be securely mounted on both sides of all corridor walls in all resident areas. They should be installed at least 860 mm (34 in.) above the floor so that the handrails are at a height that residents can easily use.	No	

1. Home and Contact Information

Legal Name of Licensee / Operator	Name of LTC Home	Facility ID#	Sector
Current Home Address	City/Town	Postal Code	
Proposed Site Address of Redeveloped Home (if different from current address)	City/Town	LHIN	
Contact (for this application)	Email	Phone	

2. Project Information

Eligible Beds	Bed type					
	New	A	B	C and Upgraded D	Temporary Beds	Total
	Current # of LTC beds (including Beds in Abeyance to be brought back into operation)					0
	Number of Beds Eligible for Redevelopment					0
	# of Eligible Beds Not Being Redeveloped (as per this application)					
Number of Eligible Beds to be Redeveloped					0	

Proposed Licence Transfers (if applicable)	Please indicate below classification and source of new beds and attach required documentation
# of Licenced Beds Proposed to be Transferred with Proposed Source Identified	

Total Beds	
Total Beds to Be Redeveloped in Project	0 <= sum of i25 + f28
Total # of beds (All classifications) in Home after Redevelopment	<= manual calculation required
Are there additional spaces (Self-Funded Construction) to be included in project?	If yes, please describe

Comments - (optional) on any bed number information

3. Development Information

Site description or plans to acquire site	Type of construction

Building Condition (Renovations Only)	
The Applicant has obtained professional advice and conducted all such other investigations and inquiries as due diligence requires, and is satisfied that the current building structure, with any modifications that the Applicant will cause to be made during a state that is suitable for operation as a long-term care home in accordance with all applicable requirements, including the Design Manual 2015, for the duration of the expected 30 year licence term (subject to applicable licensing)	
The Applicant has or will have, as necessary, plans and resources in place to appropriately manage and maintain the building, and components, throughout the new licence term, in a state that is suitable for operation as a long-term care home in accordance with all applicable requirements.	

# of Beds proposed to be closed temporarily during construction	Comment (Optional) re Development Info e.g. need for bed closures and how these are proposed to be
Basic Accommodation Rate (%) in Eligible Beds	
Basic Accommodation Rate (%) for total beds in home after redevelopment	
LEED Silver intention	

4. Project Contingencies - if applicable

Is this project contingent on any other redevelopment project(s)?

If yes, provide explanation e.g. list other projects

5. Proposed Project Schedule - if planning on phased construction

Is the construction proposed to be completed in phases?
(i.e. where a subset of the redevelopment beds are completed and brought into operation before the others)

If yes, list phases/dates in Table 5a.

Table 5a		Projected First Resident Date	
Phase # or Phase Name	# of Beds		Comment/Explanation re Project Schedule (optional)
1			
2			
3			
4			
5			
6			

6. Short Stay Convalescent Care (CC) LTC Beds *(Complete this section only if the home currently has CC beds.)*

Current # of CC beds in home

CC Beds proposed to be operated in redeveloped home

Is the LHIN aware of the proposal to continue/not continue offering CC Beds in the redeveloped home?

Attached Documents Supporting Information on this page

Please indicate how many attached documents you are including that supports the information on this page.

Please provide the file names of the attached documents in Section 7.

7. Summary of Attached Documents Supporting this Application

Tab / Section	# of Documents
Baseline Information	0
F1 - Source of Funds	0
F2 - List of Debt (if applicable)	0
F3- Fundraising Experience	0
F4 - Estimated Project Costs	0
F5- Debt Capacity Analysis	0
D1- Project Schedule	0
Licence Application and Eligibility Attestation - attach signed PDF	
Applicant Declaration - attach signed PDF	
Other Documents	
Total # of documents indicated attached	0

In the DOCUMENT TABLE below, please indicate the file name of each attached document supporting this page or any of the schedules.

DOCUMENT TABLE

#	Section Supported by Document	File Name of Attached Document <i>(Please provide exact name)</i>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		

SCHEDULE F1 - Source of Funds



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
---	---	---	---

Is this project contingent on any other redevelopment project(s)? <Please enter yes/no in cell f56 on the Baseline tab>

A. Equity (List all sources of Equity By Investor and Type)			
Source/Investor	Type	Restriction (if any)	Amount
Sub-Total Equity			\$0

B. Fundraising (Non-Profits only) Indicate the Proposed Fundraising by Initiative and Type		
Source/Initiative	Timing	Amount
Sub-Total Fundraising		\$0

C. Debt (List all Sources of Proposed Debt by Source and Type of Financing, e.g., Mortgage Financing*)			
Source of Debt	Type	Rate & Term	Amount
Sub-Total Debt			\$0

*Construction financing should not be included as a source of debt. This amount will be reflected in the total cost of development and included in the mortgage.

D. Other Source(s) of Funds (List all other sources of funds e.g. donations, grants, revenue generating initiatives)			
Source of Funds	Type	Timing	Amount
Sub-Total Other Sources			\$0

E. Total Funds from All Sources	
Total Funds	\$0

Comments - optional - any additional information on sources of funds

Supporting Documents

Indicate how many attached docs you are including that supports information on this page

Provide the file names of the attached documents on the Baseline Tab, Section 7

SCHEDULE F2 - List of Existing Debt(s)



Legal Name of Licensee / Operator	Name of LTC Home
0	0
Total Beds to Be Redeveloped in Project	0
Number of Eligible Beds to be Redeveloped	0

A. Existing Debt (please list)					
Source of Debt	Type	Rate	Term	Amount	Term Sheet
Sub-Total Debt				\$0	

If the Applicant has Issued Debt e.g. bonds and debentures

This Schedule below is to be completed by every Applicant, where debt has been issued in the last five years. Indicate the description of debt, the debt rating and the name of the rating agency where available.

B. List of Debts			
Description of Debt	Debt Rating (if applicable)	Rating Agency	Comment/Explanation (Optional)

Supporting Documents

Indicate how many attached documents you are including that supports the information on this page
Provide the file names of the attached documents on the Baseline tab, Section 7

SCHEDULE F3 - Fundraising

Note: Applicants who identified fundraising as a source of funds are required to complete this schedule.



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Year Fundraising to Commence	
------------------------------	--

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
Total Amount of Fundraising (from F1)	\$0	Do you intend to borrow as part of your fundraising plan?	

If Yes, Please Explain

	Amount	Comment/Explanation
Current Year		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 1		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 2		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		
Current Year + 3		
Projected Amount to be Raised		
Total Amount Raised to Date		
Fundraising Period (months)		
Anticipated % of self-sustainability		

History of Fundraising	Amount	Comment/Explanation
Last Year		
Last Year's Fundraising Goal		
Total Amount Raised		
Fundraising Period (months)		
% of self-sustainability		
Two Years Prior		
2 Year's Prior Fundraising Goal		
Total Amount Raised		
Fundraising Period (months)		
% of self-sustainability		

Comments - please provide any additional information about fundraising initiatives - e.g who was involved &

Supporting Documents	
Indicate how many attached documents you are including that supports the information on this page	
Provide the file names of the attached documents on the Baseline Tab, Section 7	

SCHEDULE F4 - Estimated Project Costs



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
---	---	---	---

Project information

Gross Floor Area (of redeveloped portion of home) Sq. Ft.		Land Area of site (acres) (if available)	
---	--	--	--

Capital Costs

	Estimated Costs (\$)	Sq.ft. (\$)	Cost/Bed (\$)
1) Land and Development (Estimate)			
Purchase & Carrying Costs		\$0.00	\$0.00
Soils & Environmental		\$0.00	\$0.00
Planning		\$0.00	\$0.00
Zoning and Approvals		\$0.00	\$0.00
Other (please type in this space)		\$0.00	\$0.00
		\$0.00	\$0.00
Sub-Total Land and Development Costs	\$0	\$0.00	\$0.00

2) Construction

Construction Costs		\$0.00	\$0.00
Demolition		\$0.00	\$0.00
Site Work - if separate from construction costs e.g. survey		\$0.00	\$0.00
Furniture, Fixtures, and Equipment		\$0.00	\$0.00
Other (please type in this space)		\$0.00	\$0.00
		\$0.00	\$0.00
Sub-Total Construction Costs	\$0	\$0.00	\$0.00

3) Soft Costs

Architecture & Engineering Fees		\$0.00	\$0.00
Legal		\$0.00	\$0.00
Other Consultants		\$0.00	\$0.00
Project Management Fees		\$0.00	\$0.00
Development Fees		\$0.00	\$0.00
Property Taxes During Construction		\$0.00	\$0.00
Insurance and Bonding		\$0.00	\$0.00
Approvals, Inspections and Permits		\$0.00	\$0.00
Municipal Levies & Charges, Building Permits		\$0.00	\$0.00
Pre-Opening Expenses - Commissioning		\$0.00	\$0.00
Fees for loans e.g. CMHC Fees		\$0.00	\$0.00
HST (less any rebate)		\$0.00	\$0.00
Financing Fees		\$0.00	\$0.00
Other (list)		\$0.00	\$0.0
		\$0.00	\$0.0
		\$0.00	\$0.0
Contingency		\$0.00	\$0.0
Sub-Total Soft Costs	\$0	\$0.00	\$0.00

4) Interest

Interest expense during construction		\$0.00	\$0.0
--------------------------------------	--	--------	-------

Sub Total (Sum of 1+2+3+4 above)	\$0	\$0.00	\$0.00
----------------------------------	-----	--------	--------

5) Other Project Costs

Other (list)		\$0.00	\$0.0
Other (list)		\$0.00	\$0.0
Sub-Total Other Project Costs	\$0	\$0.00	\$0.00

Total Project Costs (Line 58 +Line 63)	\$0	\$0	\$0
--	-----	-----	-----

Supporting Documents

Indicate how many attached documents you are including that supports the information on this page	
Provide the file names of the attached documents on the Baseline tab, Section 7	

Legal Name of Licensee / Operator	Name of LTC Home
0	0

Note: All information provided should not consider inflationary adjustments.

Total Beds to Be Redeveloped in Project	0	Number of Eligible Beds to be Redeveloped	0
Total Project Cost	\$0	Estimated New Loan Term (years)	
Equity Available for the Project	\$0	Estimated Annual Interest Rate	
Debt Amount Required	\$0		
How many months after the project is completed will you reach stabilization?			
Will the principal repayment for the new debt start post construction?			

Describe below the plan to manage the cash flow to cover debt before stabilization is reached.

Indicate annualized average over-expenditures over the past 5 years.		Describe the plan to manage over-expenditures of flow-through envelopes i.e. source of funds.
↓		

Provide actual and stabilization forecast information below. Enter N/A if cell is not applicable.	Actual Annualized Financial Position - Pre-redevelopment	Stabilization Annualized Forecast - Post-redevelopment
Structural Compliance Premium (SCP)		
Previous Construction Funding Subsidy (CFS) (from a construction project completed in the home with respect to other beds)		
Forecast Enhanced Strategy CFS for eligible beds proposed to be redeveloped under this application		
Net Contribution from Other Accommodation (OA) Envelope		
Net Contribution from Preferred Accommodation Revenue (all beds)		
Municipal Contributions (average of past 5 years)		
Donations (average of past 5 years)		
Other Sources of Revenue (list)		
Note: Municipal Homes are exempt from completing the items below		
Total EBITDA (Earnings before interest, taxes, depreciation and amortization)		
Annual debt service on existing debt (principal and interest)		
Annual debt service on new debt (principal and interest)		
Total Annual Debt Service	\$0	\$0
Debt Service Coverage Ratio (DSCR)	0.0	0.0

Comments

Supporting Documents

If applicable, indicate how many attached documents you are including that support the information on this page.	
Provide the file names of the attached documents on the Baseline tab, Section 7	

SCHEDULE D1 - Project Schedule



Legal Name of Licensee / Operator	Name of LTC Home
0	0

Total Beds to Be Redeveloped in Project	0
Number of Eligible Beds to be Redeveloped	0

	Completion Date ¹ (dd-mmm-yyyy)
Activity Objective	
Acquisition of Site	
Zoning (if applicable)	
Severance (if applicable)	
Request for minister to approve site	
Preliminary Plans Submission	
Comment (optional)	
Submission of Operational Plan	
Working Drawings Submission	
Public Tender for General Contractor/Construction Manager	
Invitation to Tender	
Deadline for Bids	
Submission of Top Bids to Minister for Approval	
Construction	
Construction Start Date	
Construction Schedule ²	
Notify Ministry 30 Days prior to expected Total Completion	
Total Completion Date	

¹Project dates forward from the date of ministry approval of your site.

²The dates in the Construction Schedule to be agreed upon between the Applicant and the general contractor or construction manager will be automatically incorporated here by reference.

Supporting Documents	
Indicate how many attached documents you are including that supports the information on this page	
Provide the file names of the attached documents on the Baseline tab, Section 7	

Central East LHIN | RLISS du Centre-Est

Information About Home and Community Care

Long-Term Care Homes (LTCH)



Long-Term Care Home Quick Facts

68

Number of LTCH homes in the Central East area

9,529

Number of long-stay LTCH beds in the Central East area

10,225

Number of individuals waiting for a LTCH in the Central East area

351

Average number of individuals per month who move into a LTCH in Central East

29%

Percentage of individuals moving to their first choice home on initial bed

July 31, 2017

Making the decision to move to a long-term care home (LTCHs, also called nursing homes) is a life-changing decision for you and your family. It's important that you have all the information you need to choose a home that is right for you. There are many things to consider including the level of care you need, location, availability and cost. The Local Health Integration Networks (LHIN) in Ontario are mandated to facilitate admission into LTCHs. Our experienced Placement Coordinators will help you and your family through the process.

We can provide information and support that will allow you and your family to make decisions that best meet your needs. It is strongly recommended that you visit the homes you are interested in. Many homes offer virtual tours on their websites.

Each person who applies for long-term care may choose up to five (5) homes, in order of preference.

These decisions will help determine the amount of time a person waits for long-term care. For example:

- 77 per cent of individuals waiting for long-term care beds are waiting for lower-cost, basic accommodations that comprise a minimum of 40 per cent of long-term care beds in the system.
- Semi-private and private accommodations cost more but may have shorter waits.
- Ethnic or culturally designated homes often have longer wait times.

We hope this document provides information you find useful in making the decision. For further information, please contact 1-800-263-3877 for a Central East LHIN Home and Community Care branch near you.

Placement Categories For Individuals

It is the legislated responsibility of the Central East LHIN Home and Community Care placement coordinator to determine the appropriate category into which a person will be placed as set out in the *Long-Term Care Act, 2007*.

Category 1	Individuals who need immediate admission to long term care and cannot have their needs met at home. Individuals presently in a Long-Term Care Home that is closing within 12 weeks.
Category 2	Individuals who need to be reunited with a spouse/partner who is currently residing in a Long-Term Care Home, and who themselves meet eligibility requirements (including care needs.)
Category 3	Individuals waiting for a Long-Term Care Home serving those of a particular religion, ethnic origin or culture.
Category 4A	Individuals who have high care needs but can still can be supported at home until a bed becomes available. Individuals in hospital waiting for long term care. Individuals in long-term care waiting for transfer to another Long-Term Care Home
Category 4B	Individuals wishing to move to a Long-Term Care Home who have low care needs and are managing at home.
Veteran	Individuals who are veterans and are applying to be placed into a Long-Term Care Home that contains Veteran Priority Access Beds.

Please note: This information is intended to be a resource for families, **not** a definitive guide on choosing a home. Ultimately, choosing the home that is right for you requires careful consideration of many factors, including your health status, needs and personal preferences. Your Home and Community Care placement coordinator can help you determine which options may be best for you.

When reviewing the information below, please remember the following:

- As each individual may select up to 5 homes and up to 3 bed types in each home, an individual may appear on multiple waitlists.
- The number of days waiting is calculated in the 90th percentile; this means they reflect the overall experience of 9 out of 10 people. You may wait a longer or a shorter period of time, depending on your circumstances and the number of available beds.
- The numbers below fluctuate based on a variety of factors; your Home and Community Care placement coordinator can help you decide what options may best meet your individual circumstances.
- If a LTC home does not offer a specific bed type, the number will be designated as “N/A”.

LTCH Waitlist Statistics by LTCH

As of 31-Jul-2017

Long - Term Care Home	Licensed Long Stay Beds	Avg. beds available per month in last 12 months	Basic		Semi-Private		Private		Patients Waiting Total
			# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	
Durham Cluster									
Ballycliffe Lodge	100	4	72	784	27	234	23	NA**	106
Bay Ridges Long Term Care Centre	124	3	309	2227	N/A	N/A	203	807	461
Bon-Air Residence	53	2	30	203	8	127	9	68	39
Chartwell WynField Long Term Care Residence	172	4	637	1499	N/A	N/A	563	1612	1,061
Extendicare - Oshawa	157	5	117	676	34	281	30	NA**	157
Fairview Lodge	198	3	804	1901	472	1232	610	1392	1,405
Fosterbrooke Long Term Care Facility	87	3	68	281	33	317	21	241	103
Glen Hill Marnwood	60	1	50	232	22	181	15	331	76
Glen Hill Strathaven	184	4	83	227	25	202	21	NA**	110
Hillsdale Estates	300	6	930	1695	N/A	N/A	651	1794	1,414
Hillsdale Terraces	200	4	782	3018	413	1428	609	3017	1,371
Lakeview Manor	147	3	165	779	62	261	63	374	227
Orchard Villa - Pickering	233	7	90	431	52	148	54	571	154
Port Perry Place - Port Perry	107	3	87	954	49	369	95	963	188
Reachview Village - Uxbridge	100	3	54	202	18	429	24	NA**	83
Sunnycrest Nursing Home	136	3	90	363	42	220	33	NA**	136
The Village of Taunton Mills Long Term Care Home	120	3	667	2425	N/A	N/A	646	1959	1,176
Thornton View	154	3	227	1098	104	592	109	945	365
Winbourne Park Long Term Care Centre	109	3	420	1978	N/A	N/A	271	1007	619

* Wait times for ethnic/cultural/religious or linguistic specific homes may be impacted for some applicants. Please speak to your Care Coordinator for more information.

** No patients were placed in the past 24 months for use in the calculation.

LTCH Waitlist Statistics by LTCH

As of 31-Jul-2017

Long - Term Care Home	Licensed Long Stay Beds	Avg. beds available per month in last 12 months	Basic		Semi-Private		Private		Patients Waiting Total
			# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	
Northeast Cluster									
Burnbrae Gardens	43	2	11	124	7	55	11	847	21
Caressant Care Lindsay	124	4	51	465	19	127	19	102	75
Caressant Care Nursing Home - McLaughlin Road	96	2	130	492	N/A	N/A	42	162	157
Case Manor Care Community	96	2	62	329	N/A	N/A	41	293	91
Centennial Place Long Term Care Centre	128	3	257	1348	N/A	N/A	185	950	400
Extendicare - Cobourg	69	2	306	2116	N/A	N/A	119	1231	371
Extendicare - Haliburton	60	2	6	77	8	217	11	NA**	19
Extendicare - Kawartha Lakes	64	1	190	1429	N/A	N/A	77	889	247
Extendicare - Lakefield	98	3	300	2216	N/A	N/A	156	1376	423
Extendicare - Peterborough	159	5	168	1278	34	252	62	363	243
Extendicare - Port Hope	128	3	198	883	N/A	N/A	81	397	243
Fairhaven	252	7	435	2253	152	1131	191	1331	664
Fenelon Court Long Term Care Centre	67	2	72	1376	12	NA**	40	473	103
Frost Manor Long Term Care Facility	62	2	37	314	14	93	21	102	58
Golden Plough Lodge	151	4	118	416	61	196	48	349	168
Haliburton Highlands Health Services, Highland Wood	30	1	59	667	N/A	N/A	22	436	72
Hope Street Terrace - Port Hope	95	4	23	116	9	61	10	NA**	33
Hyland Crest Senior Citizen's Home	61	1	69	303	N/A	N/A	22	234	83
Pinecrest Nursing Home - Bobcaygeon	65	2	16	275	7	150	9	169	25
Pleasant Meadow Manor	61	2	28	622	12	257	20	610	50
Regency Manor Nursing Home	56	1	43	302	21	179	16	55	61
Riverview Manor	124	3	71	555	23	350	38	391	122
Springdale Country Manor	68	1	130	976	57	439	74	462	203
St. Joseph's at Fleming	200	3	299	2489	119	1372	158	1076	488
Streamway Villa	59	2	28	158	24	99	18	52	49
Victoria Manor Home For The Aged	164	6	143	NA**	22	271	30	176	170
Warkworth Place - Warkworth	60	1	42	423	17	196	21	NA**	62

* Wait times for ethnic/cultural/religious or linguistic specific homes may be impacted for some applicants. Please speak to your Care Coordinator for more information.

** No patients were placed in the past 24 months for use in the calculation.

LTCH Waitlist Statistics by LTCH

As of 31-Jul-2017

Long - Term Care Home	Licensed Long Stay Beds	Avg. beds available per month in last 12 months	Basic		Semi-Private		Private		Patients Waiting Total
			# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	# of Patients on Waitlist	90th Percentile Time (Days) to Placement	
Scarborough Cluster									
Altamont Care Community	157	6	61	233	8	50	11	NA**	72
Bendale Acres - Long Term Care Facility*	300	6	470	880	48	229	68	199	535
Craiglee Long Term Care Facility	169	4	41	125	2	126	6	133	47
Ehatare Long Term Care Facility*	32	1	21	812	17	2177	19	NA**	40
Extendicare - Rouge Valley	191	5	395	1257	N/A	N/A	104	373	475
Extendicare Guildwood	167	5	118	233	20	121	12	42	137
Extendicare Scarborough Long Term Care Facility	127	3	105	NA**	3	310	4	110	108
Fieldstone Commons Care Community	224	5	190	994	N/A	N/A	20	191	205
Hellenic Home for the Aged Scarborough*	127	2	202	1983	N/A	N/A	59	523	239
Ina Grafton Gage Home (Scarborough)	128	2	209	606	N/A	N/A	77	278	263
Midland Gardens Care Community	295	9	78	148	8	211	7	40	85
Mon Sheong Long Term Care Centre - Scarborough*	158	3	2,139	2382	N/A	N/A	614	3653	2,499
Revera Long Term Care Kennedy Lodge	263	5	137	386	12	104	13	NA**	156
Rockcliffe Care Community	202	6	87	140	5	248	1	36	88
Seven Oaks Homes for the Aged	230	5	299	1115	24	244	28	111	330
Shepherd Village Inc. - Shepherd Lodge Long Term Care Facility*	252	5	561	1307	N/A	N/A	299	1030	791
Tendercare Living Centre Scarborough	244	7	244	680	36	325	29	NA**	280
The Wexford Residence - Long Term Care Facility	166	3	147	449	22	135	21	187	172
Tony Stacey Centre for Veterans Care	96	3	51	NA**	6	193	N/A	N/A	54
Trilogy Long Term Care	195	6	328	1155	N/A	N/A	117	375	419
Yee Hong Centre - Scarborough Finch Centre*	249	4	1,890	3210	N/A	N/A	562	1776	2,236
Yee Hong Centre for Geriatric Care*	154	1	1,873	3305	N/A	N/A	511	2269	2,184

* Wait times for ethnic/cultural/religious or linguistic specific homes may be impacted for some applicants. Please speak to your Care Coordinator for more information.

** No patients were placed in the past 24 months for use in the calculation.

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report Number VMC2017-09

Date: September 18, 2017

Time: 9:30 a.m.

Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: **Utilization of Increased Case Mix Index Subsidy**

Author Name and Title: **Pamela Kulas, Administrator, Victoria Manor**

Recommendation(s):

Resolved That Report VMC2017-09, "Utilization of Increased Case Mix Index Subsidy", be received; and

That Committee of Management approves the expenditures listed in Table 1 of Report VMC2017-09 to purchase supplies and equipment to improve efficiencies and support quality care.

DIRECTOR

OTHER

Background:

On an annual basis the acuity of the resident population in each long term care home in Ontario is assessed for annual funding to the Nursing and Personal Care funding envelope. This envelope varies year to year dependent on the outcome of the Case Mix Index (CMI). This index is a measure assigned based on the overall acuity of resident need in the province.

The 2017 operating budget was developed based on the CMI of 0.98. The following resolution was passed by Committee of Management on February 27, 2017:

RESOLVED THAT Report VMC2017-04, “*Annual Case Mix Index Results 2016-17*”, be received;

THAT Committee of Management approve the recommendation to maintain the current 2017 Victoria Manor Operating Budget as approved by Council; and

THAT staff provide an updated financial forecast when the annual acuity increase is announced by the Ministry of Health and Long Term Care and include a plan of action to ensure financial results as planned.

VMC2017-04

Rationale:

As a result of the 2.7% increase in the Case Mix Index for April 1, 2017 – March 31, 2018 to 0.9915, an additional \$108,000 in subsidy was received under the Nursing and Personal Care Envelope. It is recommended that this increased subsidy be allocated for the purchase of minor capital items as described in Table 1 below. The purchase of these items will further enhance operating efficiencies and quality of care.

Table 1: Recommended 2017 Equipment

Requested Purchase	Amount	Rationale
Tollos tub chair lifts	35,000	Replace lifts that are beyond life expectancy
Lift slings	28,000	Replace slings that have reached life expectancy
Fall alarms	21,000	Alarms will be programmed to work with new portable telephones used by care team with the goal to reduce falls
Care Carts	14,000	Replace old carts that no longer carry

		needed care supplies
Dining Buddies	6,000	Replace old stools used in dining rooms while improving ergonomics
I-pads	4,000	Provide care team with improved ability to document more efficiently
Total	108,000	

The 2018 capital budget recommendations have been developed based on the approval of these purchased. If the allocation of the increased subsidy to these items is not approved, the 2018 capital budget will need to be revised to defer other items until those listed in Table 1 are replaced.

Financial Considerations:

Based on current estimates, the projected year end budget is projected to result in a positive variance of approximately \$200,000, including the allocation of the purchasing in Table 1.

Other Alternatives Considered

The additional funds could be incorporated in the year-end to City surplus, with the intent of having them allocated to the Victoria Manor Capital Reserve or allocated otherwise at Council's discretion.

Consultations:

Victoria Manor Leadership Team
Sienna Senior Living – Operations and Finance

Attachments:

None

Department Head E-Mail: rsutherland@kawarthalakes.ca

Department Head: Rod Sutherland

The Corporation of the City of Kawartha Lakes

Victoria Manor Committee of Management

Report Number VMC2017-10

Date: September 18, 2017

Time: 9:30 a.m.

Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: **Victoria Manor 2018 Capital Budget**

Author Name and Title: **Rod Sutherland, Director of Human Services**

Recommendation(s):

Resolved That Report VMC2017-10, "Victoria Manor 2018 Capital Budget", be received; and

That the Committee of Management recommends to City Council the approval of the Victoria Manor 2018 Capital Budget, included as Attachment A to Report VMC2017-10, "Victoria Manor 2018 Capital Budget", in the amount of \$151,476.

DIRECTOR

OTHER

Background

In the development and approval of the annual budget, the Terms of Reference of the Victoria Manor Committee of Management describe the Committee's role as follows:

Advice to Council

The Committee may make recommendations to Council on the following matters, for which Council retains the decision-making role:

1. the annual capital and operating budget;

Council will consider and approve Victoria Manor capital projects in the same fashion as all other corporate capital requests.

Rationale

In recent years, the Capital Budget for Victoria Manor has largely been based on the home's funding from the Structural Compliance per diem. Structural compliance per diems are paid to Long Term Care homes based on their structural classification (A, B, C or D) to support physical plant expenses. As a "B" class home, Victoria Manor receives a per diem of \$2.50 per bed, or \$151,476 per year.

The recommended 2018 capital projects, totaling \$151,476, are shown in Attachment A.

While the potential for redevelopment may impact some future projects, the timing of a redevelopment decision and the immediate health and safety needs of residents and the home will be primary factors. It is not expected that Redevelopment, once approved, would be completed prior to 2022 or 2023.

Financial Considerations

From a financial standpoint, the proposed budget does not require any municipal tax support. The recommended projects for 2018 will be fully funded by the Ministry's Structural Compliance subsidy.

Consultations

Pamela Kulas, Administrator
Victoria Manor leadership team
Sienna Senior Living staff
Carolyn Daynes, City Treasurer

Attachments

Attachment A: 2018 Capital Budget

Department Head E-Mail: rsutherland@kawarthalakes.ca

Department Head: Rod Sutherland

Attachment A: 2018 Capital Budget

Project Description	Justification	Cost	Rationale
Circulation Piping Repairs	Repairs, environment	33,000	Plumbing project required to replace existing units due to the age of the existing piping. The goal is to reduce ongoing plumbing charges
Kitchen Steamer / Soup Kettle Replacement	Repairs, replacement	20,000	Improve efficiencies and workflow within the cooking area. This new equipment will ensure that if a piece of equipment stops working the other piece of equipment may be used on its own.
Resident Room Furniture	Replacement, environment	22,000	As per annual furniture replacement plan, old and worn out existing room furniture continues to be replaced. This is year 4 of an 8 year plan
MacMillan Common Area Furniture	Replacement, environment	18,476	As per annual common area furniture replacement plan, old and worn out existing common area furniture continues to be replaced. This is year 4 of a 4 year plan.
Hi Low Electric Beds	Replacement, resident safety	12,000	Beds are equipped with special features to improve staff ergonomics. Beds are equipped with night lights to reduce the risk of resident falls.
2 ND Served Renovations	Repairs, replacement	40,000	Improvements to work flow including the replacement of existing old, worn out flooring, wooden work surfaces, additional welled steam table.
Blixer	Replacement	6,000	The food processing equipment is at end of life. There is no back up in place if the existing critical piece of equipment breaks.
		151,476	

The Corporation of the City of Kawartha Lakes
Victoria Manor Committee of Management

Report Number VMC2017-11

Date: September 18, 2017

Time: 9:30 a.m.

Place: Victoria Manor Boardroom, 220 Angeline St. S., Lindsay

Subject: **Victoria Manor 2018 Operating Budget**

Author Name and Title: **Rod Sutherland, Director of Human Services**

Recommendation(s):

Resolved That Report VMC2017-11, "Victoria Manor 2018 Operating Budget", be received; and

That the Committee of Management recommends to City Council the approval of the 2018 Victoria Manor Operating Budget, included as Attachment A to Report VMC2017-11, Victoria Manor Operating Budget 2018.

DIRECTOR

OTHER

Background

In the development and approval of the annual operating budget, the Terms of Reference of the Victoria Manor Committee of Management describe the Committee's role as follows:

Advice to Council

The Committee may make recommendations to Council on the following matters, for which Council retains the decision-making role:

- 1. the annual capital and operating budget;*

The following resolution was passed by City Council on August 11, 2015:

Resolved That Report VM2015-004, "Victoria Manor Funding from Working Capital Reserve", be received;

That the requirement for repayment to the Working Capital Reserve from the Victoria Manor operating budget be extended to December 31, 2020;

That the 2014 surplus in the Victoria Manor Operating accounts of \$84,268 be transferred from the Contingency Reserve (1-2-9997-2329) to the Working Capital Reserve (1-2-9997-2900) to pay back a portion of the amount owing; and

That Victoria Manor's annual operating budgets for 2016 to 2020 inclusive include an additional annual tax support requirement of approximately \$169,655 to be paid to the City's Working Capital Reserve.

CR2015-875

Rationale

The recommended 2018 operating budget includes a net municipal contribution of \$856,852 as described in Attachment A. This is a reduction of \$125,296 from the 2017 operating budget.

As shown in the proposed budget, the primary increases in revenues are in the Nursing and Personal Care and Program areas. Due to the base increases in Ministry of Health and Long Term Care (MOHLTC) funding envelopes (2.8% in Nursing and Programs 2.9%; 6.5% in Food), the variance from the 2017 to 2018 budgets are reduced. Budgeted revenues are based on the expected Case Mix Index (CMI) for the home. Actual revenues will vary with a lower or higher CMI and/or the provincial indexing of the global MOHLTC funding allocation.

From the perspective of resident care and services, staff are recommending the base budget level as listed in Attachment A. The recommended budget includes increases in Nursing and Personal Care that will provide the ability to increase the number of nursing care hours to reduce the significant turnover of short shifts. This will reinstate

nursing care hours that were reduced in 2014 as a result of reduced provincial funding.

The payment of \$151,476 is the amount of the Structural Compliance per diem subsidy that is transferred to the Capital Reserve to offset the Victoria Manor Capital Budget.

Included in the base budget figure is the repayment of \$169,655 to reimburse the City's Working Capital Reserve (WCR) as per Council Resolution CR2015-875. This amount is shown as a separate line in the budget in order to highlight that it is not related to current operating requirements.

Financial Considerations

The recommended 2018 Operating Budget as attached (Attachment A) includes a net municipal tax support contribution of \$856,852, a reduction of \$125,296 from the 2017 budget.

Other Alternatives Considered

To attain a budget with zero municipal tax support (exclusive of repayment to Working Capital Reserve), staffing reductions of 4 full time and 3 part time positions would be required to personal nursing care and services. This is not recommended by staff based on maintaining or improving current service standards of care.

The option of maintaining the 2017 net tax support level could be considered, resulting in no net variance for 2018. This would represent an increase of \$125,296 to the budget listed in Attachment A. Due to the fluctuations in provincial subsidies under the CMI model, with the impacts of reductions coming in future years, this approach was not recommended. If considered, the additional budget allocation would be recommended at support to nursing equipment and operating costs.

Consultations

Pamela Kulas, Administrator
Sanja Freeborn, Sienna Senior Living

Attachments

Attachment A: Victoria Manor 2018 Operating Budget

Department Head E-Mail: rsutherland@kawarthalakes.ca

Department Head: Rod Sutherland

Attachment A: Recommended 2018 Operating Budget

	<u>Actual 2016</u>	<u>Budget 2017</u>	<u>2018</u>			<u>Variance Explanation</u>
2018 CMI: 0.9915			<u>Budget</u>	<u>Variance (\$)</u>	<u>Variance (%)</u>	
Nursing						
Revenue	6,288,176	6,312,458	6,616,634	304,176	4.8%	<ul style="list-style-type: none">• 2% increase on base Nursing envelope• Higher CMI in 2018 than 2017• Higher BSO funding budgeted in 2018
Expenses	(6,754,947)	(6,959,479)	(7,190,157)	(230,678)	3.3%	<ul style="list-style-type: none">• increased nursing hours per pay by 116;• plus budget 0.75% provision for potential CMI reduction
Net Nursing	(466,771)	(647,022)	(573,523)	73,499	-11.4%	
Programs						
Revenue	703,772	712,847	733,265	20,418	2.9%	<ul style="list-style-type: none">• 2% increase on base Programs envelope, as well as increase on Physio funding
Expenses	(659,333)	(675,242)	(674,688)	554	-0.1%	<ul style="list-style-type: none">• Physio expenses are included, offsetting by revenue
Net Programs	44,439	37,605	58,577	20,972	55.8%	
Food						
Revenue	504,325	515,802	549,159	33,357	6.5%	<ul style="list-style-type: none">• 6% increase on base Food envelope
Expenses	(509,757)	(515,802)	(549,159)	(33,357)	6.5%	<ul style="list-style-type: none">• budgeted expense to match the revenue
Net Food	(5,433)	0	0	0	0.0%	
Other Accommodation (OA)						
Revenue	3,811,778	3,771,492	3,921,120	149,628	4.0%	<ul style="list-style-type: none">• 2% increase on base OA envelope, plus \$28K vendors rebate budgeted based on last 12 month actual
Expenses: Dietary	(1,071,198)	(1,059,329)	(1,083,480)	(24,151)	2.3%	<ul style="list-style-type: none">• includes 2 LTD return to work 8 week program• higher budget in Linen (\$3K), cutlery (\$4K) and equipment (\$3K)
Expenses: Housekeeping	(492,099)	(452,705)	(488,186)	(35,481)	7.8%	<ul style="list-style-type: none">• higher budget in WSIB expenses (3.08%), Chemical Supplies (\$3K), Supplies (\$5K) and equipment (\$8K)
Expenses: Laundry	(194,796)	(190,369)	(210,161)	(19,792)	10.4%	<ul style="list-style-type: none">• higher budget in Linen (\$6K) and Equipment (\$6K)
Expenses: Maintenance	(458,295)	(461,660)	(529,148)	(67,489)	14.6%	<ul style="list-style-type: none">• 1.5% CUPE projected wage increase• higher budget in Alarm (\$5K), Building Repairs (\$14K), Generator (\$9K), HVAC (\$14K) and Plumbing (\$36K), offset by lower budget in maintenance contract (\$13K) and landscaping (\$4K)
Expenses: Administration	(468,136)	(545,834)	(506,226)	39,608	-7.3%	<ul style="list-style-type: none">• lower budget on Agency (\$37K)
Expenses: Facility	(1,006,021)	(1,113,197)	(1,124,694)	(11,497)	1.0%	<ul style="list-style-type: none">• projected 4.5% increase per En Pro, results in higher budget over Gas (\$3K)• Projected 8% provincial rebate per En Pro, results in lower budget on Hydro (\$26K)• projected 3.35% decrease per En Pro, results in lower budget on Water (\$4K)
Net OA	121,233	(51,600)	(20,775)	30,825	-59.7%	
Cumulative Net	(306,531)	(661,017)	(535,721)	125,296	-19.0%	
Overhead						
Structural Compliance Funding	(151,476)	(151,476)	(151,476)	0	0.0%	
Repayment of W/C Reserve	(169,655)	(169,655)	(169,655)	0	0.0%	
Total Net Surplus (Loss)	(627,662)	(982,148)	(856,852)	125,296	-12.8%	