

2019 SHORT-STAY RESPITE CARE BED APPLICATION AND SURVEY FORM

To: Central East LHIN

Attention: Melissa.Smith@lhins.on.ca

Due by : Dec. 7, 2018

Note: This survey is the formal application process for 2019 Short-Stay Respite Care Beds. LTC Homes wishing to operate/continue operating their existing Short-Stay Respite Care Beds must formally apply/reapply each year.

Name of the LTC Home: Victoria Manor Home for the Aged

1a. Were you approved for short-stay respite care beds in 2018? Yes x No ☐

1b. If yes, how many respite beds were approved in 2018? 2

1c. If yes, how many actual resident days did you have for these beds for the following 12-month period (broken down by quarter):

Q4 – 2017	October 1 to December 31, 2017:	<u>60</u>
Q1 – 2018	January 1 to March 31, 2018:	<u>109</u>
Q2 – 2018	April 1 to June 30, 2018:	<u>92</u>
Q3 – 2018	July 1 to Sept 30, 2018:	<u>88</u>

1d. If yes, how many admissions (each time an individual is admitted to the home for respite care it counts as a single admission) did you have during the following 12-month period (broken down by quarter):

Q4 – 2017	October 1 to December 31, 2017:	<u>14</u>
Q1 – 2018	January 1 to March 31, 2018:	<u>15</u>
Q2 – 2018	April 1 to June 30, 2018:	<u>17</u>
Q3 – 2018	July 1 to Sept 30, 2018:	<u>18</u>

1e. If yes, in 2018 how many admissions stayed for the following days:

1 - 2 days	<u>27</u>
3 - 7 days	<u>16</u>
8 - 21 days	<u>12</u>
22 – 31 days	<u>0</u>
32+ days	<u>0</u>

- 1f. If you were below the 50% occupancy rate on assigned short-stay respite care beds during the period January 1, 2018 to September 30, 2018, please briefly explain why:

2. Do you wish to operate short-stay respite care beds in 2019? Yes x No ☐

3. How many short-stay respite care beds do you wish to operate in 2019? 2

- 4a. Is this number of beds an increase from your 2018 approval? Yes x No ☐

- 4b. If yes, what are your reasons for requesting an increase?

5. Would you be able to implement these beds by January 1, 2019? If not, please explain:

6. Any comment you have on the Short-Stay Bed Respite Care Program is appreciated.

Families are very appreciative of this service. Thank you

Administrator Name: Pamela Kulas

Signature: 

Date: December 4, 2018

Board Chair/ President/ Owner Name: Doug Elmslie, Board Chair

Signature: D. J. F. Elmslie

Date: December 6, 2018

(Two signatures are necessary)