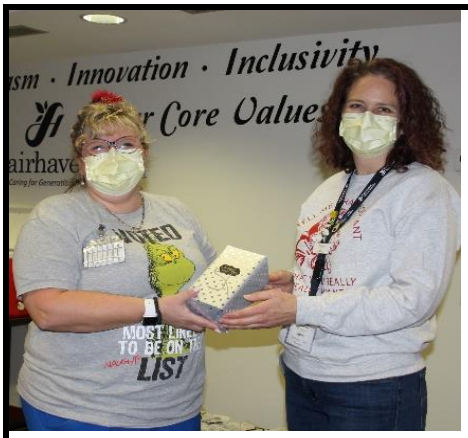
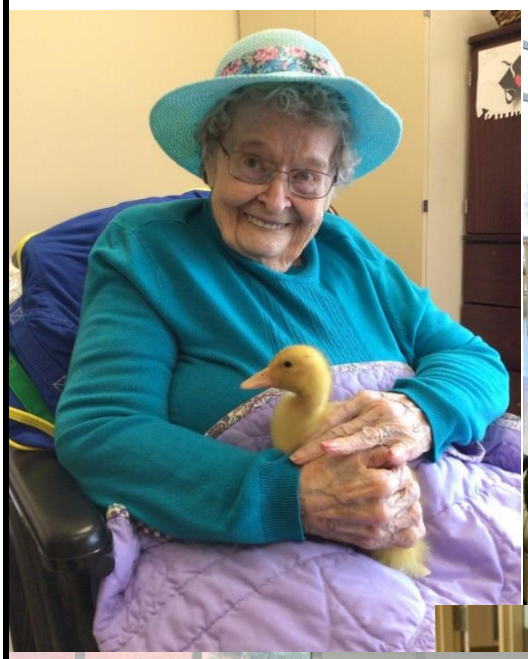
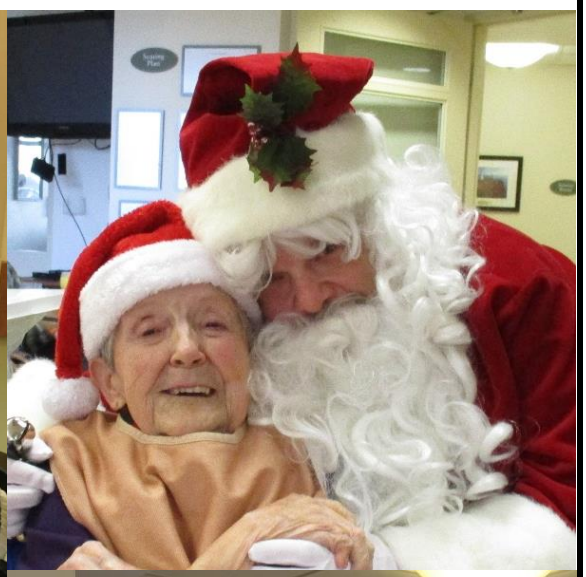


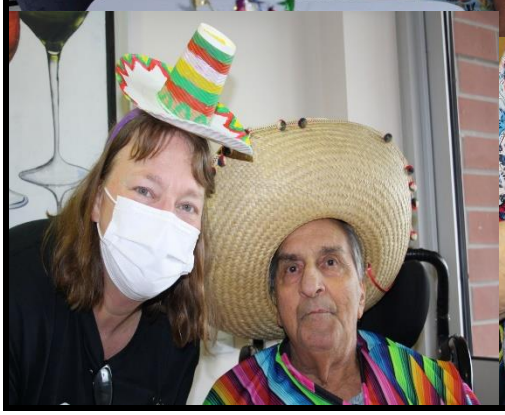
Fairhaven

Caring for Generations

2021 ANNUAL REPORT







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EXECUTIVE DIRECTOR SUMMARY

Since our last Annual Report was drafted, the Omicron variant has been a significant challenge that residents and their families, and the staff who work each day in residents' homes, have faced while still firmly in the COVID-19 pandemic. The virus continues to have a profound impact on the lives of residents as we collectively minimize the risk of serious illness.

On December 28, 2021, based on public health advice, the Ministry introduced additional temporary enhanced measures for homes, specifically pausing general visitors and social day absences (initial measures were put in place earlier in December including keeping the number of caregivers visiting a resident, at one time, to a maximum of two). This was not an easy decision and it was noted that the Ministry anticipated that these additional measures would be required for at least 6 to 8 weeks. The Ministry eventually worked with the Office of the Chief Medical Officer of Health (OCMOH) to plan for the gradual easing of temporary enhanced measures, that had been in place, to reduce the risk of COVID-19 transmission and serious illness in long-term care homes. This plan was in the context of the broader reopening Ontario approach that was announced by the province in January, and is also contingent on the absence of concerning trends in public health and health care indicators. These changes were aimed at balancing the risk of COVID-19 infection and transmission with overall resident health and wellbeing. This has been the main challenge that we have all faced over the past two years; ensuring a quality of life for Residents while protecting those lives. At times the information flow has been intense and changes have needed to be implemented rapidly. I am proud of the continued commitment of our staff and our family members to reducing COVID-19-related risks within long-term care homes while balancing overall resident health and wellbeing.

Respectfully,

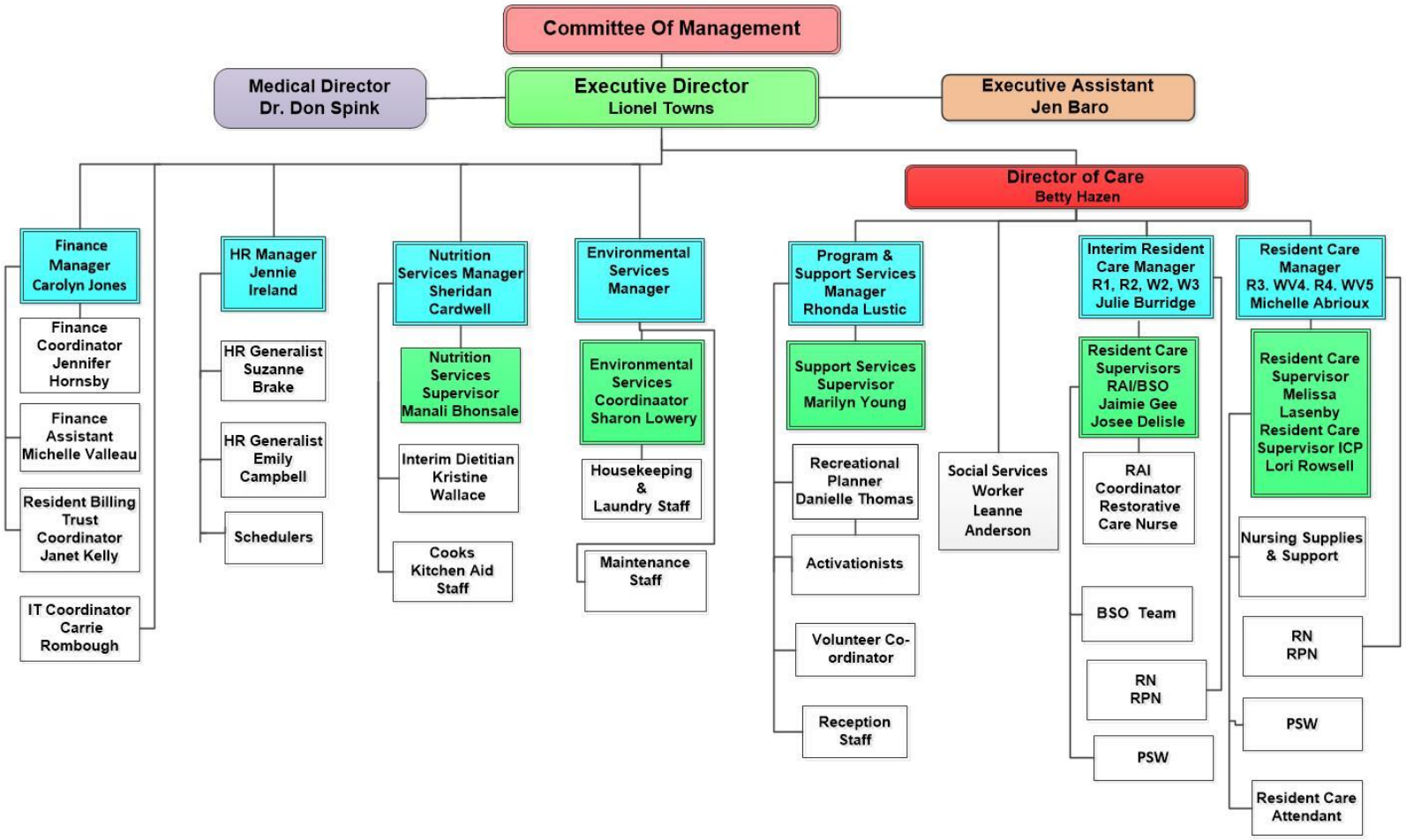
Lionel Towns, CPA, CMA
Executive Director

Family Council

After an initial zoom meeting in January 2021, due to unforeseen circumstances related to Covid, Family Council took a hiatus for the remainder of the year. Starting January 2022, under the assistance of Leanne Anderson, Fairhaven's Social Services Worker, Family Council has reconvened. Fairhaven appreciates the support & resources that Family Council provides and wants to encourage its involvement for years to come.

Peterborough Lions Club donating snacks to Fairhaven staff

Organization Chart 2021



Revised December 2021

Annual Report from Medical Director

I am pleased to present the Medical Director's report for 2021.

This was the second year with COVID and again it dominated the Long-Term Care scene across the country.

Our focus remained on patient and staff safety, with screening, proper PPE, hygiene and a massive effort to vaccinate residents and staff, which was done amazingly well by Lori Rowsell and her team.

On the medical side of things, unfortunately we lost Dr. Grieve when he moved out of the area. He was replaced by Dr. Shahbaz, who is learning the ropes. We still have Dr. Miller, Dr. Shannon and myself providing all of the care for our residents. NP Stat continues to assist when we are not available.

The Professional Advisory Committee met more regularly this year and reviewed several new policies as well as reviewing and approving older policies. As a committee we reviewed incident reports, wounds, infections, medication usage as well as medication errors and the usage of narcotics, benzodiazepines and antipsychotics. Our numbers overall are good for medication usage, however, narcotics, benzo's and antipsychotics are a bit higher than I would like.

Achieva continues to provide physiotherapy and is really focused on falls prevention. Fracture risk shoring is calculated on admission by BSO to better identify and treat osteoporosis.

Kristine Wallace is our new dietician and is making a positive impact on our residents.

BSO remains very active and an essential part of the home. Our pharmacy has remained the same, although they have changed their name to CareRx.

Betty Hazen has been very progressive in using funding from the Fairhaven Foundation to provide crash carts, ECG machines, and CADD pumps to deliver IV therapy in our residents to avoid hospitalization.

I attended the annual Medical Directors of Long-Term Care conference, which provided some excellent education. This year we did not have as many staff education programs initiated by myself due to COVID.

Plans for 2022 include re-activating the palliative and pain committee, medical education on palliative care, osteoporosis updating and hopefully diabetes and the use of insulin.

Let's hope 2022 sees the end of COVID and the return to normalcy.

Respectfully Submitted,

D.R. Spink, MD, CCFP
DRS:kh

I. INTRODUCTION

GOVERNANCE – COMMITTEE OF MANAGEMENT (BOARD OF DIRECTORS) - 2021

Chair	Keith Riel	City Councillor
Vice-Chair	Doug Pearcy	Community Representative
Member	Stephen Wright	City Councillor
Member	Sherry Senis	County Councillor
Member	Karl Moher	County Councillor
Member	Tia Nguyen	Community Representative
Member	Claude Dufresne	Community Representative
Ex-Officio	Lionel Towns	Executive Director
Assistant	Jen Baro	Executive Assistant
Invited Guests		
	Betty Hazen	Director of Care

SENIOR MANAGEMENT TEAM:

Lionel Towns, Executive Director
Betty Hazen, Director of Care
Jen Baro, Executive Assistant

MANAGEMENT TEAM:

Jennie Ireland, Human Resources Manager
Julie Burridge, Resident Care Manager
Michelle Abrioux, Resident Care Manager
Rhonda Lustic, Programs & Support Services Manager
Carolyn Jones, Finance Manager
Sheridan Cardwell, Nutrition Services Manager
Lori Rowsell, Resident Care Supervisor
Jaime Gee, Resident Care Supervisor
Josee Delisle, Resident Care Supervisor
Melissa Lasenby, Resident Care Supervisor
Sharon Lowery, Environmental Services Co-ordinator
Marilyn Young, Support Services Supervisor
Nicole Ward, Clinical Educator-Mental Health and Addictions Resource

LEADERSHIP TEAM:

Includes the above management team plus registered staff, Dietitian, Information Technology Coordinator, Human Resource Generalists, Finance Co-ordinator, Finance Assistant, Volunteer Resources Co-ordintaor, and Social Services Worker.

DEPARTMENTAL COMMITTEES:

- Committee of Management
- Falls Prevention
- Foundation Board of Directors
- Senior Management
- Ethics
- Continence Care
- Restraint and Bed Safety Committee
- Palliative Care
- Best Practice Teams
- Quality
- Communication
- Family Council
- Resident Council
- Nutrition Services Food
- Emergency Planning
- Accreditation Team
- Infection Prevention and Control
- Pain
- Sling
- Resident Quality and Safety
- Professional Advisory Committee
- Joint Occupational Health & Safety

FAIRHAVEN FOUNDATION BOARD OF DIRECTORS – 2021

Chair	Phil Aldrich	
Vice-Chair	Chris White	
Member	Keith Riel	Liaison - COM
Ex-Officio	Lionel Towns	Executive Director
Assistant	Jen Baro	Executive Assistant/Secretary
Invited Guest	Carolyn Jones	Finance Manager

RESIDENT PROFILE

The profile of Fairhaven's residents changed drastically in 2021. The hospital admissions created a much more diverse population with our youngest resident turning 30 in October and the oldest in 2021 passing away at 106. The year saw more residents in the lower age ranges, more dialysis patients, more tube feeds, and more complex dressings at one time than ever before. We had residents come with nothing but the clothes on their back or no shoes on their feet. Some had large families while other came with little or no outside support. The wonderful people of Fairhaven quickly became their families and sources of support.

The information below provides the age demographic of our Residents as of December 31, 2021 (15 vacancies):

Age Groups	Number of Residents
0- 50	5
51 – 60	8
61 – 70	24
71 – 80	60
81 – 90	79
91 – 100	64
100+	1

Primary Diagnoses

Our primary diagnoses are:

- unspecified dementias and Alzheimer's
- cardio vascular disease
- diabetes
- anxiety
- depression
- arthritis
- stroke

Language Spoken

Our Residents are primarily English speaking with the following additional languages:

- Italian
- Dutch
- French
- Hungarian
- German
- Spanish
- Ukranian

OCCUPANCY RATES

Fairhaven started 2021 with 197 residents, and 59 vacancies; the most ever at one time in our Home. In April 2021, the MOH reinstated the full occupancy requirement for Long Term Care homes in Ontario. They ordered that, by August 31, 2021, Fairhaven had to be at 97% occupancy or have at least 240 residents (adjusted level due to reserved beds for isolation). After 100 admissions in six months, this goal was achieved, and full occupancy was maintained until December 2021 when Fairhaven found itself once again in outbreak and admissions had to cease.

Admissions and Discharges

In 2021 Fairhaven had 121 permanent admissions, 75 deaths, and 2 transfers. Like everything else in the last two years, admissions too were affected by the pandemic. To keep hospitals clear for covid patients, all admissions to Long Term Care in the province (when possible), were to be from their ALC units. Of the 121 admissions, 95 came from a hospital setting in Ontario. All resident admissions in 2021 held a crisis priority, creating a very challenging population for Fairhaven.

FINANCIAL MANAGEMENT

Provincial and Municipal Funding

The Long Term Care (LTC) sector is highly regulated and mandates the provision of high levels of care and service provision from a number of different Departments. Fairhaven is appreciative of the County and City's acknowledgement of the need for operating and capital budget support. Operating funding from our municipal partners totaled $2,325,000 in 2021 (County - $ 775,000, City - $ 1,550,000) and capital budget support was $356,166 (County - $121,877 City - $234,289).

Fairhaven takes its obligation to minimize funding requests of the City of Peterborough, and County of Peterborough, seriously. The Executive Director participated in Ministry of Long Term Care committees, as well as Advantage Ontario Working Groups, in a continued and concerted effort to lobby for equitable funding models and positive change for our health care sector:

- AdvantAge Ontario Benchmarking Committee
- Advantage Ontario Municipal Advisory Committee
- MOLTC Financial Working Group

Municipal Governments' Cost Pressures and Their Role in Long Term Care

Municipal governments are not reluctant to spend money and contribute to services for their Residents that require long term care. However, Municipalities do have doubts regarding their ability to continue to afford the current, and expected future, level of financial support for their long term care beds in light of escalating costs, limited funding capacity, low real growth in their tax bases (ie. non-reassessment growth) and a number of changes that have occurred to their direct, or indirect, funding streams. There is a growing concern regarding municipal governments being "required" to pay for long term care beds and related services for seniors. It has been argued by the Association of Municipalities of Ontario (AMO), that it was never the intention that municipal governments would be required to help fund health costs, including expenses related to long term care. The lines of "who does what and who pays for what" continue to blur. At the same time this is happening, municipal governments struggle to find, and fund, their appropriate place in the provision of this important service.

What is CMI?

CMI (Case Mix Index) is a numerical measure of the level of needs/interventions (or "acuity") of Homes' Residents. For every day a Resident is at our Home, we submit a numerical value for their care needs according to a system called "Resident Assessment Index/Minimum Data Set" or RAI/MDS. The data that is submitted to the Canadian Institute for Health Information (CIHI) is entered into a complex formula to arrive at our "raw" CMI. Our Nursing and Personal Care per diem funding is then multiplied by our CMI factor to determine final "adjusted funding" for Nursing. CMI is adjusted downward through a "Re-indexing Factor" so that the Province does not pay out more money in total to Homes' year over year ("revenue neutrality"). Our final CMI Is also decreased if the percentage of our Resident days classified as "Special Rehab" is greater than 5%.

Case Mixed Index (CMI) Levels

For the 2021/22 Ministry fiscal year, Nursing and Personal Care (NPC) per diems were funded through a (CMI) of 104.5, an increase from the previous year's 99.83 factor. While CMI data is meant to be a reflection of Homes' current care needs, the information that was utilized by the MOLTC to calculate funding for the 2021/2022 period was taken from the period of April 2019 to March 2020. By the time we receive our CMI announcement, input data is, for the most part, over two years old. We continue to face an increasingly more complex and challenging Resident care mix and hope that our CMI remains at it's current level to support these individuals.

What are “Per Diems?”

Per Diems (PD) are amounts that Fairhaven receives per bed, per day in four separate funding envelopes, including Nursing and Personal Care, Programs and Support Services, Raw Food, and Other Accommodations. For example, using the data from the chart below, as of April 2021, we received $785,971 monthly to provide nursing and personal care for our Residents ($102.34 times 256 Residents times 30 days in April).

Envelope	LOC Per Diem	Supplementary Per Diem	Total
Nursing and Personal Care (NPC)[1]	$100.26	$2.08	$102.34
Program and Support Services (PSS)	$12.06	-	$12.06
Raw Food (RF)	$9.54	-	$9.54
Other Accommodations (OA)	$56.16	$0.36	$56.52
Total	**$178.02**	**$2.44**	**$180.46**

Many other acronyms and terms are outlined in Appendix A to this Annual Report.

COVID Funding

The provincial government has provided an immense amount of COVID funding since the beginning of the pandemic, and has also co-ordinated an “emergency operations centre” for homes that did not have adequate supplies of personal protective equipment (PPE) due to supply chain issues. Below is a brief summary of the many different COVID funding streams and the amount of money received by Fairhaven in 2021:

- Infection Prevention and Control (Monthly) $1,515,120
- Special Infection Prevention and Control (Yearly) 115,024
- Dedicated Infection Prevention and Control Personnel (Yearly) 97,753
- COVID-19 Testing Adherence Program (One-Time) 108,000
- PSW, RPN, RN and Allied Professional Staffing Support (2 months) 364,764

  (started in Nov of 2021 and flows monthly as permanent funding)
- Professional Growth Funding (2 months; started in Nov of 2021) 13,732
- Support for Lost Basic Room Revenue and Preferred Room Fees 369,337

Total of COVID Related Funding (Jan to Dec 2021) $2,583,730

Ministry and Industry Association Reporting

Mandatory and non-mandatory financial and statistical reporting submission requirements continue to grow in the long term care sector. Accountability to Residents, families and the public is vitally important to demonstrate efficiency and effectiveness, but this obligation is accompanied by ever-growing submission responsibilities, including the following:

- Staffing Reports
- Stats Canada Reports
- Annual Reconciliation Reports
- Management Information System semi-annual submissions which include financial and statistical information
- Revenue Occupancy Reports
- Capital and Repair Expenditures Report
- AdvantAge Ontario Benchmarking Surveys
- Several reports required for special on-time funding an initiatives, including Education Funding and BSO Backfill reports; and
- Municipal Property Assessment Corporation (MPAC) questionnaires.

RESIDENT CARE

Fairhaven's multidisciplinary care team is comprised of Personal Support Workers (PSW), Registered Practical Nurses (RPN), and Registered Nurses (RN). The Nursing Leadership Team consists of two Resident Care Managers, three Resident Care Supervisors, an Infection Prevention and Control Practitioner, Mental Health and Addictions Resource, and the Director of Care.

A Plan of Care is developed for every person admitted to the home, is amended for any change in health status or care needs, and is reviewed quarterly by the Registered Nurse to ensure that interventions are current and effective. Every Resident, their family and the multidisciplinary team have the opportunity to contribute to the creation of the Plan of Care. All clinical staff have access to all relevant information regarding individualized plans of care which assists each staff member in providing for the needs and wants of each Resident.

During this past year of COVID-19 isolation, our clinical staff were called upon to maintain care standards, including infection control measures, beyond normal expectations. The entire team met these challenges with strength and continued to provide optimal care. Compassion and empathy drove Fairhaven staff to find the extra time to alleviate some of the discomfort and loneliness of our Residents who were unable to have visitors or outings for a very long time. Temporary enhanced front-line staffing measures were put in place to alleviate the pressure of increased demands on time due to isolations.

We continue to advance clinical skills and techniques with the help of the Clinical Educator, always endeavoring to provide the best care for each Resident in the Home. Education opportunities were challenging in 2021 and usually held completely virtually. The Clinical Educator develops robust group education and inservice opportunities provided to each clinical team member.

Fairhaven's nursing department continues to support Fleming College and Trent University students through a clinical placements and mentorship.

Education and information sharing are key components to maintain the effectiveness of the Nursing Division. The following is a non-inclusive list of education and supports that we offered in 2019 and hope to resume in the near future:

- Webinars - many topics addressing wound care, pain, dementia, delirium, consent and capacity, Resident rights, etc.
- Wound care - Fairhaven benefits from having an in-house trained and certified wound care practitioner; we hope to provide this education for more registered staff in 2021-2022.
- Infection Control Professional (ICP) – Fairhaven has a fully trained primary ICP and a backup who is also certified. Many courses are available online to assist the general class clinical staff in the home to increase their knowledge on practice standards for Infection Prevention and Control.

- Leadership Training is provided by the Registered Nurses Association of Ontario to Fairhaven's nursing leadership team to assist in maintaining effective leadership roles and provide succession planning opportunities. Ongoing leadership training is essential and we hope to continue in early 2022.
- Dr. Don Spink, our Medical Director, provided support and in-services to staff on relevant topics (ex: COVID-19 awareness and vaccination) via recorded sessions that are available to staff. A Covid order set was created by Dr. Spink to streamline treatments for symptomatic Covid positive Residents.
- Fairhaven hosts the Community of Practice meetings for all of the local LTC Homes to share insights, strategies and education among the nursing leadership groups in our area. These were not permissible during 2021 and will be restarted as soon as possible due to the importance of sharing COVID-19 resources and lessons learned during this pandemic.

Fairhaven seeks out and takes full advantage of information sharing and educational opportunities from many sources. We continue to benefit from connections and relations with the following groups:

- Registered Nurses Association of Ontario (RNAO) - Leadership training, Best Practice Guidelines
- The Bruyere Institute – leadership training
- VitalAire - chest assessments for clinical staff
- Age-Friendly Peterborough
- Think Research
- Centres for Learning, Research and Innovation (CLRI) - Certificate of Cultural Safety
- Baycrest - PICC line care for Registered Staff
- Dying with Dignity - current issues regarding the challenges of Medical Assistance in Dying (MAID)
- International Federation on Aging - Addressing the Human Rights of the Elderly, currently petitioning the United Nations for the creation of a Convention identifying the Elderly as a distinct group
- LHIN - Validation Technique, Motivating Healthy Behaviours, Mental Health First aid
- Health Quality Ontario - Resident First Initiatives
- Community Legal Education Ontario (CLEO) - supply education and materials regarding Resident rights; and
- Elder Abuse Ontario - Through Our Eyes, The Health Sector Role for Prevention and Response of Elder Abuse.

Nursing Department goals focus on Resident centered care, the Resident Bill of Rights, and Fairhaven's Mission, Vision and Values. The need for increased psychological health supports in 2021 was anticipated at the onset of the legislated isolation period. Clinical staff collaborated with all disciplines in the Home to provide comfort and resources to Residents and their loved ones.

Staff Training and Education Funding

Education funding remains a large need. Throughout 2021, orientation of new staff and annual education for all staff was accomplished as stipulated by the Long-Term Care Homes Act.

Mandatory education requirements include the following:

- Behaviour Management
- Oral Care
- Mental Health Illness & Caring Strategies
- Restraint Minimization
- Continence Care and Bowel Management
- Falls Prevention
- Pain Management
- Palliative Care
- Skin and Wound Care
- Resident Identifiers; and
- Infection Prevention and Control.

In addition, employees receive education/training in order to provide optimum care to our Residents who present with psychological and behavioral challenges. Our Home provides Gentle Persuasive Approach (GPA) training and GPA recharge training for all staff in order for them to have the knowledge to assist in responding to Residents who are exhibiting a responsive behaviour. With this increased knowledge, we have seen a change in our culture, as it relates to responsive behaviours of Residents, and staff interactions with Residents exhibiting responsive behaviours.

LTC has also seen a change in the acuity of Residents being admitted. Homes are admitting Residents with complex care needs (i.e. MS, bariatric, Huntington's, Chorea, etc.). Long Term Care Homes need to be able to provide training to staff for these complex diagnoses. As mentioned above, all education is provided at orientation, and annually thereafter.

Complex Therapies

Our staff possess education and skill sets which make Fairhaven a leader in clinical services. We continue to see positive outcomes in our efforts to reduce the number of transfers to hospital.

Fairhaven has a specialized secure area which is Home to 32 Residents. The BSO team is essential in maintaining an optimal environment for our Residents who reside in this area. These Residents may have conditions such as dementia, Alzheimer's disease, and/or may be exit seeking. This Resident Home Area has maintained full occupancy and we continue to have a large waiting list with Ontario Health for potential Residents.

Quality

Fairhaven is currently Accredited with Commendation by Accreditation Canada. Preparation for the Accreditation inspection scheduled for February 2023 has begun. The Accreditation process requires a great deal of time and staff resources to present the following standards for inspection: Governance, Medication Management Standards for Community - Based Organizations, Long-Term Care Services, Leadership Standards for Small, Community - Based Organizations, and Infection Prevention and Control for Community - Based Organizations. The review process will involve an evaluation of our current practices, the highlighting of our strengths, and the development of action plans to address any weaknesses. Fairhaven strives for continuous self-improvement and the provision of an enhanced quality of care.
Several changes have already occurred to improve decision making processes for Fairhaven, resulting in improved health outcomes and safety. Continuous quality improvement successes for 2021, measured by the RAI MDS assessments, included: a decreased percentage of Residents with worsened pain or falls, a decrease in new or worsened pressure ulcers below provincial average, and decreased restraint usage throughout the Home. The Quality Committee meets bi-monthly to review changes throughout the year to legislation, evidenced based practices and monthly indicators for care.

Wound and Skin Program

Our registered staff conducts weekly wound assessments when a Resident has a skin breakdown which has been expanded to include any alterations in skin integrity including skin tears and rashes. All our Residents have a skin assessment done on admission, quarterly, on readmission from hospital, and upon return from a Leave of Absence that lasts longer than 24 hours. The assessments are done in order to monitor the effectiveness and appropriateness of the Resident's wound care treatment plan. This process assists in identifying when it is appropriate and beneficial to make changes to the treatment plan in order to optimize wound healing. Our wound care nurses have advanced wound care knowledge and training and continue to routinely mentor front line staff. Our wound care leader does biweekly rounds to monitor progress and continues to stay up to date on ever changing wound care initiatives.

Pressure ulcers are categorized into four stages depending on the level of tissue involvement, or depth, of the wound. The tissue being referred to includes the skin and underlying dermis, fat, muscle, bone, and joint. Knowing the appropriate stage assists in the prognosis and management of the ulcer. Overall Fairhaven has done extremely well in our wound care initiatives in 2021. The current performance for 2021, published on Health Quality Ontario website for percentage of long term care home residents who developed a stage 2 to 4 pressure ulcer, or had a pressure ulcer that worsened to a stage 2, 3, or 4 since their previous resident assessment, was 1.7% lower that the provincial average of 2.5% and the LHIN average of 2.4%.

Falls Prevention Program

Fairhaven's Falls Prevention Program continues to provide staff education on interventions and prevention strategies to prevent falls and to reduce related injuries. In the event that a Resident falls, the family/Power of Attorney (POA) is notified; the physician is notified; a post-fall assessment is completed by the RN; and the Resident is assessed by the physiotherapist. Recommendations are implemented and the Resident specific care plan is updated as needed.

Monthly post-fall “huddles” are held on each Resident Home Area to analyze and determine the root cause of Residents with multiple falls, to review changes in a Resident’s ability, and to review medications. Front line staff have the opportunity to discuss, with the Falls Prevention team, the cause of falls and offer suggestions to reduce falls, as well as the effectiveness of Resident specific fall interventions.

The Falls Committee meets and discusses the fall huddles and follows up on the interventions and suggestions. The Committee works in collaboration with the Dietician and the pharmacist. They also review each Resident that had a single fall and those that are at high risk for falls. The committee also looks at patterns and implements interventions such as Postural Blood Pressure and awareness training for ensuring that the “4 Ps” (Placement, Potty, Position and Pain) are considered before leaving the room and updating the care plan.

The Falls Committee is a part of the fracture prevention program, and looks at a score that is collected from Resident information. The Falls Committee is able to:

1. Identify Residents who are at high risk for fractures
2. Implement preventative approaches to reduce the risk of fractures
3. Implement appropriate interventions directed to individual Residents
4. Have continuous, ongoing learning regarding fracture prevention and management; and
5. Monitor and evaluate outcomes.

The main challenges our Residents face are increased acuity needs, acute episodes of illness, decreased strength and balance, and cognitive impairment (altering Residents’ abilities to recognize that they require assistance with transfers or ambulation). The average number of falls that resulted in no injury decreased. However, there continues to be a demonstrated value in effective interventions that are put in place to prevent injury for those at high risk for falls. In 2021, the average of falls in 30 days was 11.87 compared to 17.44 in 2020. This decrease is the result from the whole team collaborating. This includes all staff who are following the fall risk interventions from the care plan and participating in the fall huddles.

Fairhaven has a variety of monitoring devices that are used to ensure safety for Residents who are at high risk for falling and to reduce the risk of injury. Specialized mattresses that provide a raised edge, bed and chair alarms, a Velcro seat belt alarm and infra-red alarms are used for Residents that are at high risk. Staff implement physiotherapy recommendations to lower beds to the floor, and place a landing mattress beside the bed, for injury prevention.

The Physiotherapy Department, which is part of our multi-disciplinary team, provides a wide range of strength and balance training that is personalized to meet a Resident’s needs. These exercises are available in a group or individual setting which promotes social interaction among the Residents.

<u>Restraint Minimization</u>

A restraint can be physical, chemical, or environmental in nature. The purpose of a restraint is to limit or restrict a resident’s activity or behaviour. All alternatives to restraints must be investigated, evaluated, and documented.

Here at Fairhaven the Restraint and Bed Safety Committee is committed to reducing restraint use and keeping residents safe. This is done by completing an assessment and documentation must include a weighted benefit analysis to support that the need for the restraint outweighs the risk(s) associated with restraint use.

In the past year, the committee has worked very hard to reduce the number of restraints in our home, in collaboration with a multidisciplinary team which consists of Environmental Services, Physio, the Nursing Team, and the BSO Team. Restraint use decreased in 2021 to an average of 4.43 from 5.23 in 2020.

Pain and Palliative Care Committee

This committee is responsible for making sure that our Residents' pain is assessed, managed and monitored through our electronic charting system (PCC). A pain assessment is completed by registered staff:

- on admission
- quarterly
- after a fall with injury
- after an altercation
- with new and worsening pain; and
- with new or worsened wounds.

The Pain Assessment in Advanced Dementia (PAINAD) scale is a tool that is used to score the pain before, and after, treatment. Fairhaven will strive to continue to perform above average (3.9%), as indicated on Your Health System, and maintain performances below the provincial average of resident exhibiting pain (5.0%)

Medication Utilization/Incidents

In 2021, Fairhaven continued to be lower that the CE LHIN average for Resident drug utilization.

Medication incidents are followed up by the Director of Care; education, direction, and Best Practice policy review, with the registered staff member involved, followed each reported incident. Education and coaching are provided to further reduce occurrences, during registered staff practice meetings and with any change to the Best Practice and College of Nurses of Ontario (CNO) Guidelines. Quality indicators for medication incidents are reviewed at quarterly Professional Advisory Committee and best practice meetings, and recommendations are brought forward to appropriate personnel. "When necessary" (PRN) medication usage is monitored closely and any medication that is not utilized after a three-month period is discontinued by the attending physician. Quarterly medication reviews are completed for each Resident by their primary physician with recommendations for enhancements.

Our partnership with CareRx provides us with the following: education and training regarding insulins, new medications, new or changing guidelines for the pharmacological treatment of chronic illnesses, medication management workshops, invitations to external workshops, participation in Fairhaven internal education sessions, and training videos for staff.

Auditing performed by CareRx personnel is provided to ensure consistent and

correct practices with respect to:

- medication carts
- medication storage
- glucometer testing and storage
- treatment carts
- medication passes
- handling of narcotics and controlled substances
- documentation and charting; and
- other aspects around the administration of medications and treatments.

Provided services include:

- technical and dispensing services
- website resources
- support for eMar (electronic medication distribution/software) technology
- Stericycle pick up for medications and sharps (needles, scalpels etc.)
- disaster and pandemic planning information; and
- participation on the Fairhaven Medication Management Accreditation Team.

Infection Control

Fairhaven declared two outbreaks during 2021. Both outbreaks were cause by COVID-19 and together totaled 29 outbreak days.

90% of Residents and 76% of staff were vaccinated against seasonal Influenza during the 2021 influenza season. There were no cases of influenza reported in the home during 2021.

All infection control quality indicators are reviewed by the following committees: Quality, Infection Prevention and Control, and the Professional Advisory Committee. Relevant indicators are brought to the Health & Safety committee. Each committee has an opportunity to provide recommendations for enhanced quality improvement.

Relevant Indicators

Infections

- Average monthly Urinary Tract Infections (UTI) remained at 1.33% which is consistent with the previous years values
- Number of Residents with MRSA in 2021 remains at 9 which is again consistent with the previous year.
- Residents being admitted to the home with VRE is on the rise. There was a total of 15 residents with VRE in the home in 2021. This is an increase of 5 from the previous year's value.
- There were two Residents with new diagnoses of C-Difficile in 2021. This is a 100% increase from the previous year.

Behavioral Support Services Team (BSO)

The BSO Team continues to work diligently with staff and caregivers to develop methods and interventions for responsive behaviours. Our mandate is to train our staff with the following methods: Montessori interventions, Gentle Persuasive Approaches (GPA), U-First, and PIECES (Physical, Intellectual, Emotional, Capabilities, Environment and Social-Cultural) programs. The BSO team had to be creative during the pandemic in developing ideas on how to successfully keep Resident's isolated, when needed, by providing count down calendars, Montessori interventions (such as interactive Pets, doll therapy, favorite TV programming and movies), and added signage in Resident's rooms. The BSO team also helped families and Resident's to stay connected with virtual visits. During the pandemic, each BSO team member was assigned to one RHA only to decrease the amount of traffic through the building.

The Fairhaven BSO team continues to be part of the quarterly implementation meetings facilitated by Ontario Health. This helps in planning future Community of Practice events and updates on the sustainability of the other funded Homes in our region. Fairhaven is also the Home which is responsible for coordinating BSO education sessions throughout our region, which includes eight Long Term Care facilities. This year, the education money was used in training staff virtually in U-First, Communication tips and tools (Validation), PIECES, Dementiability and Mental Health first aid (anxiety). The BSO team provided 4 face to face GPA training sessions to the staff, in small groups, by respecting Covid restrictions. These sessions started in the fall of 2021.

Fairhaven's BSO Team works closely with the monthly Psychiatric Assessment Services for the Elderly (PASE) clinic to assist our Residents with behaviors. The monthly clinic continued during the year which went from virtual to in person depending on outbreaks. Assessments are completed and recommendations are provided to staff and family members to enhance the individual's quality of life.

Relevant Indicators

Behavioral Support Metrics

• Number of Residents with responsive behaviors (annual)	**85.33**
• Percentage of Residents with escalated or new behaviors (annual)	**17**
• Number of Residents transferred to Emergency Department (annual)	**0**
• Number of Residents admitted to hospital related to responsive behaviours (annual)	**0**
• Number of Residents admitted to GABU	**0**
• Number of incidents Resident to Resident related to responsive behaviours	**77**
• Number of incidents Resident to staff related to responsive behaviors	**175**

Ontario Telemedicine Network (OTN) Videoconferencing

OTN is an innovative technology that assists in streamlining the healthcare process, eliminating unnecessary travel, and providing our Residents with access to certain specialists without leaving Fairhaven. OTN facilitates the delivery of distance education and meetings for health care professionals, and also expands the way knowledge is shared, and how the health care professional community interacts with each other and Residents.

In 2020 the PASE clinics became virtual by using the secure OTN portal. These clinics are held monthly. Also some physicians did their rounds through this same portal during the Covid 19 outbreak.

Nutrition Services

The Nutrition Services Department manages and maintains eight dining and servery areas**,** as well as the main kitchen. Our main food suppliers are Sysco, Natrel Dairy, Fresh Start (fresh produce and eggs) and Canada Bread. Over 90% of food and supplies for the Nutrition Services Department are purchased under contract pricing through Silver Group Purchasing.

Nutrition Services produces 314 meals, 3 times per day for a total of 328,500 annually. Of those meals, 18% are modified to a minced texture and 10% are modified to a pureed texture. This is done so that our Residents, with various levels of dysphagia (chewing and swallowing impairments), may safely eat. 9% of our Residents also require their fluids thickened in order to safely swallow their beverages. In addition to texture modified diets, approximately one third of our Residents require dietary interventions relating to a disease, medical condition, or lifestyle choice, which may warrant the service of special diet items or altered portion sizes. As a result, Nutrition Services produces approximately 105 mealtime specials for our Residents. Examples of diseases or conditions requiring dietary interventions are obesity, diabetes, food allergy, lactose intolerance, celiac disease, and renal disease. An example of a lifestyle choice is being a vegetarian.

Helping our Residents maintain their independence and dignity is very important to Fairhaven staff. In Nutrition Services, this is demonstrated by offering assistive devices to Residents who require, or could benefit from, them. For example, foam handled cutlery for Residents with arthritis or contractures, weighted cutlery and “sippy cups” for Residents with tremors, and scoop plates/divided plates for Residents with the use of only one hand or for those with visual impairment. 20% of our Residents use some type of assistive device.

We purchased sixteen new multi-position dining room tables and sixteen new dining room chairs in 2021. The multi-position dining room tables or “cloverleaf” tables provide custom seating for Residents requiring vertical and/or horizontal table adjustments as well as comfortable positioning for staff who assist those Residents with their meal. We now have four of these “cloverleaf” tables in each dining room. Furthermore, for three consecutive years we have purchased new comfortable dining room chairs. These chairs are very light weight being constructed of aluminum and they have high backs, a large seat cushion and arm rests.

Nutrition Services prepares bag lunches for those Residents that attend medical appointments.

Nutrition Services offers all Residents an in-between meal snack three times per day. Part of that includes the provision of special snacks to satisfy therapeutic diet requirements or special requests. Nutrition Services provides approximately 106 special therapeutic snacks on top of the regular snack offerings. This includes supplements and high protein snacks to help with skin health and wound healing. Outside of meal service and snack service, if Residents are hungry into the evening and night, the Nursing staff may access the servery to get a snack for a Resident.

The kitchen and dining room service areas are always found to be in good sanitary condition when inspected by Peterborough Public Health. In 2021, Peterborough Public Health inspected

the Nutrition Services Department once in November.

The staff meal ticket and staff overtime voucher program, initiated in late December 2017, continues to be a great success and has, in fact, grown. To reduce waste, leftover meals, following the completion of Resident meal service, are available to staff for a nominal fee. Also, when staff are working four hours or more overtime, they are given an overtime meal voucher. In 2021, we sold 5,101 staff meal tickets and handed out 1,036 staff overtime vouchers. The program has been a great morale booster and a "perk" for the staff.

Programs and Support Services

Programs and Support Services encompasses Resident Programs, Volunteer Resources, Social Services, Resident Council and Spiritual Care. Each of these areas uses a Resident focused approach; taking each Resident's interest, abilities, needs and preferences into account when designing and implementing programs and services.

Resident Programs

Resident Programs continued to undergo changes and challenges throughout 2021.
We continued with a strong focus on Virtual Visits, to keep residents and family connected, and individual recreation and leisure activities to follow pandemic restrictions. 18,831 one-on-one programs were documented in 2021. These included social visits, outdoor walks, theme carts, music and memories and virtual visits. Resident Programs offered 2,474 group programs for the residents in 2021.

Some new pandemic programs included scavenger hunts and guessing games on the RHA's, and TV Bingo games hosted by MPP Dave Smith.

Celebrating and recognizing special days and holidays, such as Valentine's Day, Halloween, birthdays, and Remembrance Day, continued to be part of our program calendars. Travelling themed refreshment carts were very popular; we had carts featuring ice cream cones, fancy cocktail/mocktails and snacks, Hot Chocolate and Cookies, and much more. In the summer we were able to offer some outdoor musical performances, a dog parade, and an antique car show.

The holiday season was busy with donations of gifts, cards, and letters as well as festive lunches, refreshments carts and stockings for the residents.

The Resident Programs team also underwent some major staffing changes. These included staff leaves for other positions, returning to school, and retirement. 6 new staff were hired throughout the year. In September 2021, we updated our staffing model; putting into practice our learning from the pandemic, we were able to create Resident Programs positions that were RHA based. With the addition of 18 hours/biweekly and incorporating the evening hours, we were able to increase hours for each RHA. The newly created Activationist positions provide a minimum of 60 hours bi-weekly and have an evening program each week on the Resident home areas. This change also created a new full-time position in the department.

Leena Tropper enjoying a virtual visit

Under the leadership of Emily Collins, Volunteer Resources Coordinator, Music and Memories continues to be a very successful program. In 2021, 60 Residents used iPods to enjoy their favourite music 1,079 times. We continue to recruit donations of old iPods to support the continued growth of this program.

<u>Intergenerational Program</u>

Fairhaven has continued intergenerational partnerships with students from Edmison Heights Public School through a very successful Pen Pal Program. On average, 50 students and 50 Fairhaven residents have sent photos, crafts, and letters back and forth to each other continuously throughout the school year. Feedback from both students and residents has been positive and everyone looks forward to receiving mail from one another. Over the Christmas season, two schools from our community sent Christmas cards, gifts, decorations and crafts to the Residents and staff at Fairhaven. A grade 2 class from St Paul's Catholic School collaborated with Fairhaven residents and send drawings, poems, and jokes to them to help brighten their day. In return, responses are sent back to the class from Fairhaven residents.

Virtual FaceTime visits, between residents and Adam Scott High School students and teachers, were organized to provide social interactions to our residents when in person visits were limited. In October 2021, a proposal was presented to Fairhaven, by a Fairhaven volunteer who received a government grant, to provide an intergenerational program called 'Creating Across Generations' to our residents. Residents would sit together and create stories based on photos that were shown to them including creating a title to the story. Over 50 stories were created by Fairhaven residents. From there, the stories were taken to Edmison Heights public school where backdrops and puppets were created by students based on the stories written by residents. The goal was that students will be able to put on puppet shows for the residents at Fairhaven that everyone has worked on together to create.

Volunteer Services

Fairhaven has always had an active and involved volunteer program including Direct Service volunteers, Family Council members, board members, and student placements.
Volunteers assist with recreation programs, special events, community outings, meals, worship services, physiotherapy, hair salon portering, Café, and friendly visits. Fairhaven is fortunate to attract volunteers from local high schools, Sir Sandford Fleming College, and Trent University, plus many volunteers from the community.

Volunteers were welcomed back into Fairhaven in June of 2021. We have slowly transitioned volunteers back into their past roles with some opportunities still not being offered due to pandemic restrictions.

We had a total of 1,536 volunteer hours from June-December with 104 registered volunteers in total by the end of 2021. From January- June we remained under pandemic restrictions and volunteers were not allowed into the building. These restrictions allowed us to try new and inventive ways of engaging volunteers with residents.

A virtual 'Paint Party' program was offered to our residents with the help of a volunteer who led weekly zoom meets. A project was chosen by participating residents, and at each zoom meeting, residents painted a portion of the picture until it was complete. Three paint projects were completed in this program by residents.

Fairhaven also took part in the SEED-it program. Once registered, Fairhaven was given gift cards to buy vegetable seeds and plants. These were planted in Fairhaven's Westview 2 raised flower beds and pots. As things became ready to harvest, residents would help to cut, and bag produce to be delivered to Kawartha Food Share. Four deliveries of fresh produce were donated to Kawartha Food Share by the residents at Fairhaven.

The café housed on the main floor of Fairhaven has been closed since COVID began. A mobile 'café cart' was created. Volunteers circulate the cart throughout the building, allowing residents to buy snacks and other care items on their home areas. This has been a considerable success and residents look forward to it each week.

Pandemic restrictions caused the cancellation of our formal volunteer recognition event in 2021. Thank you letters and gifts were mailed out to Fairhaven volunteers, in recognition of National Volunteer Week, in April. Volunteers were very appreciative to receive recognition for their continued service.

Fairhaven still receives many requests from community members looking to volunteer and it is the hope that we will be able to offer more opportunities to individuals interested in volunteering at Fairhaven as restrictions ease.

Resident Council

Resident Council held 3 meetings in 2021. In February and August, meetings were held in small groups and individually on the RHA's, in December we held our first in person meeting since February 2020. We held 2 meetings on the same day to accommodate capacity restrictions. Helen Hibberts, Treasurer, and Ray Davis, Chair have continued in their roles. The Vice Chair and Secretary positions are still empty.

Spiritual and Religious Care

Pandemic restrictions caused the continued cancellation of most Spiritual Care programs in 2021. Volunteer ministers, priests and lay clergy were unable to lead services at Fairhaven. A newly recruited Spiritual Care volunteer connected with residents through weekly virtual visits.
Staff used technology to provide Residents the opportunity to view Worship services on–line.

We offered 180 hymn sing programs in 2021. Other religious/spiritual observances, such as Easter and Remembrance Day, were recognized both individually, or with small groups and services, on the RHA's

We were unable to hold our Services of Remembrance but have continued to add residents names to the In Memory books.

Social Services

In May 2021, Fairhaven hired a part-time Social Services Worker. Leanne Anderson, began working three days per week, providing emotion-based care, psychosocial supports and services to our residents and their families from admission to departure from Fairhaven. Our Social Services Worker communicates with government income programs, provides supportive counselling, links residents and their families with community agencies, and attends care conferences as needed. Leanne uses her community-based knowledge and partnerships to provide supports and services to our residents. She works as part of an interdisciplinary team at Fairhaven, improving the quality of life for residents. Leanne works closely with our Support Services Supervisor, providing coverage during absences, and she provides continued support of new residents and their families, as they settle in to living with us at Fairhaven.

While working part-time, from May to October 2021, on average, Leanne supported 36 residents and their families monthly. Due to the increase in MOHLTC funding for direct care service, our Social Services Worker began working full-time in November 2021. Between November and December 2021, on average, Leanne supported 47 residents and their families monthly.

In 2021, our Social Services Worker attended several palliative care courses through Pallium Canada which enhanced her palliative care practice with our residents and their families.

Fairhaven is pleased to have a full-time Social Services Worker helping to improve the quality of care and support at Fairhaven, enhancing the quality of life of our residents and their families.

Support Services

Our hair salon is located on the 5th floor and operates Monday through Friday, when able to, given COVID restrictions. Residents have the opportunity to enjoy all beauty salon and barber services on site. Prior arrangements for regular appointments can be arranged. Volunteers assist with bringing Residents to and from their rooms.

II. **HUMAN RESOURCES MANAGEMENT**

The Human Resources (HR) team continues to focus on “Service Excellence” by providing an open-door policy and support to the staff of Fairhaven. Fairhaven restructured the HR team to include a Human Resources Generalist – Recruitment & Administration, Human Resources Generalist – Health & Wellness and most recently the addition of the Scheduling Supervisor, all working in collaboration with the Human Resources Manager. The HR department’s goal is to ensure the continuous commitment to Fairhaven’s vision, mission, and values.

Recruitment and Retention

2021 was a challenging year with respect to recruitment and retention due to the worldwide pandemic. Staff were unable to work in two locations, which left vacancies in the Home. Working alongside our Divisional managers, we increased our recruitment efforts, focusing on why potential candidates should choose our Home. Utilizing technology to interview potential candidates, we were able to sufficiently staff the Home to provide quality care to our Residents.

Reports continue to paint a challenging environment for overall staff retention in long term care. Individuals are admitted to long term care with increasingly complex care issues while staffing levels, and related funding, have not increased at the same rate. This has led to province-wide challenges in recruiting due to less people entering careers in long term care, individuals leaving the sector, increasing “call-ins”, increased injuries, and less ability to cover empty shifts because of “burn out”. This is truly the largest challenge facing long term care at the moment and it must be addressed before more beds are added to the system.

Staff Training and Education

Fairhaven has continued to provide a variety of employee training sessions that motivate and engage staff. Enhanced compliance training is a priority to achieve and maintain regulatory compliance. The online learning platform is a valuable tool to track compliance with all staff and retraining as required. Our framework consists of comprehensive, ongoing, and consistent programming. Pursuant to S. 76 (2) of the Long Term Care Home Act, all employees receive training in the areas described below upon commencement of employment and annually thereafter.

Training includes, but is not limited to, The Residents' Bill of Rights, The Long Term Care Home's policy to promote zero tolerance of abuse and neglect of Residents, The Duty Under Section 24 to make mandatory reports (reporting certain matters to the Director of MOHLTC), The Protections afforded by Section 26 (Whistle-Blowing), fire prevention and safety, emergency and evacuation procedures, infection prevention and control (includes hand hygiene, modes of infection transmission, cleaning and disinfection practices, use of personal protective equipment), all Acts, Regulations, and policies of the MOHLTC and similar documents, including policies of Fairhaven that are relevant to the individual's responsibilities; and handling complaints, role of staff in dealing with complaints, safe and correct use of equipment (i.e. lifts, assistive aids, cleaning and sanitizing equipment).

Additional training includes Accessibility for Ontarians with Disabilities, Workplace Violence and Harassment, WHMIS and Ministry of Labour 4 Steps to Worker Health and Safety Awareness (front-line and supervisors).

With Government funding, and a focus on resident care, Fairhaven has implemented a Clinical Educator – Mental Health & Addictions position. The Clinical Educator, Mental Health and Addiction Resource (CE, MH&A), is part of an interdisciplinary team. The CE, MH&A facilitates a collaborative working environment by means of proven leadership, teamwork, innovation and best practices for nursing and resident care services in addition to MH&A Resources for the resident and staff population. These responsibilities shall be carried out in accordance with Fairhaven's mission, vision, values, leadership philosophy, policies and procedures and applicable legislation and regulations. The CE, MH&A will promote and support a high quality of care for the residents while respecting their identified needs and preference. As a valued member of Fairhaven's team, the CE, MH&A will demonstrate a commitment to resident and staff safety in accordance with Fairhaven's policies and governing bodies.

New hires partake in an orientation that has both online learning and in-class components. New hires are introduced to members of the management team, and union executive, to ensure a successful transition into Fairhaven. With a focus on our Mission, Vision, and our culture, all new hires, regardless of the role, understand that we are here for our Residents. This extensive orientation covers all mandatory training components and information to ensure success for the new hire and compliance with legislation.

This platform includes accommodations that take into account an employee's needs due to disability and in compliance with the Accessibility for Ontarians with Disabilities Act and the Human Rights Code. The Manager of Human Resources is available as a resource to assist with such accommodations.

Health and Wellness

Fairhaven has established, home-wide, best practices in the areas of Occupational Health & Safety programs to ensure a solid foundation and commitment to the wellness culture within Fairhaven. This includes the development of policies and procedures, and maintaining current knowledge of applicable legislation and guidelines. Working in conjunction with the Joint Occupational Health and Safety Committee, Fairhaven focuses on safe working practices and return to work programs.

Fairhaven offers an Employee and Family Assistance Program (EFAP). EFAP provides employees and their families with access to confidential services to help individuals resolve personal, family, or work-related concerns. The program offers a variety of support tools (on-line, in person, video etc), techniques, flexibility and resources. Statistics show staff who utilize EFAP services decrease absent days by 72% resulting in increasing staff morale by not working short and providing resident care.

In fulfilling our vision to enhancing the quality of life for staff and Residents, Fairhaven strives to respect the dignity and independence of people with disabilities. We are committed to giving people with disabilities the same opportunities to access and benefit equally from all of our goods and services, in the same place, and in the same manner, or similar manner, as others.

Fairhaven offers a comprehensive and competitive compensation package to all staff. Fairhaven provides Health Benefits including Dental, Vision, as well as an OMERS pension. In addition, Fairhaven has a strong focus on professional development and growth from within. Fairhaven has a record of longevity and a retention rate with staff, up to and including over forty years of service!

Employee Relations

The labour relations environment has been generally harmonious with both unions (CUPE and ONA). Fairhaven strives towards open communication, professionalism, integrity and compliance of standards. Management and staff strive for consistency of policies and protocols, ensuring equal opportunities for all staff.

III. INFORMATION TECHNOLOGY MANAGEMENT

2021 was full of challenges Covid-19 regulations forced us to think “outside the box” with respect to IT equipment and tools that we could use to enhance communication and processes from a distance. Fairhaven invested in licensing to provide a safe meeting space through Zoom. Fairhaven also purchased additional licenses, through 2021, to meet the demand of online meetings. There were numerous tablets and laptops purchased for staff due to the restrictions of social distancing. This has worked out well as staff can now complete their work without waiting for a shared computer.

Due to the aging infrastructure and limitation of our WIFI network, Fairhaven installed new WIFI switches and access points. This solution is more robust and allows us to virtualize our network. Fairhaven has three virtualized networks, to date. They are the FARLAN network (allowing users access to our servers), FARNET network (allowing internet access only for tablets connecting to PCC and POC), and FARGUEST (which is used for guest only). The guest network password is changed weekly and is controlled.

A new phone system upgrade have has been delayed due to worldwide shortages of components.

Achievements

- Fairhaven purchased tablets and laptops to keep up with social distancing mandates
- An 86’ commercial TV was purchased for large group Zoom meetings in the Board Room (replaced aging Smart Board)
- WIFI infrastructure replacement is compatible with our future Nurse Call, upgrade as well as our planned spectra link and phone systems upgrades
- Seven additional security cameras were installed
- Servers were virtualized to provide another layer of security to our network
- Proxemics card readers were installed outside the generator and boiler rooms to ensure restricted access in these areas
- All nine amplifiers were replaced due to volume issues in areas of the home
- A second PTZ security camera was installed to monitor the upper section of the lower parking lot; and
- Enabled SSL certification for our website, this Secure Socket Layer is yet another layer of security for our website.

Relevant Indicators – January to December

• Public WIFI Requests	88
• Technical Support Calls – Hardware/Software	2,364
• Technical Support Calls – Printer	59
• Unplanned Critical Systems Down Time (working hours)	0
• Unplanned Critical Systems Down Times (after hours)	0

IV. **ENVIRONMENTAL SERVICES (ES)**

The ES Department is staffed by the Environmental Services Manager, Environmental Services Supervisor, three full time Maintenance Staff, nine Laundry Attendants and twenty eight Housekeeping Staff, for a total of forty two staff.

The ES Department is responsible for capital projects, preventive maintenance, minor repairs, grounds keeping, snow removal, interior/exterior painting, cleaning of Residents' personal laundry, cleaning of linens, and general cleaning and sanitizing of all areas of the Home. In addition to the above, the ES Division is responsible for Emergency Preparedness.

Emergency Preparedness

A virtual mock evacuation exercise was held in 2021. Silent Fire Alarms continue to be held twice monthly, during the night shift, with debriefing sessions and follow-up on the arising issues, after each drill.

Peterborough Fire Service held the mandatory fire drill and inspection on October 6, 2021. Fairhaven passed all testing and is in compliance with the Fire Code for vulnerable occupancies. Our Fire Plan was reviewed by Peterborough Fire Service and Fairhaven received approval for 2021.

Fairhaven's diesel generator is tested on a regular schedule and is maintained in accordance with Technical Standards Safety Association (TSSA) requirements.

Housekeeping & Laundry Services

Morning huddles were stopped due to Covid-19 protocols but a communication board was added, and staff were encouraged to call or email ES Management with questions or concerns.

Visual cleaning audits were completed and exceeded benchmarks in the following areas:

- Public washrooms
- Resident Rooms
- Spa Rooms
- Dining Rooms

Maintenance

- A total of over 2,000 work orders were received and completed in 2021
- All common areas of the Home were repaired and painted as needed
- Preventive Maintenance Program (PM) is working well with less unplanned equipment malfunctions

V. **GOVERNANCE AND MANAGEMENT LEADERSHIP**

Ministry of Health Long Term Care Reviews

Fairhaven follows the Long Term Care Act (LTCA), 2007 and other governing legislation. Our Committee of Management is kept informed of all achievements and challenges and continues to provide governance according to its by-laws and legislation. Random Resident Quality Inspections (RQI), Critical Incident reviews and complaint investigations are performed by the Ministry of Long Term Care (MOLTC). We are currently accredited by Accreditation Canada (AC) at the "With Commendation" level which, in the works of AC means *"Fairhaven has gone beyond the requirements of the Qmentum accreditation program and is commended for its commitment to quality improvement."*

Our main objectives include the provision and delivery of an excellent quality of care for Residents; a safe working environment for staff and volunteers; and the development and building of relationships with our community stakeholders. Our focus remains on: following the Residents'' Bill of Rights; enhancing education and development of staff; Residents; family members; and volunteers. By strengthening our communication, encouraging innovation, and implementing best practices, Fairhaven will continue to demonstrate a commitment to our Residents and staff. Emphasis on continuous quality improvement, and performance indicators, will continue into 2022.

Fairhaven Staff receiving treats from the County of Peterborough

Fairhaven Foundation

The Foundation is a registered charitable organization located in the Fairhaven Home and is dedicated to enhancing and supporting the lives of our Residents.

Fairhaven, in partnership with the Foundation, continues to bring awareness to the community about events that will assist in supporting our Home and our Residents. Through these opportunities our partners help us to advocate for Fairhaven.

Highlights from 2021 include:

- The Annual Teddy Bear Campaign raised $13,690
- The Annual Walk n' Roll event was cancelled due to Covid
- 15 families named Fairhaven Foundation to receive donations in honor of their loved ones; donations totaled $4,602
- On-line donations through Canada Helps and My Tributes have seen a steady increase. In 2021 our on-line donations totaled $6,320; and
- In 2021 we had, on average, 172 employees take part in the Pay Day Draw with a total of $5,345 coming back to the Foundation.

The Fairhaven Foundation Donation of 2 Bladder Scanners, 2 Doppler Scanners, 2 Lead ECG Cardiac Monitors, and 2 Treatment Carts to Fairhaven

Appendix A

Long Term Care Home & Ministry of Health and Long Term Care Acronyms and Terms

LTCH-Long Term Care Homes

COM – Committee of Management

ED – Executive Director

GA - General Administration

HR- Human Resources

HS – Housekeeping

LLS - Laundry and Linen Services

NPC - Nursing and Personal Care

NP- Nurse Practitioner

NS - Nutrition Services

OA (Other Accommodation) – One of four funding streams from the Ministry of Health and Long Term Care (NPC, PSS and RF are the others).

P & P – Policies and Procedures

PCC (Point Click Care) – Software that manages Resident health and clinical information

PM – Preventative Maintenance

POM - Plant and Maintenance

PSS - Programs and Support Services

PSW – Personal Support Worker

RD – Registered Dietician

RF (Raw Food) – Functional area of LTC Home operation and specific funding stream of the Ministry. Raw Food revenue can only be spent on Raw Food; a Home cannot use RF revenue to pay for PSS or NPC expenses.

PFP - Request for Proposal

RHA - Resident Home Area

RN – Registered Nurse

RPN – Registered Practical Nurse

WSIB - Workplace Safety & Insurance Board

Case Mix Index and RAI/MDS

ABS – Aggressive Behavior Scale - indicator of the prevalence of aggressive behaviour in the long term care Home population. Results are used to detect frailty and instability in health.

ADL's – Activities of Daily Living - Activities of daily living is a term used in healthcare to refer to people's daily self-care activities. Health professionals often use a person's ability or inability to perform ADLs as a measurement of their functional status, particularly in regard to people post injury, with disabilities and the elderly.

CHESS – Change in Health End Stage Disease and Signs and Symptoms - attempts to identify individuals at risk of serious decline and can serve as an outcome where the objective is to minimize problems related to frailty (e.g., declines in function) in the elderly population. Higher CHESS scores are predictive of adverse outcomes like mortality and hospitalization.

CIHI - Canadian Institute for Health Information

CMI (Case Mix Index) – a numeric value assigned to the level of care requirements of a Home's Residents. Depends upon the RAI/MDS date submitted by Homes and affects our Nursing and Personal Care per diems

CPS – Cognitive Performance Scale - 7 direct measures of cognitive performance (short term memory, long term memory, orientation and decision-making ability) and 15 indirect measures of cognitive performance (comatose status, communication, 8 activities of daily living measures, problem behaviours and continence)

DRS – Depression Rating Scale - is a psychiatric measuring instrument having descriptive words and phrases that indicate the severity of depression for a time period. When used, an observer may make judgements and rate a person at a specified scale level with respect to identified characteristics. Rather than being used to diagnose depression, a depression rating scale may be used to assign a score to a person's behaviour where that score may be used to determine whether that person should be evaluated more thoroughly for a depressive disorder diagnosis.

ISE – Index of Social Engagement - tool for measuring the social engagement of long term care Home Residents

PURS – Pressure Ulcer Risk Scale - to identify individuals under care at various levels of risk for developing pressure ulcers in order to facilitate targeting risk factors for prevention.

RAI-MDS – Resident Assessment Instrument – Minimum Data Set - assessment instrument used in Complex Continuing Care and LTC Homes to measure the needs or acuity of Residents each day. This information is used to compile Homes' CMI funding factor each year.

RAPS – Resident Assessment Protocols - structured, problem-oriented frameworks for organizing MDS information & examining additional clinically relevant information about an individual. RAPs help identify social, medical & psychological problems & form the basis for individualized care planning

Ministry of Health and Long Term Care

BSO (Behavioural Supports Ontario) – Provincial program to enhance services for older people with responsive behaviours linked to cognitive impairments, people at risk of the same, and their caregivers. Through development and implementation of new models designed to focus on quality of care and quality of life for this population, staff-nurses, personal support workers and other health care providers are trained in the specialized skills necessary to provide quality care to these Residents/clients. Key principles include: Behaviour is communication, Diversity, Collaborative care, Safety, System coordination and integration, and Accountability and sustainability

CELHIN (Central East Local Health Integration Network); responsibilities transferred to "Ontario Health"

CCAC (Community Care Access Centre – **NOW PART OF Ontario Health**) - CCACs help individuals and their families understand options for additional care including: Assisted living, Adult day programs, Supportive housing, and Retirement homes. The CCAC also administers Long Term Care wait lists for Homes within its geographic boundaries.

HINF (High Intensity Needs Funding) - The objective of the High Intensity Needs Fund is to help prevent unnecessary admissions to hospitals and to enable the discharge of patients from hospitals to long-term care (LTC) homes by supporting licensees and approved operators of LTC homes, in accordance with terms of the HINF Policy Manual, and to fund the extraordinary treatment costs of Residents with acute or intensive service needs that can be addressed by funding assistance for one or more of the claims categories.

HQO (Health Quality Ontario) - is an independent government agency, created under the Commitment to the Future of Medicare Act on September 12, 2005, that measures and reports to the public on the quality of long-term care and Resident satisfaction. Data is submitted by Homes for several benchmarking areas including falls, incontinence, pressure ulcers and the use of restraints

LSAA (Long Term Care Home Service Accountability Agreement) – Operating agreement between LHINs and the Long Term Care Home in their geographic area. Covers operating and reporting responsibilities and covers a term of three years.

LTC – Long Term Care

LTCA – Long Term Care Homes Act; primary piece of legislation governing long term care

MOHLTC – Ministry of Health and Long Term Care

Ontario Health (OH) - Oversees health care delivery across the province, including the former mandates of the Central East LHIN.

Per Diem (PD) Funding – Amount funded, in four categories of Nursing and Personal Care, Programs and Support Services, Raw Food, and Other Accommodations, on a per bed/per day basis.

QIP (Quality Improvement Plan) - formal, documented set of quality commitments aligned with system and provincial priorities that a long term care Home makes to its Residents, staff and community to improve quality through focused targets and actions. QIPs are submitted by LTC Homes by April 1st of every year.

RAI/MDS (Resident Assessment Index/Minimum Data Set) – standardized assessment tool for admission, quarterly, significant change in health status and annual assessments for each Resident. Data used by Province to calculate CMI values for Homes.

RQI (Resident Quality Inspection) – yearly inspection by MOHLTC to ensure that Homes are complying with provincial legislation, meeting Ministry standards and employing best practices.

Terms Used by Ministry of Health and Long Term Care

Accommodation Type – The type of accommodation occupied by a Resident in a long-term care home. Currently, the Accommodation Types are Long-Stay Private, Long-Stay Semi Private, Long-Stay Basic, Homes for Special Care, Status Indian, Short-Stay Respite, Convalescent Care, Veterans' Priority Access, Veterans' Priority Access – Private Pay Preferred, Interim Short- Stay Private, Interim Short-Stay Semi Private and Interim Short-Stay Basic.

Actions/Sanctions - include:

- Written Notification (WN)
- Plan of Correction, to be implemented voluntarily (VPC)
- Issuance of a Compliance Order or a Work and Activity Order

•Referral to the Director when the severity of the non-compliance or the required sanction is beyond the inspector's scope and issue a non-compliance to the licensee of the LTC Home.

The powers of the Minister or the Director under the LTCHA, regulations and service agreements include:

•directing the Local Health Integration Network placement co-ordinator to cease admissions to the Home;

•revoking or refusing to renew the LTC Home's license;

•reducing or withholding funding;

•taking steps to operate or take control of the LTC Home.

Actual Resident Days – Resident days are defined as a unit of service that represents one Resident in the home for a period of one day. For the purposes of determining Resident days, a day is a 24-hour period starting at 12 midnight for long-stay Residents and interim short-stay Residents, and a 24-hour period starting at the time of admission for short-stay respite and convalescent care Residents. Both the day of admission and the day of discharge are included in the count of Resident days. The following exceptions apply in accordance with O.Reg. 79/10 Sec. 256 (2) and (3): in the case of a long-stay Resident , the day of discharge is not counted as a Resident if the Resident is transferred to another long-term care home, and in the case of a short-stay Resident, the day of discharge is not counted as a Resident day. If a bed is occupied, only one Resident day may be counted per bed in a 24-hour period. Where the placement co-ordinator has authorized the Resident's admission to the home as a long-stay Resident or an interim bed short-stay Resident, but the Resident has not yet moved into the home, the 5 days

contemplated by subparagraph 185 (1) (f) (ii) of O.Reg 79/10 under the Long-Term Care Homes Act 2007, are included in the count of Actual Resident Days. Further, where applicable, bed retention days are included in the count of Actual Resident Days where a Resident is absent from the home only as permitted for absences as defined in section 138 of O. Reg 79/10. Total Actual Resident Days are calculated by taking the sum of the Resident days as defined above, in the period under consideration.

Allowable Expenditures – The sum of admissible expenditures for each of the four funding envelopes (Nursing and Personal Care (NPC), Program and Support Services (PSS), Raw Food (RF) and Other Accommodation (OA)), as submitted on the audited Long-Term Care Home Annual Report and as determined in the Overall Reconciliation Report, for a specified twelve-month period. The expenditures submitted on the Long-Term Care Home Annual Report are subject to adjustment for reasonability, eligibility or admissibility by the LHINs and/or Ministry in accordance with the Eligible Expenditures Guidelines and the Envelope Definitions of the Eligible Expenditures for LTC Homes Policy, the "Long-Term Care Home Annual Report Technical Instructions and Guidelines" in effect for the period under consideration, and the LTCH Level of Care Per Diem Funding Policy. The sum of the Allowable Expenditures of the four funding envelopes represents the Total Allowable Expenditures.

Approved Expenditures – The sum of funding for each of the four funding envelopes (Nursing and Personal Care (NPC), Program and Support Services (PSS), Raw Food (RF) and Other Accommodation (OA)), as determined in the Overall Reconciliation Report, for a specified twelve-month period. The sum of funding includes the Level of Care Per Diem funding plus all other applicable Non-Level of Care Funding allocated by envelope, subject to the terms and conditions of funding as outlined in the Long-Term Care Homes Service Accountability Agreement (L-SAA) and/or direct funding agreement between the Minister and a licensee and/or applicable Policy.

The sum of the Approved Expenditures of the four funding envelopes represents the Total Approved Expenditures.

Approved Short Stay Beds - Short-stay beds are a response to the community's need for respite and supportive care programs. An individual is admitted into a Long-Term Care (LTC) Home for a specific short time period. The respite program provides relief to the individual's caregiver. The convalescent care program allows an individual to recover strength, endurance or functioning. LTC Home operators have the opportunity to apply to the Ministry of Health and Long-Term Care to operate short-stay beds within their existing licensed or approved beds, and the Ministry of Health and Long-Term Care approves the beds based on need and suitability of rooms offered. Persons in the respite program usually stay for up to 60 days and those in the supportive care program usually stay for up to 90 days. A person can stay a maximum of 90 days in a short stay program within a year. Eligibility for admission and placement in short-stay beds are determined by the Local Health Integration Network (LHIN).

Allowable Subsidy – The funding for which a licensee is eligible to receive for the twelve-month period specified in the “Long-Term Care Home Annual Report Technical Instructions and Guidelines”, taking into consideration the actual occupancy, actual Resident co-payment revenue and allowable expenditures, as determined by the year-end reconciliation process and as stated in the Overall Reconciliation Report. Also referred to as ‘Approved Funding’.

Base Level of Care Per Diem – The total per diem subsidy as determined by the Ministry in effect for the period under consideration, and is comprised of the four funding components of the current funding model (Nursing and Personal Care (NPC) envelope, Program and Support Services (PSS) envelope, Raw Food (RF) envelope and Other Accommodation (OA) envelope).

The Base Level of Care Per Diem represents the per diem amount that has not been modified by a Case Mix Index (CMI) adjustment.

Basic Accommodation – In relation to a long-term care home, means lodging in a standard room in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and raw food.

Bed Class – One of the bed categories Classified, Unclassified or Convalescent Care as identified on the licensee's Monthly Payment Calculation Notice.

Cash Flow – The Estimated Total Funding advanced each month by the LHIN and/or Ministry to a licensee pursuant to the LTCH Cash Flow Policy. Monthly cash flow is determined by taking the estimated funding for a year and dividing by twelve. Monthly cash flows may be subject to revised funding adjustments that apply to that same twelve-month period but which may have occurred before or after the same twelve-month period as warranted.

Complaint - A complaint may include one concern or a number of different concerns relating to the operation of a Long-Term Care (LTC) Home. Complaints are assessed to determine whether there is a possible non-compliance with the LTCHA or regulation. The information is reviewed to determine the risk to Residents and inspections are assigned based on those risks. If you have a concern or complaint about a Long-Term Care (LTC) Home, you are encouraged to call the Ministry's Action Line at 1-866-434-0144 to register your concern or complaint.

Eligibility for Long-Term Care - To live in a long-term care home, one must:

•be age 18 or older

•have a valid Ontario Health Insurance Program (OHIP) card

•have care needs including:

•24-hours nursing care and personal care

•frequent assistance with activities of daily living

•on-site supervision or monitoring to ensure safety or well-being

•have care needs which cannot be safely met in the community though publicly-funded community-based services and other care-giving support

•have care needs which can be met in a long-term care home

Eligible Expenditures – The lesser of the Approved Expenditures or the Allowable Expenditures for each of the three recoverable envelopes, which are Nursing and Personal Care, Program and Support Services and Raw Food.

Estimated Provincial Subsidy – An estimate of the monies payable to a licensee based on their Licensed Bed Capacity subject to the terms and conditions of funding and funding methodologies as outlined in the Long-Term Care Home/LHIN Service Accountability Agreement (L-SAA) and/or applicable Policy and calculated in accordance with Section 2.1 (i) through (iv) of the LTCH Cash Flow Policy. The Estimated Provincial Subsidy includes Level of Care Per Diem Funding net of the sum of estimated Resident Co-payment Revenue, Registered Practical Nurse Funding, Construction Funding Subsidy and, where applicable, any other Non-Level of Care Funding paid.

Estimated Total Subsidy – The Estimated Provincial Subsidy plus an estimate of the monies payable by the Ministry to a qualifying licensee under a direct funding agreement for Non-Level of Care Funding, subject to the terms and conditions of funding and/or funding methodologies as outlined in the direct funding agreement and/or applicable Policy, and calculated in accordance with Section 2.1 of the LTCH Cash Flow Policy.

Final Settlement Amount – The amount of monies either recoverable from or payable to a licensee by the LHINs and/or Ministry at the end of a calendar year. The Final Settlement Amount is equal to the difference between the Allowable Subsidy and the sum of the Estimated Total Subsidy advanced as monthly cash flows for the same twelve-month period, plus or minus any adjustments that apply to that same twelve-month period, but which may have occurred before or after the same twelve-month period. The Final Settlement Amount is the amount calculated in the Overall Reconciliation Report as “Recovery / (Owing)”.

Interim Short-Stay Beds – A bed in a long-term care home under the interim bed short-stay program.

Level of Care (LOC) Per Diem – The total per diem subsidy as determined by the Ministry in effect for the period under consideration and is comprised of the four funding envelope components (Nursing and Personal Care (NPC), Program and Support Services (PSS), Raw Food (RF) and Other Accommodation (OA)) of the current funding model. Of the four envelopes, only the Base Level of Care Per Diem in the Nursing and Personal Care envelope is subject to adjustment by the CMI.

Licensed Bed Capacity – The total licensed or approved beds under the Long-Term Care Homes Act, 2007 excluding beds that are not available for occupancy under a written permission of the Director under subsection 104 (3) of the Long-Term Care Homes Act, 2007.

Licensee - The holder of a licence issued under the Long-Term Care Homes Act, 2007, and includes the municipality or municipalities or board of management that maintains a municipal home, joint home or First Nations home.

L-SAA (Long-Term Care Home/LHIN Service Accountability Agreement) – The service accountability agreement between a licensee of a long-term care home and a LHIN/Ontario Health required by section 20 of the Local Health System Integration Act, 2006.

Low Occupancy Homes – Long-term care homes where the actual occupancy, excluding Convalescent Care Beds and Interim Short Stay Beds, for the period January 1 to September 30, as reported on the home's most recent submission of the In-Year Revenue/Occupancy Report, is 80% or less. Low Occupancy Homes are subject to an Occupancy Factor adjustment to their Level of Care Per Diem funding.

Maximum Resident Days – The sum of the Licensed Bed Capacity (operating capacity) multiplied by the number of days in operation for each funding period. The operating capacity is based on the number of beds in operation for each period, as agreed to by the licensee and the LHIN and/or Ministry.

Non-Level of Care Funding - Supplementary funding streams, each with distinct terms and conditions provided to qualifying licensees, and excludes the Level of Care Per Diems. Although some supplementary funding may be distributed among the envelopes as set out in the terms and conditions of funding, it does not form part of the Level of Care Per Diems. Non-Level of Care funding may be paid to a licensee by a LHIN through the L-SAA or by the Ministry through a direct funding agreement. Non-Level of Care Funding includes, but is not limited to, Construction Funding Subsidy and Registered Practical Nurse Initiative, which are paid by a LHIN, and High Wage Transition Funding, Pay Equity Funding and/or Equalization Adjustment, Municipal Tax Allowance Funding, Accreditation Funding, Physician On-Call Funding, Structural Compliance Premium, MDS Early Adopter Funding, High Intensity Needs Funding, and Laboratory Services Funding, which are paid by the Ministry, except where paid by a LHIN and calculated as part of

the Estimated Provincial Subsidy in accordance with the L-SAA. Non-Level of Care Funding initiatives may be amended, terminated and/or initiated from time to time as the result of changes to policy that provides the specific rules in respect of each form of funding.

Occupancy Targets – The minimum number of Resident days a licensee must provide service for Residents based on the bed type identified in Schedule B of the licensee's L-SAA as either Long-Stay, Short-Stay Respite, Interim Short-Stay or Convalescent Care to receive their Level of Care Per Diem funding, and Additional Subsidy as applicable, based on Maximum Resident Days. Please refer to the LTCH Occupancy Targets Policy and the "Technical Instructions and Guidelines for the Long-Term Care Home Subsidy Calculation Worksheet" for further details on calculating Occupancy Targets.

Other Recoverable Revenue – Revenues generated using Ministry-funded and/or LHIN-funded resources that are non-retainable by the licensee. Ministry-funded and/or LHIN-funded resources include any real or personal, tangible or intangible asset or human resource to which a LHIN or the Ministry, either directly or indirectly, has provided financial assistance through either capital investment, project funding or operating subsidy. Examples of Other Recoverable Revenues include interest earned on advance payments of LHIN and/or Ministry operating subsidies and/or project funding, recoveries of previously written-off bad debts. For further information, please refer to the LTCH Bad Debt Reimbursement Policy and disposal of LHIN and/or Ministry funded assets6 6 Please refer to the LTCH Furnishings and Equipment Management Policy for further information. The licensee's share of preferred accommodation revenue, Resident charges for optional services, and revenues related to operations that are not part of the funded home are examples of items not to be included as Other Recoverable Revenue.

Preferred Accommodation – In relation to a long-term care home, means lodging in private accommodation in the home, or semi-private accommodation in the home, housekeeping services, maintenance and use of the home, dietary services, laundry and linen services, administrative services and raw food.

Prior Period Revenue – Resident Co-payment Revenues collected during the current reporting period that were reported as not collected in previous audited Long-Term Care Home Annual Report submissions.

Reconciliation – for the purpose of identifying variances and adjusting cash flow to licensees where appropriate, Reconciliation means a process by which the Estimated Total Subsidy is compared to actual results, which are subject to adjustment to comply with the terms and conditions of funding for the period under consideration. With respect to the Long-Term Care Home Annual Report reconciliation process, the Allowable Subsidy is determined based on the audited Long-Term Care Home Annual Report submission, subject to adjustments where appropriate to comply with the terms and conditions of funding as set out in the applicable policies and governing documents. The Allowable Subsidy is compared to actual cash flowed during the same period, plus or minus any adjustments as they apply to that same twelve-month period but which may have occurred before or after the same twelve-month period, to determine the Final Settlement Amount in the form of a recovery from or payment to a licensee.

Recovery – The process by which the LHINs and Ministry recover monies from a licensee as a result of a variance between the Allowable Subsidy and the Estimated Total Subsidy whereby future funding payments to a licensee are reduced based on established recovery standards in accordance with Section 2.4, or by a lump-sum repayment by way of bank draft payable to the Minister of Finance, or by any other means necessary.

Resident Co-payment Revenue – The sum of basic accommodation fees a licensee may charge Residents for a bed, subject to the maximum rates outlined in the Long-Term Care Homes Act, 2007 for the type of accommodation the Resident occupies and subject to the following rules. Reductions in basic accommodation charges are only permitted for Residents residing in basic accommodation for whom the Director has provided a reduced rate in accordance with Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007.9 9 For further information on reductions to basic accommodation charges, please refer to the Guide for Rate Reductions. For Residents in preferred accommodation, including Veterans' Priority Access Long-Term Care (VLTC) Residents, Resident Co-payment Revenue is the amount calculated using the maximum rate outlined in the Long-Term Care Homes Act, 2007 for basic accommodation. For Residents in basic accommodation who have not applied for a rate reduction in accordance with O. Reg. 79/10 under the Long-Term Care Homes Act, 2007, including Residents occupying Interim Short-Stay Basic beds, Resident Co-payment Revenue is the amount calculated using the maximum rate in the Long-Term Care Homes Act, 2007 for basic accommodation. For Residents in basic accommodation who have applied for a rate reduction in accordance with O. Reg. 79/10 under the Long-Term Care Homes Act, 2007, including Residents occupying Interim Short-Stay Basic beds, Resident Co-payment Revenue is the amount calculated using the rate determined by the Director in accordance with Regulation 79/10 under the Long-Term Care Homes Act, 2007, pursuant to the rate reduction application process in accordance with the Long-Term Care Homes Act, 2007 and the Guide for Rate Reductions. Where a rate reduction has been calculated using the rate determined by the Director in accordance with O. Reg. 79/10, a LHIN will provide the difference in funding to a licensee between the Level of Care Per Diem funding and the Resident Co-payment rate as determined by the Director. For Short-Stay Respite Residents, Resident Co-payment Revenue is the amount calculated using the maximum rate for short-stay accommodation in the Long-Term Care Homes

Act, 2007. For Long-stay Residents who occupy designated Convalescent Care Beds during the Orientation Period only, the co-payment and preferred accommodation fees charged by licensees shall be considered as basic accommodation revenue during reconciliation.

Resident Co-payment Revenue Per Diem Rate Estimate – An estimate of the average daily Resident Co-payment Revenue (basic portion only) based on the actual Resident Co-payment Revenue as reported on the licensee's most recent submission of the In-Year Revenue/Occupancy Report.

Short-Stay Respite Care Beds – A bed that is licensed or approved under the Long-Term Care Homes Act, 2007, and designated as a bed in the short-stay respite care program. The purpose of the short-stay respite care program in a long-term care home is to provide temporary care for individuals whose caregivers require temporary relief from their care-giving duties. Level of Care Per Diem Funding for Short-Stay Respite Care Beds is provided at Maximum Resident Days regardless of actual occupancy rates achieved. However, actual occupancy rates are monitored and continued participation in the Short-Stay Respite Program may depend on actual occupancy rates achieved for the period under consideration.10 10 Please refer to the LTCH Occupancy Targets Policy for further information on Short -Stay Respite Care Beds. To determine the actual occupancy rate for Short-Stay Respite Care Beds, the day of admission may be included in the count of Actual Resident Days, but the day of discharge may not in accordance with O. Reg. 79/10 Sec. 256 (3) whereby a Resident is required to pay a charge for accommodation on the day of admission and is not required to pay a charge for accommodation on the day of discharge.

Target Convalescent Care Resident Days – The minimum number of Resident days a licensee must provide service for convalescent care Residents to receive their Additional Subsidy based on Maximum Convalescent Care Resident Days.

Target Interim Short-Stay Resident Days – The minimum number of Resident days a licensee must provide service for interim short-stay Residents to receive their Level of Care Per Diem funding based on Maximum Interim Short-Stay Resident Days.

Target Long-Stay Resident Days – The minimum number of Resident days a licensee must provide service for long stay Residents to receive their Level of Care Per Diem funding based on Maximum Long-Stay Resident Days.

Veterans' Priority Access Long-Term Care (VLTC) Bed – A long-term care bed that is a) occupied by a Veteran11; b) now vacant and being held for a Veteran12 who is eligible for a Veterans Priority Access Long-Term Care (VLTC) Bed, for a period of 5 days under subparagraph 185 (1) (f) (i) of O. Reg 79/10 of the Long-Term Care Homes Act, 2007, provided a Veteran is on the waiting list for a bed; or c) being held for a Veteran for allowable absences in accordance with O. Reg. 79/10 under the Long-Term Care Homes Act, 2007.