

Document 2A

In year Revenue/Occupancy report

- Garry J. Armstrong
- Peter D. Clark
- Carleton Lodge
- Centre d'accueil Champlain

Ministry of Health and Long Term Care

2016 Long-Term Care Home Revenue/Occupancy Report INSTRUCTION SHEET

INSTRUCTIONS - PLEASE READ ENTIRELY!

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

For providers with multiple homes, please download and re-submit a separate revocc file for each home. Do not attempt to merge the files and submit everything under just one account.

Do not re-name the tabs/sheets in this workbook.

The "Resident Revenue Charged" column should ONLY include the basic portion of resident co-payment. For example, it would not exceed \$58.35 per diem for the period between January 1, 2016 to June 30, 2016, and \$58.99 for the period between July 1, 2016 to September 30, 2016.

If you require further assistance contact a Senior Financial Analyst at the MOHLTC Financial Management Branch.

Submitting the Worksheet

Sign-in to the same website where you initially retrieved your blank RevOcc worksheet <https://hsimi.ca/LTCHome>

Click on the "Jan - Sep 2016 Revenue Occupancy Report" link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed RevOcc worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Revenue Occupancy Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, mail a CD/DVD with your completed Revocc worksheet file, making sure it reaches the MOHLTC Financial Management Branch on or before the due date.



Ministry of Health and Long Term Care
2016 Long-Term Care Home Revenue/Occupancy Report
For the period from January 1, 2016 to September 30, 2016

MOHLTC Facility# HF4588 Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton

Current Revenue Period		Actual Resident Days				Resident Revenue Charged							
						Jan. 1 to Mar. 31		Apr. 1 to Jun. 30		Jul. 1 to Sep. 30		Total Revenue	
		Jan. 1 to Mar. 31	Apr. 1 to Jun. 30	Jul. 1 to Sep. 30	Total Actual Resident Days	Basic Revenue	Preferred Revenue	Basic Revenue	Preferred Revenue	Basic Revenue	Preferred Revenue	Basic Revenue	Preferred Revenue
		(a)	(b)	(c)	(d) = (a) + (b) + (c)	(e)	(applicable to the premium charged above the maximum daily rate of \$58.35) (f)	(g)	(applicable to the premium charged above the maximum daily rate of \$58.35) (h)	(i)	(applicable to premium charged above the maximum daily rate of \$58.99) (j)	(k) = (e) + (g) + (i)	(l) = (f) + (h) + (j)
1	Long-Stay - Private	9,790	9,793	9,891	29,474	\$573,093	\$207,087	\$572,899	\$208,768	\$578,933	\$212,433	\$1,724,925	\$628,288
2	Long-Stay - Semi - Private				0							\$0	\$0
3	Long-Stay - Basic	6,519	6,519	6,621	19,659	\$312,341		\$310,666		\$328,137		\$951,144	
4	Short-Stay Respite Care				0							\$0	
5	Long Stay two-bed room (Shared by spouses)				0							\$0	
6	Total Long-Stay beds and Short-Stay Respite Care beds (Sum of lines 1 through 5)	16,309	16,312	16,512	49,133	\$885,435	\$207,087	\$883,565	\$208,768	\$907,070	\$212,433	\$2,676,070	\$628,288
7	Interim Short-Stay - Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
8	Interim Short-Stay - Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
9	Interim Short Stay - Semi-Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
10	Interim Short Stay - Semi-Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
11	Interim Short Stay - Basic (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
12	Interim Short Stay - Basic (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
13	Interim Short Stay two-bed room (Shared by spouses) (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
14	Interim Short Stay two-bed room (Shared by spouses) (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
15	Total Interim Short-Stay beds (Sum of lines 7 through 14)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16	Convalescent Care Beds (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
17	Convalescent Care Beds (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
18	Total Convalescent Care Beds (Sum of lines 16 through 17)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Interim Short-Stay Beds and Convalescent Care Beds funded from Sector Reallocation and/or Urgent Priorities Fund (UPF) use lines 8, 10, 12, 14, and 17 to report actual resident days and revenue from resident co-payment charged, as applicable. Interim Short-Stay Beds and Convalescent Care Beds NOT funded from Sector Reallocation and/or UPF, use lines 7, 9, 11, 13, and 16 to report actual resident days and revenue from resident co-payment charged, as applicable.

Certification by Home:
 I hereby certify that, to the best of my knowledge, the data in the "2016 Long Term Care Home Revenue Occupancy Report" is true, correct and agrees with the books and records of the Home and has been prepared in accordance with financial policies for Long-Term Care Homes, provided by the Ministry of Health and Long-Term Care.

Bryan Babbs
 Signature/Name of Signing Officer

Bryan.Babbs@Ottawa.ca
 Email Address:

613-580-2424 X15822
 Telephone:

Finance Coordinator - Long Term Care
 Position

2016-10-13
 Date (YYYY-MM-DD)

Ministry of Health and Long Term Care

2016 Long-Term Care Home Revenue/Occupancy Report INSTRUCTION SHEET

INSTRUCTIONS - PLEASE READ ENTIRELY!

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

For providers with multiple homes, please download and re-submit a separate revocc file for each home. Do not attempt to merge the files and submit everything under just one account.

Do not re-name the tabs/sheets in this workbook.

The "Resident Revenue Charged" column should ONLY include the basic portion of resident co-payment. For example, it would not exceed \$58.35 per diem for the period between January 1, 2016 to June 30, 2016, and \$58.99 for the period between July 1, 2016 to September 30, 2016.

If you require further assistance contact a Senior Financial Analyst at the MOHLTC Financial Management Branch.

Submitting the Worksheet

Sign-in to the same website where you initially retrieved your blank RevOcc worksheet <https://hsimi.ca/LTCHome>

Click on the "Jan - Sep 2016 Revenue Occupancy Report" link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed RevOcc worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Revenue Occupancy Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, mail a CD/DVD with your completed Revocc worksheet file, making sure it reaches the MOHLTC Financial Management Branch on or before the due date.



Ministry of Health and Long Term Care
2016 Long-Term Care Home Revenue/Occupancy Report
 For the period from January 1, 2016 to September 30, 2016

MOHLTC Facility# : H114306
 Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton

Current Revenue Period		Actual Resident Days				Resident Revenue Charged							
		Jan. 1 to Mar. 31 (a)	Apr. 1 to Jun. 30 (b)	Jul. 1 to Sep. 30 (c)	Total Actual Resident Days (d) = (a) + (b) + (c)	Jan. 1 to Mar. 31		Apr. 1 to Jun. 30		Jul. 1 to Sep. 30		Total Revenue	
						Basic Revenue (e)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (f)	Basic Revenue (g)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (h)	Basic Revenue (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.99) (j)	Basic Revenue (k) = (e) + (g) + (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.35 for the period January 1 through June 30, and \$58.99 for the period July 1 through September 30) (l) = (f) + (h) + (j)
1	Long-Stay - Private	11,106	11,355	11,543	34,004	\$649,702	\$234,619	\$664,411	\$244,316	\$675,490	\$250,989	\$1,989,603	\$729,924
2	Long-Stay - Semi - Private				0							\$0	\$0
3	Long-Stay - Basic	7,793	7,683	7,665	23,141	\$384,832		\$377,624		\$379,835		\$1,142,291	
4	Short-Stay Respite Care				0							\$0	
5	Long Stay two-bed room (Shared by spouses)				0							\$0	
6	Total Long-Stay beds and Short-Stay Respite Care beds (Sum of lines 1 through 5)	18,899	19,038	19,208	57,145	\$1,034,534	\$234,619	\$1,042,035	\$244,316	\$1,055,325	\$250,989	\$3,131,894	\$729,924
7	Interim Short-Stay - Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
8	Interim Short-Stay - Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
9	Interim Short Stay - Semi-Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
10	Interim Short Stay - Semi-Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
11	Interim Short Stay - Basic (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*	424	455	460	1,339	\$19,653		\$20,780		\$20,643		\$61,076	
12	Interim Short Stay - Basic (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
13	Interim Short Stay two-bed room (Shared by spouses) (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
14	Interim Short Stay two-bed room (Shared by spouses) (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
15	Total Interim Short-Stay beds (Sum of lines 7 through 14)	424	455	460	1,339	\$19,653	\$0	\$20,780	\$0	\$20,643	\$0	\$61,076	\$0
16	Convalescent Care Beds (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
17	Convalescent Care Beds (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
18	Total Convalescent Care Beds (Sum of lines 16 through 17)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Interim Short-Stay Beds and Convalescent Care Beds funded from Sector Reallocation and/or Urgent Priorities Fund (UPF) use lines 8, 10, 12, 14, and 17 to report actual resident days and revenue from resident co-payment charged, as applicable. Interim Short-Stay Beds and Convalescent Care Beds NOT funded from Sector Reallocation and/or UPF, use lines 7, 9, 11, 13, and 16 to report actual resident days and revenue from resident co-payment charged, as applicable.

Certification by Home:

I hereby certify that, to the best of my knowledge, the data in the "2016 Long Term Care Home Revenue Occupancy Report" is true, correct and agrees with the books and records of the Home and has been prepared in accordance with financial policies for Long-Term Care Homes, provided by the Ministry of Health and Long-Term Care.

Bryan Babbs
 Signature/Name of Signing Officer

Bryan.Babbs@Ottawa.ca
 Email Address:

613-580-2424 X15822
 Telephone:

Finance Coordinator - Long Term Care
 Position

2016-10-13
 Date (YYYY-MM-DD)

Ministry of Health and Long Term Care

2016 Long-Term Care Home Revenue/Occupancy Report INSTRUCTION SHEET

INSTRUCTIONS - PLEASE READ ENTIRELY!

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

For providers with multiple homes, please download and re-submit a separate revocc file for each home. Do not attempt to merge the files and submit everything under just one account.

Do not re-name the tabs/sheets in this workbook.

The "Resident Revenue Charged" column should ONLY include the basic portion of resident co-payment. For example, it would not exceed \$58.35 per diem for the period between January 1, 2016 to June 30, 2016, and \$58.99 for the period between July 1, 2016 to September 30, 2016.

If you require further assistance contact a Senior Financial Analyst at the MOHLTC Financial Management Branch.

Submitting the Worksheet

Sign-in to the same website where you initially retrieved your blank RevOcc worksheet <https://hsimi.ca/LTCHome>

Click on the "Jan - Sep 2016 Revenue Occupancy Report" link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed RevOcc worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Revenue Occupancy Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, mail a CD/DVD with your completed Revocc worksheet file, making sure it reaches the MOHLTC Financial Management Branch on or before the due date.



Ministry of Health and Long Term Care
2016 Long-Term Care Home Revenue/Occupancy Report
 For the period from January 1, 2016 to September 30, 2016

MOHLTC Facility# H11655	Operator Name : Carleton Lodge
----------------------------	-----------------------------------

Current Revenue Period	Actual Resident Days				Resident Revenue Charged							
	Jan. 1 to Mar. 31 (a)	Apr. 1 to Jun. 30 (b)	Jul. 1 to Sep. 30 (c)	Total Actual Resident Days (d) = (a) + (b) + (c)	Jan. 1 to Mar. 31		Apr. 1 to Jun. 30		Jul. 1 to Sep. 30		Total Revenue	
					Basic Revenue (e)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (f)	Basic Revenue (g)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (h)	Basic Revenue (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.99) (j)	Basic Revenue (k) = (e) + (g) + (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.35 for the period January 1 through June 30, and \$58.99 for the period July 1 through September 30) (l) = (f) + (h) + (j)
1 Long-Stay - Private	8,675	8,683	8,806	26,164	\$507,309	\$187,438	\$507,936	\$191,710	\$515,268	\$195,944	\$1,530,513	\$575,091
2 Long-Stay - Semi - Private				0							\$0	\$0
3 Long-Stay - Basic	5,706	5,733	5,770	17,209	\$282,034		\$280,389		\$282,568		\$844,991	
4 Short-Stay Respite Care				0							\$0	
5 Long Stay two-bed room (Shared by spouses)				0							\$0	
6 Total Long-Stay beds and Short-Stay Respite Care beds (Sum of lines 1 through 5)	14,381	14,416	14,576	43,373	\$789,343	\$187,438	\$788,325	\$191,710	\$797,837	\$195,944	\$2,375,504	\$575,091
7 Interim Short-Stay - Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
8 Interim Short-Stay - Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
9 Interim Short Stay - Semi-Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
10 Interim Short Stay - Semi-Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
11 Interim Short Stay - Basic (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*	91	91	92	274	\$3,813		\$3,813		\$3,813		\$11,440	
12 Interim Short Stay - Basic (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
13 Interim Short Stay two-bed room (Shared by spouses) (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
14 Interim Short Stay two-bed room (Shared by spouses) (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
15 Total Interim Short-Stay beds (Sum of lines 7 through 14)	91	91	92	274	\$3,813	\$0	\$3,813	\$0	\$3,813	\$0	\$11,440	\$0
16 Convalescent Care Beds (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
17 Convalescent Care Beds (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
18 Total Convalescent Care Beds (Sum of lines 16 through 17)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Interim Short-Stay Beds and Convalescent Care Beds funded from Sector Reallocation and/or Urgent Priorities Fund (UPF) use lines 8, 10, 12, 14, and 17 to report actual resident days and revenue from resident co-payment charged, as applicable. Interim Short-Stay Beds and Convalescent Care Beds NOT funded from Sector Reallocation and/or UPF, use lines 7, 9, 11, 13, and 16 to report actual resident days and revenue from resident co-payment charged, as applicable.

Certification by Home:
 I hereby certify that, to the best of my knowledge, the data in the "2016 Long Term Care Home Revenue Occupancy Report" is true, correct and agrees with the books and records of the Home and has been prepared in accordance with financial policies for Long-Term Care Homes, provided by the Ministry of Health and Long-Term Care.

Bryan Babbs
 Signature/Name of Signing Officer

Finance Coordinator - Long Term Care
 Position

2016-10-13
 Date (YYYY-MM-DD)

Bryan.Babbs@Ottawa.ca
 Email Address:
613-580-2424 X15822
 Telephone:

Ministry of Health and Long Term Care

2016 Long-Term Care Home Revenue/Occupancy Report INSTRUCTION SHEET

INSTRUCTIONS - PLEASE READ ENTIRELY!

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

For providers with multiple homes, please download and re-submit a separate revocc file for each home. Do not attempt to merge the files and submit everything under just one account.

Do not re-name the tabs/sheets in this workbook.

The "Resident Revenue Charged" column should ONLY include the basic portion of resident co-payment. For example, it would not exceed \$58.35 per diem for the period between January 1, 2016 to June 30, 2016, and \$58.99 for the period between July 1, 2016 to September 30, 2016.

If you require further assistance contact a Senior Financial Analyst at the MOHLTC Financial Management Branch.

Submitting the Worksheet

Sign-in to the same website where you initially retrieved your blank RevOcc worksheet <https://hsimi.ca/LTCHome>

Click on the "Jan - Sep 2016 Revenue Occupancy Report" link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed RevOcc worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Revenue Occupancy Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, mail a CD/DVD with your completed Revocc worksheet file, making sure it reaches the MOHLTC Financial Management Branch on or before the due date.



Ministry of Health and Long Term Care
2016 Long-Term Care Home Revenue/Occupancy Report
For the period from January 1, 2016 to September 30, 2016

MOHLTC Facility# H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
----------------------------	---

Current Revenue Period		Actual Resident Days				Resident Revenue Charged							
		Jan. 1 to Mar. 31 (a)	Apr. 1 to Jun. 30 (b)	Jul. 1 to Sep. 30 (c)	Total Actual Resident Days (d) = (a) + (b) + (c)	Jan. 1 to Mar. 31		Apr. 1 to Jun. 30		Jul. 1 to Sep. 30		Total Revenue	
						Basic Revenue (e)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (f)	Basic Revenue (g)	Preferred Revenue (applicable to the premium charged above the maximum daily rate of \$58.35) (h)	Basic Revenue (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.99) (j)	Basic Revenue (k) = (e) + (g) + (i)	Preferred Revenue (applicable to premium charged above the maximum daily rate of \$58.35 for the period January 1 through June 30, and \$58.99 for the period July 1 through September 30) (l) = (f) + (h) + (j)
1	Long-Stay - Private	7,574	7,514	7,574	22,662	\$443,022	\$160,854	\$439,691	\$160,708	\$443,192	\$164,585	\$1,325,905	\$486,148
2	Long-Stay - Semi - Private	1,001	1,056	1,086	3,143	\$58,569	\$10,403	\$61,812	\$11,079	\$63,611	\$11,574	\$183,992	\$33,056
3	Long-Stay - Basic	5,865	5,877	5,950	17,692	\$280,200		\$281,145		\$288,333		\$849,678	
4	Short-Stay Respite Care				0							\$0	
5	Long Stay two-bed room (Shared by spouses)				0							\$0	
6	Total Long-Stay beds and Short-Stay Respite Care beds (Sum of lines 1 through 5)	14,440	14,447	14,610	43,497	\$781,791	\$171,257	\$782,648	\$171,787	\$795,136	\$176,159	\$2,359,574	\$519,204
7	Interim Short-Stay - Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
8	Interim Short-Stay - Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
9	Interim Short Stay - Semi-Private (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
10	Interim Short Stay - Semi-Private (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
11	Interim Short Stay - Basic (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
12	Interim Short Stay - Basic (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
13	Interim Short Stay two-bed room (Shared by spouses) (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
14	Interim Short Stay two-bed room (Shared by spouses) (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	
15	Total Interim Short-Stay beds (Sum of lines 7 through 14)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
16	Convalescent Care Beds (Not Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
17	Convalescent Care Beds (Funded from Sector Reallocation and/or Urgent Priorities Fund)*				0							\$0	\$0
18	Total Convalescent Care Beds (Sum of lines 16 through 17)	0	0	0	0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

*Interim Short-Stay Beds and Convalescent Care Beds funded from Sector Reallocation and/or Urgent Priorities Fund (UPF) use lines 8, 10, 12, 14, and 17 to report actual resident days and revenue from resident co-payment charged, as applicable. Interim Short-Stay Beds and Convalescent Care Beds NOT funded from Sector Reallocation and/or UPF, use lines 7, 9, 11, 13, and 16 to report actual resident days and revenue from resident co-payment charged, as applicable.

Certification by Home:
 I hereby certify that, to the best of my knowledge, the data in the "2016 Long Term Care Home Revenue Occupancy Report" is true, correct and agrees with the books and records of the Home and has been prepared in accordance with financial policies for Long-Term Care Homes, provided by the Ministry of Health and Long-Term Care.

Bryan Babbs
 Signature/Name of Signing Officer

Bryan.Babbs@Ottawa.ca
 Email Address:

613-580-2424 X15822
 Telephone:

Finance Coordinator - Long Term Care
 Position

2016-10-13
 Date (YYYY-MM-DD)

Document 2B

Long-Term Care Home Annual Reconciliation Report

- Garry J. Armstrong
- Peter D. Clark
- Carleton Lodge
- Centre d'accueil Champlain

INSTRUCTIONS - PLEASE READ ENTIRELY

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

Do not re-name the tabs/sheets in this workbook. Do not change headings, insert columns or rows, or change cell formulas.

All dates in this workbook need to be entered in ISO format: YYYY-MM-DD.

Grey spreadsheet cells indicate calculated totals and/or for Ministry use only; those cells do not accept data entry.

FOR OPERATORS WITH MULTIPLE HOMES - Please log-in to the website separately for each home, to download the blank workbooks and to submit the completed workbooks individually. Do not attempt to merge the files and submit everything under just one account, because the Ministry's software will not be able to process the data.

If there are workbook bugs or fixes required, current details will be listed in a pdf called "2015 AR Workbook Fixes" at <https://hsimi.ca/LTCHome>.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

If you require further assistance, please contact the MOHLTC Financial Management Branch.

Submitting the completed Worksheet

Sign-in to the same website where you initially retrieved your blank Annual Report worksheet <https://hsimi.ca/LTCHome>

Click on the "2015 Annual Report (AR) " link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed Annual Report worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Annual Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, please find another means to send in your completed Annual Report worksheet file, ensuring that it reaches the MOHLTC Financial Management Branch on or before the due date.

And finally, please MAIL the completed, signed, and audited hard copy of the 2015 Long-Term Care Home Annual Report to the MOHLTC Financial Management Branch by the due date.

MOHLTC Facility # HF4588	Operator Name Garry J Armstrong - Regional Municipality of Ottawa-Carleton
LHIN Name Champlain Local Health Integration Network	

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

Current Revenue Period	Resident Days				Resident Revenue	
	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)	Basic Fees (2)	Preferred Fees (3)
A001 Long-Stay - Private	9,644	9,801	19,755	39,200	2,259,545	795,827
A002 Long-Stay - Semi - Private				0		
A003 Long-Stay - Basic	6,448	6,483	13,166	26,097	1,230,733	
A004 Long-Stay two-bed room (Shared by spouses)				0		
A005 Short-Stay - Respite Care				0		
A006 Total Level of Care Long-Stay and Short Stay-Respite Care Beds. (Sum of lines A001 through A005)	16,092	16,284	32,921	65,297	3,490,278	795,827
A007 Interim Short-Stay - Private				0		
A008 Interim Short Stay - Semi-Private				0		
A009 Interim Short Stay - Basic				0		
A010 Interim Short-Stay - two-bed room (Shared by spouses)				0		
A011 Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0
A012 Convalescent Care Beds				0		

A015	The uncharged portion of the Resident Co-payment Revenue for charges below the maximum basic accommodation rate outlined in the applicable legislation governing the long-term care home and for charges below the reduced basic accommodation rate determined by the Director for the resident	
------	---	--

		Resident-Days			
Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Orientation and Fill rate period in 2015 and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the orientation and Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre-Move Occupancy Days for Classified "D" Replacement beds, and the 90 day fill-rate period for specialized unit beds.				0
A020b	Actual Short-stay Respite-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Orientation and/or Fill Rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds				0

		Resident-Days			
Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill-Rate Period				0
A021b	Actual Convalescent Care bed resident-days in line A012 during the 90-day Orientation Period				0

		Resident-Days			
Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0
A022c	Actual Resident-days in line A012 during ORP Period				0

MOHLTC Facility # HF4588	Operator Name Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

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

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2014		

Resident Bad Debt on 2015 Basic Accommodation Fees			For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	22,468	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$22,468	

Section B - Actual Other Recoverable Revenue

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

Ontario 2015 Long-Term Care Home Annual Report
 Ministry of Health and Long-Term Care For the period from 2015-01-01 to 2015-12-31

Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # **HF4588** Operator Name: **Garry J Armstrong - Regional Municipality of Ottawa-Carleton**

Section C - Actual Expenditures - Nursing and Personal Care

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Nursing and Personal Care (NPC) - Direct Care								
C001 Salaries	7,369,583		7,369,583				0	
C002 Employee Benefits	1,459,024		1,459,024				0	
C003 Purchased Services	6,178		6,178				0	
C004 Sub-Total Nursing and Personal Care - Direct Care (Sum of lines C001 through C003)	\$8,834,785	\$0	\$8,834,785		\$0	\$0	\$0	
Nursing and Personal Care (NPC) - Administration								
C005 Salaries	371,380		371,380				0	
C006 Employee Benefits	85,648		85,648				0	
C007 Purchased Services			0				0	
C008 Medical and Nursing Supplies	159,764		159,764				0	
C009 Equipment - New			0				0	
C010 Equipment - Replacements	4,035		4,035				0	
C011 Equipment - Leasing			0				0	
C012 Equipment - Maintenance	8,513		8,513				0	
C013 Education & Training - Supplies and Services			0				0	
C014 Attendance Costs - Staff education and Training			0				0	
C015 Incontinence Supplies	71,613		71,613				0	
C016 Medical Directors Fee	24,435		24,435				0	
C017 Physician On-Call Coverage	17,618		17,618				0	
C018 Other: Provide description			0				0	
C019 Expenditure Recoveries (enter as negative)	(17,939)		(17,939)				-	
C020 Sub Total Nursing and Personal Care - Administration (Sum of lines C005 through C019)	\$725,067	\$0	\$725,067		\$0	\$0	\$0	
C021 Total Nursing and Personal Care (Sum of lines C004 and C020)	\$9,559,852	\$0	\$9,559,852		\$0	\$0	\$0	

Note: Claim-based not to be included.

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Registered Practical Nurse (RPN) Initiative		
C025 Report the total eligible expenses funded from the RPN initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C025 will be used to determine any unused funding from the RPN initiative.	131,616	
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
C026 Report under column 1 the total eligible expenses under the Nursing and Personal Care envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Nursing and Personal Care envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines C001 through C021, as applicable.		
RAI MDS Co-ordinator Sustainability Funding		
C027 Report the total eligible expenses funded from the RAI MDS Co-ordinator Sustainability Funding. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C027 will be used to determine any unused funding from the RAI MDS Co-ordinator Sustainability Funding. Expense related to the One-Time and/or Implementation Funding must NOT be reported in Section C of the Report.	95,832	
Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative		
C028 Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C028 will be used to determine any unused funding from the RN & RPN - BSO initiative.		
Personal Support Worker (PSW) - BSO initiative		
C029 Report the total eligible expenses funded from the PSW - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C029 will be used to determine any unused funding from the PSW - BSO initiative.	28,296	
Enhanced Transition Support Funding		
C030 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C021, as applicable.		
Designated Specialized Units - Additional Funding		
C031 Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C021, as applicable.		

Ontario 2015 Long-Term Care Home Annual Report
 For the period from 2015-01-01 to 2015-12-31

Ministry of Health and Long-Term Care
 Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # HF4588 Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton

Section D - Actual Expenditures - Program and Support Services

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Program and Support Services (PSS)								
D001 Salaries	407,210		407,210				0	
D002 Employee Benefits	96,105		96,105				0	
D003 Purchased Services	168,583		168,583				0	
D004 Supplies	22,046		22,046				0	
D005 Equipment - New			0				0	
D006 Equipment - Replacements	1,330		1,330				0	
D007 Equipment - Leasing			0				0	
D008 Equipment - Maintenance	208		208				0	
D009 Education & Training - Supplies and Services			0				0	
D010 Attendance Costs - Staff education and Training	79		79				0	
D011 Dietitian Time	70,330		70,330				0	
D012 Other: Provide description			0				0	
D013 Expenditure Recoveries (enter as negative)	(11,390)		(11,390)				0	
D014 Total Program and Support Services (Sum of lines D001 through D013)	\$754,501	\$0	\$754,501		\$0	\$0	\$0	

	For Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
D018 Report under column 1 the total eligible expenses under the Program and Support Services envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Program and Support Services envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Additional Healthcare Personnel - BSO initiative		
D019 Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D019 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Publicly Funded Physiotherapy Services (Physiotherapy Funding at \$765 per bed per year January 1 through March 31 and \$780 per bed per year effective April 1, 2015)		
D020 Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Funding) for one-on-one physiotherapy services. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D020 will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.	139,734	

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Publicly Funded Physiotherapy Services for Convalescent Care Beds only (Physiotherapy Subsidy at \$10.48 per diem January 1 through March 31 and \$10.69 per diem effective April 1, 2015)		
D021a Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for one-on-one physiotherapy services provided for Convalescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		
D021b Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for rehabilitation and other therapies provided for Convalescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Enhanced Transition Support Funding		
D022 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
D023 Report the total eligible expenses from the PSS envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines D001 through D014, as applicable.	

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Section E - Actual Expenditures - Raw Food								
Raw Food								
E001 Raw Food	568,721		568,721				0	
E002 Expenditure Recoveries (enter as negative)	(24,630)		(24,630)				0	
E003 Total Raw Food (Sum of lines E001 through E002)	\$544,091	\$0	\$544,091		\$0	\$0	\$0	

	For Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
E004 Report under column 1 the total eligible expenses under the Raw Food envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Raw Food envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines E001 through E003, as applicable.		

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Housekeeping Services (HS)								
F001 Salaries	733,042		733,042				0	
F002 Employee Benefits	155,845		155,845				0	
F003 Purchased Services	9,500		9,500				0	
F004 Supplies	57,075		57,075				0	
F005 Equipment - New	388		388				0	
F006 Equipment - Replacements			0				0	
F007 Equipment - Leasing			0				0	
F008 Equipment - Maintenance	12,850		12,850				0	
F009 Education & Training - Supplies and Services			0				0	
F010 Attendance Costs - Meetings, Conventions and Training			0				0	
F011 Other: Provide description			0				0	
F012 Expenditure Recoveries (enter as negative)			0				0	
F013 Total Housekeeping Services (Sum of lines F001 through F012)	\$968,700	\$0	\$968,700		\$0	\$0	\$0	

Section F - Actual Expenditures - Other Accommodation, continued

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Building and Property - Operations and Maintenance (B&P-OM)									
F017	Salaries			0				0	
F018	Employee Benefits			0				0	
F019	Purchased Services	64,517		64,517				0	
F020	Supplies	14,335	297,261	311,596				0	
F021	Equipment - New			0				0	
F022	Equipment - Replacements	1,323		1,323				0	
F023	Equipment - Leasing			0				0	
F024	Equipment - Maintenance	2,888		2,888				0	
F025	Building and Property - Maintenance	69,180		69,180				0	
F026	Education & Training - Supplies and Services			0				0	
F027	Attendance Costs - Meetings, Conventions and Training			0				0	
F028	Other: Provide description			0				0	
F029	Expenditure Recoveries (enter as negative)			0				0	
F030	Total Building and Property - Operations and Maintenance (Sum of lines F017 through F029)	\$152,243	\$297,261	\$449,504		\$0	\$0	\$0	

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Dietary Services (DS)								
F034	Salaries	1,389,474	1,389,474				0	
F035	Employee Benefits	235,352	235,352				0	
F036	Purchased Services		0				0	
F037	Supplies	66,840	66,840				0	
F038	Equipment - New		0				0	
F039	Equipment - Replacements	102	102				0	
F040	Equipment - Leasing		0				0	
F041	Equipment - Maintenance	11,438	11,438				0	
F042	Education & Training - Supplies and Services		0				0	
F043	Attendance Costs - Meetings, Conventions and Training		0				0	
F044	Other: Provide description		0				0	
F045	Expenditure Recoveries (enter as negative)	(24,696)	(24,696)				0	
F046	Total Dietary Services (Sum of lines F034 through F045)	\$1,678,510	\$0	\$1,678,510		\$0	\$0	\$0

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Laundry and Linen Services (L & LS)								
F050 Salaries	200,187		200,187				0	
F051 Employee Benefits	45,814		45,814				0	
F052 Purchased Services	183,118		183,118				0	
F054 Laundry Supplies	10,130		10,130				0	
F055 Equipment - New			0				0	
F056 Equipment - Replacements			0				0	
F057 Equipment - Leasing			0				0	
F058 Equipment - Maintenance	4,121		4,121				0	
F059 Education & Training - Supplies and Services			0				0	
F060 Attendance Costs - Meetings, Conventions and Training			0				0	
F061 Other: Provide description			0				0	
F062 Expenditure Recoveries (enter as negative)			0				0	
F063 Total Laundry and Linen Services (Sum of lines F050 through F062)	\$443,370	\$0	\$443,370		\$0	\$0	\$0	

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
General and Administrative (G&A)								
F067	Salaries	704,023	704,023				0	
F068	Employee Benefits	133,021	133,021				0	
F069	Purchased Services	3,069	3,069				0	
F070	Management Fees		0				0	
F071	Allocated Administration Costs		1,188,867				0	
F072	Audit Fees	3,025	3,025				0	
F073	Legal and Other Professional Fees		0				0	
F074	Funeral and Burial		0				0	
F075	Supplies	50,382	50,382				0	
F076	Equipment and Furnishings - New		0				0	
F077	Equipment and Furnishings - Replacements	1,246	1,246				0	
F078	Equipment and Furnishings - Leasing		0				0	
F079	Equipment and Furnishings - Maintenance		0				0	
F081	License Fees and Dues		0				0	
F082	Consulting Fees		0				0	
F083	Accreditation Fees	3,603	3,603				0	
F084	Association Memberships	16,902	16,902				0	
F085	Education and Training - Supplies and Services	824	824				0	
F086	Attendance Costs - Meetings, Conventions and Training	1,711	1,711				0	
F087	Honorariums and Donations		0				0	
F088	Physician on-call coverage (for the component above the NPC allocation)		0				0	
F089	Other: Provide description		0				0	
F090	Expenditure Recoveries (enter as negative)	(37,947)	(37,947)				0	
F091	Total General and Administrative (Sum of lines F067 through F090)	\$879,859	\$1,188,867		\$0	\$0	\$0	

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Facility Costs (FC)								
F097 Utilities	121,893	348,653	470,546				0	
F098 Insurance			0				0	
F099 Communications	57,653		57,653				0	
F100 Municipal Property Tax			0				0	
F102 Rent			0				0	
F103 Mortgage Interest			0				0	
F104 Interest on Operating Line of Credit			0				0	
F105 Other Interest			0				0	
F106 Amortization/Depreciation			0				0	
F107 Other: Provide description			0				0	
F108 Expenditure Recoveries (enter as negative)			0				0	
F109 Total Facility Costs (Sum of lines F097 through F108)	\$179,546	\$348,653	\$528,199		\$0	\$0	\$0	
F110 Total Other Accommodation (Line F013 + Line F030+ Line F046 + Line F063 + Line F091 + Line F109)	\$4,302,228	\$1,834,781	\$6,137,009		\$0	\$0	\$0	
F111 Total Inadmissible Expenditures, Other Accommodation (Line F087+Line F103+Line F104+Line F105+Line F106)	\$0	\$0	\$0		\$0	\$0	\$0	
F112 Total Other Accommodation after Inadmissible Expenditures (Line F110- Line F111)	\$4,302,228	\$1,834,781	\$6,137,009		\$0	\$0	\$0	

	For Interim beds only (exclude Convalescent Care Beds) (1)	For convalescent care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
F116 Report under column 1 the total eligible expenses under the Other Accommodation envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Other Accommodation envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines F001 through F109, as applicable).		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Enhanced Transition Support Funding		
F117 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F109, as applicable.		

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section G - Awarded Beds and Replacement "D" Beds

To be completed by operators who operated Awarded beds, Replacement "D" beds, EDAP beds, and Replacement "B", "C" and Upgraded "D" beds

		Number of Beds	Date of Admission of First Resident to the Beds in column (1) (yyyy-mm-dd)	Ministry Approved Orientation Days	Ministry Approved Fill Rate Days	Number of Bed-Days in 2015 eligible for Construction Funding	Funding Per Diem for Construction Costs	Total Funding for Construction Costs
	Awarded Beds and EDAP beds	(1)	(3)	(4a)	(4b)	(5)	(6)	(7)
G001	Phase A1							
G002	Phase A2							
G003	Phase A3							
G004	Phase A4							
G005	Phase A5							
G006	EDAP							
G050	Subtotal	0						

Replacement Category "D" Beds and Replacement "B", "C" and Upgraded "D" beds

G051	Phase R1							
G052	Phase R2							
G053	Phase R3							
G054	Phase R4 (B and C beds)							
G055	Phase R5 (B and C beds)							
G056	Phase R6 (B and C beds)							
G057	Phase R7 (B and C beds)							
G058	Phase R8 (B and C beds)							
G059	Phase R9 (B and C beds)							
G060	Phase R10 (LHIN beds)							
G098	Subtotal	0						
G099	Total	0						

Ontario

2015 Long-Term Care Home Annual Report

Ministry of Health and Long-Term Care For the period from
 Ministère de la Santé et des Soins de longue durée

to

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section I: Part A.

Line Ia01- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line Ia01 Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from January 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 12 months, January 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01				\$0

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

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line Ia01b Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from November 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 2 months, November 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01b				\$0

Line Ib01b- One-time Funding for the 2014-15 fiscal year to enhance fire and electrical safety in eligible Long-Term Care (LTC) Homes.

Report on line Ib01b the total cost for all eligible goods and services related to fire and electrical safety purchased between January 1, 2015 and March 31, 2015 and received by March 31, 2015 and funded from the 2014-15 one-time funding initiative. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F. The ministry will add the costs reported on line Ib01b to eligible costs reported in Section I of the 2014 LTCH Annual Report for all eligible upgrades and services related to fire safety purchased between April 1, 2014 and December 31, 2014 and received by December 31, 2014. The sum of the costs will be reconciled against the total 2014/15 one-time fire safety funding and any unspent funds will be recovered as part of the 2015 reconciliation.

Total expenses for 3-month period from January 1, 2015 to March 31, 2015	
Ib01b	

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

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

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2015 thru December 31, 2015 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2015 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description (C)	Expenses (D)
lb1	Nurse Led Outreach	Report expenses for salaries and wages of nurses from January 1, 2015 to December 31, 2015 to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims-Based	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 by LTC Homes for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	83,803
lb3	Laboratory Services Claims	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for phlebotomy services purchased by LTC Homes.	6,300
lb4	RAI-MDS one- time funding	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Report expenses eligible for reimbursement incurred by approved homes from January 1, 2015 to December 31, 2015 to operate a LTCH Centre of Learning, Research and Innovation program.	
	One-time and project funding	Use lines IB7 through IB11, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Please report separate each funding item and provide a description below. e.g. Water Quality Testing, one-time start-up costs for designated specialized unit beds.	
lb7	Description:		
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:		
Total Expenses from Section I, Part B (sum of lines lb1 to lb11)			90,103

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(a) Calculation of Maximum Resident-Days and Accredited Bed-Days for Classified and Unclassified beds from January 1 to December 31. (Excludes Interim Short-Stay beds and Convalescent Care beds)

K001(a)	Is the Home Accredited?	Accreditation Start	Accreditation End
		Date (if yes) 2015-01-01 (yyyy-mm-dd)	Date (if yes) 2015-12-31 (yyyy-mm-dd)
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Please mark choice with "X"	

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101a	K101b	K101c	K101d	K101e	K101f
	K102a	K102b	K102c	K102d	K102e	K102f
	K103a	K103b	K103c	K103d	K103e	K103f
	K104a	K104b	K104c	K104d	K104e	K104f
	K105a	K105b	K105c	K105d	K105e	K105f
	K106a	K106b	K106c	K106d	K106e	K106f
	K107a	K107b	K107c	K107d	K107e	K107f
	K108a	K108b	K108c	K108d	K108e	K108f
	K109a	K109b	K109c	K109d	K109e	K109f
	Total January to March (sum of lines K101 through K109)				K110d	K110e
April To June	K111a	K111b	K111c	K111d	K111e	K111f
	K112a	K112b	K112c	K112d	K112e	K112f
	K113a	K113b	K113c	K113d	K113e	K113f
	K114a	K114b	K114c	K114d	K114e	K114f
	K115a	K115b	K115c	K115d	K115e	K115f
	K116a	K116b	K116c	K116d	K116e	K116f
	K117a	K117b	K117c	K117d	K117e	K117f
	K118a	K118b	K118c	K118d	K118e	K118f
	K119a	K119b	K119c	K119d	K119e	K119f
	Total April to June (sum of lines K111 through K119)				K120d	K120e
July To December	K121a	K121b	K121c	K121d	K121e	K121f
	K122a	K122b	K122c	K122d	K122e	K122f
	K123a	K123b	K123c	K123d	K123e	K123f
	K124a	K124b	K124c	K124d	K124e	K124f
	K125a	K125b	K125c	K125d	K125e	K125f
	K126a	K126b	K126c	K126d	K126e	K126f
	K127a	K127b	K127c	K127d	K127e	K127f
	K128a	K128b	K128c	K128d	K128e	K128f
	K129a	K129b	K129c	K129d	K129e	K129f
	K130a	K130b	K130c	K130d	K130e	K130f
	K131a	K131b	K131c	K131d	K131e	K131f
	K132a	K132b	K132c	K132d	K132e	K132f
	K133a	K133b	K133c	K133d	K133e	K133f
	K134a	K134b	K134c	K134d	K134e	K134f
	K135a	K135b	K135c	K135d	K135e	K135f
	K136a	K136b	K136c	K136d	K136e	K136f
	K137a	K137b	K137c	K137d	K137e	K137f
	K138a	K138b	K138c	K138d	K138e	K138f
	K139a	K139b	K139c	K139d	K139e	K139f
	Total July to December (lines K121 through K139)				K140d	K140e
Total January to December (lines K110+K120+K140)				K141d	K141e	K141f

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(b) Calculation of Maximum Resident-Days and Accredited Bed-Days for Interim Short-Stay Beds from January 1 to December 31

K001(b)	Is the Home Accredited?	Accreditation Start	Accreditation End
	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Date (if yes)	Date (if yes)
		2015-01-01	2015-12-31
		(yyyy-mm-dd)	(yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101g	K101h	K101i	K101j	K101k	K101l
	K102g	K102h	K102i	K102j	K102k	K102l
	K103g	K103h	K103i	K103j	K103k	K103l
	K104g	K104h	K104i	K104j	K104k	K104l
	K105g	K105h	K105i	K105j	K105k	K105l
	K106g	K106h	K106i	K106j	K106k	K106l
	K107g	K107h	K107i	K107j	K107k	K107l
	K108g	K108h	K108i	K108j	K108k	K108l
	K109g	K109h	K109i	K109j	K109k	K109l
	Total January to March (sum of lines K101 through K109)				K110j	K110k
April To June	K111g	K111h	K111i	K111j	K111k	K111l
	K112g	K112h	K112i	K112j	K112k	K112l
	K113g	K113h	K113i	K113j	K113k	K113l
	K114g	K114h	K114i	K114j	K114k	K114l
	K115g	K115h	K115i	K115j	K115k	K115l
	K116g	K116h	K116i	K116j	K116k	K116l
	K117g	K117h	K117i	K117j	K117k	K117l
	K118g	K118h	K118i	K118j	K118k	K118l
	K119g	K119h	K119i	K119j	K119k	K119l
	Total April to June (sum of lines K111 through K119)				K120j	K120k
July To December	K121g	K121h	K121i	K121j	K121k	K121l
	K122g	K122h	K122i	K122j	K122k	K122l
	K123g	K123h	K123i	K123j	K123k	K123l
	K124g	K124h	K124i	K124j	K124k	K124l
	K125g	K125h	K125i	K125j	K125k	K125l
	K126g	K126h	K126i	K126j	K126k	K126l
	K127g	K127h	K127i	K127j	K127k	K127l
	K128g	K128h	K128i	K128j	K128k	K128l
	K129g	K129h	K129i	K129j	K129k	K129l
	K130g	K130h	K130i	K130j	K130k	K130l
	K131g	K131h	K131i	K131j	K131k	K131l
	K132g	K132h	K132i	K132j	K132k	K132l
	K133g	K133h	K133i	K133j	K133k	K133l
	K134g	K134h	K134i	K134j	K134k	K134l
	K135g	K135h	K135i	K135j	K135k	K135l
	K136g	K136h	K136i	K136j	K136k	K136l
	K137g	K137h	K137i	K137j	K137k	K137l
	K138g	K138h	K138i	K138j	K138k	K138l
	K139g	K139h	K139i	K139j	K139k	K139l
	Total July to December (lines K121 through K139)				K140j	K140k
Total January to December (lines K110+K120+K140)				K141j	K141k	K141l

MOHLTC Facility # HF4588	Operator Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(c) - Calculation of Maximum Resident-Days and Accredited Bed-Days for Convalescent Care Beds From January 1 to December 31

K001(c)	Is the Home Accredited?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Accreditation Start Date (if yes) 2015-01-01 (yyyy-mm-dd)	Accreditation End Date (if yes) 2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited-Days
January To March	K101m	K101n	K101o	K101p	K101q	K101r
	K102m	K102n	K102o	K102p	K102q	K102r
	K103m	K103n	K103o	K103p	K103q	K103r
	K104m	K104n	K104o	K104p	K104q	K104r
	K105m	K105n	K105o	K105p	K105q	K105r
	K106m	K106n	K106o	K106p	K106q	K106r
	K107m	K107n	K107o	K107p	K107q	K107r
	K108m	K108n	K108o	K108p	K108q	K108r
	K109m	K109n	K109o	K109p	K109q	K109r
Total January to March (sum of lines K101 through K109)				K110p	K110q	K110r
April To June	K111m	K111n	K111o	K111p	K111q	K111r
	K112m	K112n	K112o	K112p	K112q	K112r
	K113m	K113n	K113o	K113p	K113q	K113r
	K114m	K114n	K114o	K114p	K114q	K114r
	K115m	K115n	K115o	K115p	K115q	K115r
	K116m	K116n	K116o	K116p	K116q	K116r
	K117m	K117n	K117o	K117p	K117q	K117r
	K118m	K118n	K118o	K118p	K118q	K118r
	K119m	K119n	K119o	K119p	K119q	K119r
Total April to June (sum of lines K111 through K119)				K120p	K120q	K120r
July To December	K121m	K121n	K121o	K121p	K121q	K121r
	K122m	K122n	K122o	K122p	K122q	K122r
	K123m	K123n	K123o	K123p	K123q	K123r
	K124m	K124n	K124o	K124p	K124q	K124r
	K125m	K125n	K125o	K125p	K125q	K125r
	K126m	K126n	K126o	K126p	K126q	K126r
	K127m	K127n	K127o	K127p	K127q	K127r
	K128m	K128n	K128o	K128p	K128q	K128r
	K129m	K129n	K129o	K129p	K129q	K129r
	K130m	K130n	K130o	K130p	K130q	K130r
	K131m	K131n	K131o	K131p	K131q	K131r
	K132m	K132n	K132o	K132p	K132q	K132r
	K133m	K133n	K133o	K133p	K133q	K133r
	K134m	K134n	K134o	K134p	K134q	K134r
	K135m	K135n	K135o	K135p	K135q	K135r
	K136m	K136n	K136o	K136p	K136q	K136r
	K137m	K137n	K137o	K137p	K137q	K137r
	K138m	K138n	K138o	K138p	K138q	K138r
K139m	K139n	K139o	K139p	K139q	K139r	
Total July to December (lines K121 through K139)				K140p	K140q	K140r
Total January to December (lines K110+K120+K140)				K141p	K141q	K141r

MOHLTC Facility # HF4588	Licensee Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Check if no accrual amounts as of December 31, 2015

Section O - Accrual Report

NURSING AND PERSONAL CARE				
#####				
	Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O001	Salaries - Collective Agreement Settlements:	0		0
O002	Salaries - Pay Equity (PE):	0		0
O003	Salaries - Vacation Pay:	364,899	364,899	407,528
O004	Salaries - (Payroll):	134,086	134,086	172,649
O005	Total Salaries (sum of lines O001 through O004)	\$498,985	\$498,985	\$580,177

O006	Employee Benefits	16,043	16,043	30,383	30,383
O007	Other (specify): Shift Premium / Stat Holiday	9,169	9,169	0	0
O008	Other (specify):	0			0
O009	TOTAL NURSING AND PERSONAL CARE (sum of lines O005 through O008)	\$524,197	\$524,197	\$610,560	\$610,560

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR NURSING AND PERSONAL CARE (Line O001)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an "X"	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O010	No	Yes				
O011	No	Yes				
O012	No	Yes				
O013	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR NURSING AND PERSONAL CARE (Line O004)

Salaries Accruals			
Expenditure Line	Closing Accrual Balance	Description / Details of Accruals	
O014	Full Time Staff	72,989	
O015	Part Time Staff	99,659	
O016	Total (sum of lines O014 through O015)	\$172,648	Column 4 line O004 is not equal to sum of line O014 to O015

Employee Benefits Accruals		
Employee Benefits (individual list not required)	Closing Accrual Balance	Description / Details of Accruals
O017	Total	30,383

Other Accruals		
Expenditure Line (specify)	Closing Accrual Balance	Description / Details of Accruals
O018		
O019		
O020	Total (sum of lines O018 through O019)	\$0

MOHLTC Facility # HF4588	Licensee Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Program and Support Services		Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
#####					
O101	Salaries - Collective Agreement Settlements:				0
O102	Salaries - Pay Equity (PE):				0
O103	Salaries - Vacation Pay:	21,629	21,629	22,025	22,025
O104	Salaries - (Payroll):	8,834	8,834	9,567	9,567
O105	Total Salaries (sum of lines O101 through O104)	\$30,463	\$30,463	\$31,592	\$31,592
O106	Employee Benefits	736	736	1,608	1,608
O107	Other (specify):	78	78	0	0
O108	Other (specify):				0
O109	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O105 through O108)	\$31,277	\$31,277	\$33,200	\$33,200

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR PROGRAM AND SUPPORT SERVICES (Line O101)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an X	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O110	No	Yes				
O111	No	Yes				
O112	No	Yes				
O113	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR PROGRAM AND SUPPORT SERVICES (Line O104)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line			
O114	Full Time Staff	4,335	
O115	Part Time Staff	5,212	
O116	Total (sum of lines O114 through O115)	\$9,547	Column 4 line O104 is not equal to sum of line O114 to O115

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
Employee Benefits (individual list not required)			
O117	Total	1,608	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line (specify)			
O118			
O119			
O120	Total (sum of lines O118 through O119)	\$0	

MOHLTC Facility # HF4588	Licensee Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Other Accommodation - To Be Completed by Red-Circled Homes

Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)- (2)+(3)
#####			
O201	Salaries - Collective Agreement Settlements:		0
O202	Salaries - Pay Equity (PE):		0
O203	Salaries - Vacation Pay:		0
O204	Salaries - (Payroll):		0
O205	Total Salaries (sum of lines O201 through O204)	\$0	\$0

O206	Employee Benefits		0
O207	Other (specify):		0
O208	Other (specify):		0
O209	TOTAL OTHER ACCOMMODATION (sum of lines O205 through O208)	\$0	\$0

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O201)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O210	No	Yes				
O211	No	Yes				
O212	No	Yes				
O213	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O204)

Salaries Accruals

Expenditure Line	Closing Accrual Balance	Description / Details of Accruals
O214		
O215		
O216	Total (sum of lines O214 through O215)	\$0

Employee Benefits Accruals

Employee Benefits (individual list not required)	Closing Accrual Balance	Description / Details of Accruals
O217	Total	

Other Accruals

Expenditure Line (specify)	Closing Accrual Balance	Description / Details of Accruals
O218		
O219		
O220	Total (sum of lines O218 through O219)	\$0

MOHLTC Facility # HF4588	Licensee Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here **and please explain:**

MOHLTC Facility #	Licensee Name :
HF4588	Garry J Armstrong - Regional Municipality of Ottawa-Carleton

Section Q - Licensee's Statement and Approval

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

City of Ottawa - Garry J Armstrong

for the Period from 2015-01-01 to 2015-12-31 was provided by management.

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

The information contained in this report is in accordance with the L-SAA, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

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

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

Approved by the Licensee on the _____ day of _____, 20____

City of Ottawa
(Print Licensee's Name)

Witness

By: Marlynne Ferguson
TITLE: Mgr. Direct Operations

(If charitable or municipal corporation, affix corporate seal where Licensee is a municipality or a non-profit corporation. Where the Licensee is a for profit nursing home provide a witness signature.)

MOHLTC Facility # HF4588	Licensee Name : Garry J Armstrong - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Independent Auditors' Report

To the Minister of Health and long-Term Care:

We have audited Sections A through G, Section I, and Section O of the accompanying 2015 Long-Term Care Home Annual Report of (legal name of licensee) "the Long-Term Care Home" for the year ended December 31, 2015 and a summary of significant accounting policies and other explanatory information (together "the Report"). The Report has been prepared by management of the Long-Term Care Home based on the reporting provisions of the 2015 Long-Term Care Annual Report Technical Instructions and Guidelines (Technical Instructions and Guidelines) and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Management's responsibility for the Report

Management of the Long-Term Care Home is responsible for the preparation of the Report in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, all applicable policies pertaining to the program funding provided for the year ended December 31, and for such internal control as management of the Long-Term Care Home determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit in accordance with Canadian Auditing Standards (CAS) under the CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Long-Term Care Home's preparation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, Sections A through G, Section I, and Section O of the 2015 Long-Term Care Home Annual Report for the year ended December 31, 2015 is prepared, in all material respects, in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Restriction on distribution and use

Without modifying our opinion, we draw attention to Section P of the Report, which describes the basis of accounting. The Report is prepared to enable the Ministry of Health and Long-Term Care, and on behalf of the Local Health Integration Network (LHIN), to calculate the allowable subsidy for the Long-Term Care Home for the January 1, 2015 to December 31, 2015 funding period. As a result, the Report may not be suitable for another purpose. Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care, and the LHIN and should not be distributed to or used by parties other than the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care and the LHIN.

Chartered Accountants, Licensed Public Accountants

(place) _____

(date) _____

MOHLTC Facility #

Licensee Name :

HF4588

Garry J Armstrong - Regional Municipality of Ottawa-Carleton

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Health and Long-Term Care:

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

for the period from _____ to _____

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

We conducted our audit in accordance with Canadian Auditing Standards (CAS) under CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly in all material respects, the position of the trust fund at year end and the activity of the funds during the year in accordance with generally accepted accounting principles.

Licensed Public Accountant

(place)

(date)

INSTRUCTIONS - PLEASE READ ENTIRELY

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

Do not re-name the tabs/sheets in this workbook. Do not change headings, insert columns or rows, or change cell formulas.

All dates in this workbook need to be entered in ISO format: YYYY-MM-DD.

Grey spreadsheet cells indicate calculated totals and/or for Ministry use only; those cells do not accept data entry.

FOR OPERATORS WITH MULTIPLE HOMES - Please log-in to the website separately for each home, to download the blank workbooks and to submit the completed workbooks individually. Do not attempt to merge the files and submit everything under just one account, because the Ministry's software will not be able to process the data.

If there are workbook bugs or fixes required, current details will be listed in a pdf called "2015 AR Workbook Fixes" at <https://hsimi.ca/LTCHome>.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

If you require further assistance, please contact the MOHLTC Financial Management Branch.

Submitting the completed Worksheet

Sign-in to the same website where you initially retrieved your blank Annual Report worksheet <https://hsimi.ca/LTCHome>

Click on the "2015 Annual Report (AR) " link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed Annual Report worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Annual Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, please find another means to send in your completed Annual Report worksheet file, ensuring that it reaches the MOHLTC Financial Management Branch on or before the due date.

And finally, please MAIL the completed, signed, and audited hard copy of the 2015 Long-Term Care Home Annual Report to the MOHLTC Financial Management Branch by the due date.

MOHLTC Facility # H114306	Operator Name Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
LHIN Name Champlain Local Health Integration Network	

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

Current Revenue Period	Resident Days				Resident Revenue	
	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)	Basic Fees (2)	Preferred Fees (3)
A001 Long-Stay - Private	11,478	11,620	23,011	46,109	2,657,412	947,025
A002 Long-Stay - Semi - Private				0		
A003 Long-Stay - Basic	7,100	7,405	15,461	29,966	1,435,636	
A004 Long-Stay two-bed room (Shared by spouses)				0		
A005 Short-Stay - Respite Care				0		
A006 Total Level of Care Long-Stay and Short Stay-Respite Care Beds. (Sum of lines A001 through A005)	18,578	19,025	38,472	76,075	4,093,048	947,025
A007 Interim Short-Stay - Private				0		
A008 Interim Short Stay - Semi-Private				0		
A009 Interim Short Stay - Basic	450	455	920	1,825	84,687	
A010 Interim Short-Stay - two-bed room (Shared by spouses)				0		
A011 Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	450	455	920	1,825	84,687	0
A012 Convalescent Care Beds				0		

A015	The uncharged portion of the Resident Co-payment Revenue for charges below the maximum basic accommodation rate outlined in the applicable legislation governing the long-term care home and for charges below the reduced basic accommodation rate determined by the Director for the resident	
------	---	--

		Resident-Days			
Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Orientation and Fill rate period in 2015 and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the orientation and Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre-Move Occupancy Days for Classified "D" Replacement beds, and the 90 day fill-rate period for specialized unit beds.				0
A020b	Actual Short-stay Respite-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Orientation and/or Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds				0

		Resident-Days			
Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill-Rate Period				0
A021b	Actual Convalescent Care bed resident-days in line A012 during the 90-day Orientation Period				0

		Resident-Days			
Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0
A022c	Actual Resident-days in line A012 during ORP Period				0

MOHLTC Facility # H14306	Operator Name Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

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

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2014		

Resident Bad Debt on 2015 Basic Accommodation Fees			For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	3,875	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$3,875	

Section B - Actual Other Recoverable Revenue

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

Ontario 2015 Long-Term Care Home Annual Report
 Ministry of Health and Long-Term Care For the period from 2015-01-01 to 2015-12-31
 Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # H14306 Operator Name: Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton

Section C - Actual Expenditures - Nursing and Personal Care

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Nursing and Personal Care (NPC) - Direct Care								
C001 Salaries	9,062,364		9,062,364				0	
C002 Employee Benefits	1,751,637		1,751,637				0	
C003 Purchased Services	5,425		5,425				0	
C004 Sub-Total Nursing and Personal Care - Direct Care (Sum of lines C001 through C003)	\$10,819,426	\$0	\$10,819,426		\$0	\$0	\$0	
Nursing and Personal Care (NPC) - Administration								
C005 Salaries	376,340		376,340				0	
C006 Employee Benefits	79,995		79,995				0	
C007 Purchased Services			0				0	
C008 Medical and Nursing Supplies	171,771		171,771				0	
C009 Equipment - New			0				0	
C010 Equipment - Replacements	998		998				0	
C011 Equipment - Leasing			0				0	
C012 Equipment - Maintenance	9,897		9,897				0	
C013 Education & Training - Supplies and Services			0				0	
C014 Attendance Costs - Staff education and Training	549		549				0	
C015 Incontinence Supplies	65,935		65,935				0	
C016 Medical Directors Fee	27,725		27,725				0	
C017 Physician On-Call Coverage	20,914		20,914				0	
C018 Other: Provide description			0				0	
C019 Expenditure Recoveries (enter as negative)	(5,666)		(5,666)				-	
C020 Sub Total Nursing and Personal Care - Administration (Sum of lines C005 through C019)	\$768,458	\$0	\$768,458		\$0	\$0	\$0	
C021 Total Nursing and Personal Care (Sum of lines C004 and C020)	\$11,587,884	\$0	\$11,587,884		\$0	\$0	\$0	

Note: Claim-based not to be included.

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Registered Practical Nurse (RPN) Initiative		
C025 Report the total eligible expenses funded from the RPN initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C025 will be used to determine any unused funding from the RPN initiative.	158,715	
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
C026 Report under column 1 the total eligible expenses under the Nursing and Personal Care envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Nursing and Personal Care envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines C001 through C021, as applicable.		
RAI MDS Co-ordinator Sustainability Funding		
C027 Report the total eligible expenses funded from the RAI MDS Co-ordinator Sustainability Funding. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C027 will be used to determine any unused funding from the RAI MDS Co-ordinator Sustainability Funding. Expense related to the One-Time and/or Implementation Funding must NOT be reported in Section C of the Report.	92,846	
Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative		
C028 Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C028 will be used to determine any unused funding from the RN & RPN - BSO initiative.	457,698	
Personal Support Worker (PSW) - BSO initiative		
C029 Report the total eligible expenses funded from the PSW - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C029 will be used to determine any unused funding from the PSW - BSO initiative.	407,721	
Enhanced Transition Support Funding		
C030 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C021, as applicable.		
Designated Specialized Units - Additional Funding		
C031 Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C021, as applicable.		

Ontario 2015 Long-Term Care Home Annual Report
 For the period from **2015-01-01** to **2015-12-31**

Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée
 MOHLTC Facility # **H14306** Operator Name : **Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton**

Section D - Actual Expenditures - Program and Support Services

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Program and Support Services (PSS)								
D001 Salaries	423,342		423,342				0	
D002 Employee Benefits	123,243		123,243				0	
D003 Purchased Services	209,058		209,058				0	
D004 Supplies	19,548		19,548				0	
D005 Equipment - New			0				0	
D006 Equipment - Replacements	691		691				0	
D007 Equipment - Leasing			0				0	
D008 Equipment - Maintenance			0				0	
D009 Education & Training - Supplies and Services	993		993				0	
D010 Attendance Costs - Staff education and Training	14		14				0	
D011 Dietitian Time	80,990		80,990				0	
D012 Other: Provide description			0				0	
D013 Expenditure Recoveries (enter as negative)	(2,389)		(2,389)				0	
D014 Total Program and Support Services (Sum of lines D001 through D013)	\$855,490	\$0	\$855,490		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
D018 Report under column 1 the total eligible expenses under the Program and Support Services envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Program and Support Services envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Additional Healthcare Personnel - BSO initiative		
D019 Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D019 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.	57,881	

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services (Physiotherapy Funding at \$765 per bed per year January 1 through March 31 and \$780 per bed per year effective April 1, 2015)		
D020 Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Funding) for one-on-one physiotherapy services. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D020 will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.	167,678	

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services for Convolescent Care Beds only (Physiotherapy Subsidy at \$10.48 per diem January 1 through March 31 and \$10.69 per diem effective April 1, 2015)		
D021a Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for one-on-one physiotherapy services provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		
D021b Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for rehabilitation and other therapies provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Enhanced Transition Support Funding		
D022 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC beds only (exclude interim beds and Convolescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
D023 Report the total eligible expenses from the PSS envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines D001 through D014, as applicable.	

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Section E - Actual Expenditures - Raw Food								
Raw Food								
E001 Raw Food	667,108		667,108				0	
E002 Expenditure Recoveries (enter as negative)	(2,149)		(2,149)				0	
E003 Total Raw Food (Sum of lines E001 through E002)	\$664,959	\$0	\$664,959		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
E004 Report under column 1 the total eligible expenses under the Raw Food envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Raw Food envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines E001 through E003, as applicable.		

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Housekeeping Services (HS)								
F001 Salaries	882,382		882,382				0	
F002 Employee Benefits	193,018		193,018				0	
F003 Purchased Services	10,758		10,758				0	
F004 Supplies	57,902		57,902				0	
F005 Equipment - New			0				0	
F006 Equipment - Replacements	1,640		1,640				0	
F007 Equipment - Leasing			0				0	
F008 Equipment - Maintenance	14,317		14,317				0	
F009 Education & Training - Supplies and Services			0				0	
F010 Attendance Costs - Meetings, Conventions and Training			0				0	
F011 Other: Provide description			0				0	
F012 Expenditure Recoveries (enter as negative)			0				0	
F013 Total Housekeeping Services (Sum of lines F001 through F012)	\$1,160,017	\$0	\$1,160,017		\$0	\$0	\$0	

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Building and Property - Operations and Maintenance (B&P-OM)								
F017	Salaries		0				0	
F018	Employee Benefits		0				0	
F019	Purchased Services	51,790	51,790				0	
F020	Supplies	36,454	369,988	406,442			0	
F021	Equipment - New			0			0	
F022	Equipment - Replacements			0			0	
F023	Equipment - Leasing			0			0	
F024	Equipment - Maintenance	1,013		1,013			0	
F025	Building and Property - Maintenance	120,255		120,255			0	
F026	Education & Training - Supplies and Services			0			0	
F027	Attendance Costs - Meetings, Conventions and Training			0			0	
F028	Other: Provide description			0			0	
F029	Expenditure Recoveries (enter as negative)			0			0	
F030	Total Building and Property - Operations and Maintenance (Sum of lines F017 through F029)	\$209,512	\$369,988	\$579,500		\$0	\$0	\$0

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Dietary Services (DS)								
F034	Salaries	1,390,972	1,390,972				0	
F035	Employee Benefits	284,770	284,770				0	
F036	Purchased Services		0				0	
F037	Supplies	234,212	234,212				0	
F038	Equipment - New		0				0	
F039	Equipment - Replacements	2,181	2,181				0	
F040	Equipment - Leasing		0				0	
F041	Equipment - Maintenance	18,337	18,337				0	
F042	Education & Training - Supplies and Services		0				0	
F043	Attendance Costs - Meetings, Conventions and Training		0				0	
F044	Other: Provide description		0				0	
F045	Expenditure Recoveries (enter as negative)	(4,638)	(4,638)				0	
F046	Total Dietary Services (Sum of lines F034 through F045)	\$1,925,834	\$0	\$1,925,834		\$0	\$0	

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Laundry and Linen Services (L & LS)								
F050	Salaries	219,450	219,450				0	
F051	Employee Benefits	35,502	35,502				0	
F052	Purchased Services	201,238	201,238				0	
F054	Laundry Supplies	14,591	14,591				0	
F055	Equipment - New		0				0	
F056	Equipment - Replacements	566	566				0	
F057	Equipment - Leasing		0				0	
F058	Equipment - Maintenance	4,134	4,134				0	
F059	Education & Training - Supplies and Services		0				0	
F060	Attendance Costs - Meetings, Conventions and Training		0				0	
F061	Other: Provide description		0				0	
F062	Expenditure Recoveries (enter as negative)		0				0	
F063	Total Laundry and Linen Services (Sum of lines F050 through F062)	\$475,481	\$475,481		\$0	\$0	\$0	

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
General and Administrative (G&A)								
F067	Salaries	598,304	598,304				0	
F068	Employee Benefits	113,105	113,105				0	
F069	Purchased Services	13,592	13,592				0	
F070	Management Fees		0				0	
F071	Allocated Administration Costs		1,426,641				0	
F072	Audit Fees	3,025	3,025				0	
F073	Legal and Other Professional Fees		0				0	
F074	Funeral and Burial		0				0	
F075	Supplies	52,814	52,814				0	
F076	Equipment and Furnishings - New		0				0	
F077	Equipment and Furnishings - Replacements	3,699	3,699				0	
F078	Equipment and Furnishings - Leasing		0				0	
F079	Equipment and Furnishings - Maintenance		0				0	
F081	License Fees and Dues		0				0	
F082	Consulting Fees		0				0	
F083	Accreditation Fees	3,603	3,603				0	
F084	Association Memberships	18,002	18,002				0	
F085	Education and Training - Supplies and Services	824	824				0	
F086	Attendance Costs - Meetings, Conventions and Training	534	534				0	
F087	Honorariums and Donations		0				0	
F088	Physician on-call coverage (for the component above the NPC allocation)		0				0	
F089	Other: Provide description		0				0	
F090	Expenditure Recoveries (enter as negative)	(27,526)	(27,526)				0	
F091	Total General and Administrative (Sum of lines F067 through F090)	\$779,976	\$1,426,641	\$2,206,617		\$0	\$0	\$0

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Facility Costs (FC)								
F097 Utilities	107,326	299,188	406,514				0	
F098 Insurance			0				0	
F099 Communications	41,721		41,721				0	
F100 Municipal Property Tax			0				0	
F102 Rent			0				0	
F103 Mortgage Interest			0				0	
F104 Interest on Operating Line of Credit			0				0	
F105 Other Interest			0				0	
F106 Amortization/Depreciation			0				0	
F107 Other: Provide description			0				0	
F108 Expenditure Recoveries (enter as negative)			0				0	
F109 Total Facility Costs (Sum of lines F097 through F108)	\$149,047	\$299,188	\$448,235		\$0	\$0	\$0	
F110 Total Other Accommodation (Line F013 + Line F030+ Line F046 + Line F063 + Line F091 + Line F109)	\$4,699,867	\$2,095,817	\$6,795,684		\$0	\$0	\$0	
F111 Total Inadmissible Expenditures, Other Accommodation (Line F087+Line F103+Line F104+Line F105+Line F106)	\$0	\$0	\$0		\$0	\$0	\$0	
F112 Total Other Accommodation after Inadmissible Expenditures (Line F110- Line F111)	\$4,699,867	\$2,095,817	\$6,795,684		\$0	\$0	\$0	

	The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors	For Interim beds only (exclude Convalescent Care Beds) (1)	For convalescent care beds only (2)
F116	Report under column 1 the total eligible expenses under the Other Accommodation envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Other Accommodation envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines F001 through F109, as applicable).		

	Enhanced Transition Support Funding	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F117	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F109, as applicable.		

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section G - Awarded Beds and Replacement "D" Beds

To be completed by operators who operated Awarded beds, Replacement "D" beds, EDAP beds, and Replacement "B", "C" and Upgraded "D" beds

		Number of Beds	Date of Admission of First Resident to the Beds in column (1) (yyyy-mm-dd)	Ministry Approved Orientation Days	Ministry Approved Fill Rate Days	Number of Bed-Days in 2015 eligible for Construction Funding	Funding Per Diem for Construction Costs	Total Funding for Construction Costs
	Awarded Beds and EDAP beds	(1)	(3)	(4a)	(4b)	(5)	(6)	(7)
G001	Phase A1							
G002	Phase A2							
G003	Phase A3							
G004	Phase A4							
G005	Phase A5							
G006	EDAP							
G050	Subtotal	0						

Replacement Category "D" Beds and Replacement "B", "C" and Upgraded "D" beds

G051	Phase R1							
G052	Phase R2							
G053	Phase R3							
G054	Phase R4 (B and C beds)							
G055	Phase R5 (B and C beds)							
G056	Phase R6 (B and C beds)							
G057	Phase R7 (B and C beds)							
G058	Phase R8 (B and C beds)							
G059	Phase R9 (B and C beds)							
G060	Phase R10 (LHIN beds)							
G098	Subtotal	0						
G099	Total	0						

Ontario

2015 Long-Term Care Home Annual Report

Ministry of Health and Long-Term Care For the period from
Ministère de la Santé et des Soins de longue durée

to

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section I: Part A.

Line Ia01- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01 Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from January 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 12 months, January 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01				\$0

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

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from November 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 2 months, November 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01b				\$0

Line Ib01b- One-time Funding for the 2014-15 fiscal year to enhance fire and electrical safety in eligible Long-Term Care (LTC) Homes.

Report on line 1b01b the total cost for all eligible goods and services related to fire and electrical safety purchased between January 1, 2015 and March 31, 2015 and received by March 31, 2015 and funded from the 2014-15 one-time funding initiative. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F. The ministry will add the costs reported on line 1b01b to eligible costs reported in Section I of the 2014 LTCH Annual Report for all eligible upgrades and services related to fire safety purchased between April 1, 2014 and December 31, 2014 and received by December 31, 2014. The sum of the costs will be reconciled against the total 2014/15 one-time fire safety funding and any unspent funds will be recovered as part of the 2015 reconciliation.

Total expenses for 3-month period from January 1, 2015 to March 31, 2015	
Ib01b	

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

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

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2015 thru December 31, 2015 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2015 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description (C)	Expenses (D)
lb1	Nurse Led Outreach	Report expenses for salaries and wages of nurses from January 1, 2015 to December 31, 2015 to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims-Based	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 by LTC Homes for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	9,342
lb3	Laboratory Services Claims	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for phlebotomy services purchased by LTC Homes.	10,915
lb4	RAI-MDS one- time funding	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Report expenses eligible for reimbursement incurred by approved homes from January 1, 2015 to December 31, 2015 to operate a LTCH Centre of Learning, Research and Innovation program.	
	One-time and project funding	Use lines IB7 through IB11, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Please report separate each funding item and provide a description below. e.g. Water Quality Testing, one-time start-up costs for designated specialized unit beds.	
lb7	Description:		
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:		
Total Expenses from Section I, Part B (sum of lines lb1 to lb11)			20,257

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(a) Calculation of Maximum Resident-Days and Accredited Bed-Days for Classified and Unclassified beds from January 1 to December 31. (Excludes Interim Short-Stay beds and Convalescent Care beds)

K001(a)	Is the Home Accredited?	Accreditation Start Date (if yes) 2015-01-01 (yyyy-mm-dd)	Accreditation End Date (if yes) 2015-12-31 (yyyy-mm-dd)
	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Please mark choice with "X"	

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101a	K101b	K101c	K101d	K101e	K101f
	K102a	K102b	K102c	K102d	K102e	K102f
	K103a	K103b	K103c	K103d	K103e	K103f
	K104a	K104b	K104c	K104d	K104e	K104f
	K105a	K105b	K105c	K105d	K105e	K105f
	K106a	K106b	K106c	K106d	K106e	K106f
	K107a	K107b	K107c	K107d	K107e	K107f
	K108a	K108b	K108c	K108d	K108e	K108f
	K109a	K109b	K109c	K109d	K109e	K109f
	Orientation Days	Total January to March (sum of lines K101 through K109)			K110d	K110e
April To June	K111a	K111b	K111c	K111d	K111e	K111f
	K112a	K112b	K112c	K112d	K112e	K112f
	K113a	K113b	K113c	K113d	K113e	K113f
	K114a	K114b	K114c	K114d	K114e	K114f
	K115a	K115b	K115c	K115d	K115e	K115f
	K116a	K116b	K116c	K116d	K116e	K116f
	K117a	K117b	K117c	K117d	K117e	K117f
	K118a	K118b	K118c	K118d	K118e	K118f
	K119a	K119b	K119c	K119d	K119e	K119f
	Orientation Days	Total April to June (sum of lines K111 through K119)			K120d	K120e
July To December	K121a	K121b	K121c	K121d	K121e	K121f
	K122a	K122b	K122c	K122d	K122e	K122f
	K123a	K123b	K123c	K123d	K123e	K123f
	K124a	K124b	K124c	K124d	K124e	K124f
	K125a	K125b	K125c	K125d	K125e	K125f
	K126a	K126b	K126c	K126d	K126e	K126f
	K127a	K127b	K127c	K127d	K127e	K127f
	K128a	K128b	K128c	K128d	K128e	K128f
	K129a	K129b	K129c	K129d	K129e	K129f
	K130a	K130b	K130c	K130d	K130e	K130f
	K131a	K131b	K131c	K131d	K131e	K131f
	K132a	K132b	K132c	K132d	K132e	K132f
	K133a	K133b	K133c	K133d	K133e	K133f
	K134a	K134b	K134c	K134d	K134e	K134f
	K135a	K135b	K135c	K135d	K135e	K135f
	K136a	K136b	K136c	K136d	K136e	K136f
	K137a	K137b	K137c	K137d	K137e	K137f
	K138a	K138b	K138c	K138d	K138e	K138f
	K139a	K139b	K139c	K139d	K139e	K139f
	Orientation Days	Total July to December (lines K121 through K139)			K140d	K140e
	Total January to December (lines K110+K120+K140)			K141d	K141e	K141f

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(b) Calculation of Maximum Resident-Days and Accredited Bed-Days for Interim Short-Stay Beds from January 1 to December 31

K001(b)	Is the Home Accredited?	Accreditation Start	Accreditation End
	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Date (if yes)	Date (if yes)
		2015-01-01 (yyyy-mm-dd)	2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101g	K101h	K101i	K101j	K101k	K101l
	K102g	K102h	K102i	K102j	K102k	K102l
	K103g	K103h	K103i	K103j	K103k	K103l
	K104g	K104h	K104i	K104j	K104k	K104l
	K105g	K105h	K105i	K105j	K105k	K105l
	K106g	K106h	K106i	K106j	K106k	K106l
	K107g	K107h	K107i	K107j	K107k	K107l
	K108g	K108h	K108i	K108j	K108k	K108l
	K109g	K109h	K109i	K109j	K109k	K109l
	Total January to March (sum of lines K101 through K109)				K110j	K110k
April To June	K111g	K111h	K111i	K111j	K111k	K111l
	K112g	K112h	K112i	K112j	K112k	K112l
	K113g	K113h	K113i	K113j	K113k	K113l
	K114g	K114h	K114i	K114j	K114k	K114l
	K115g	K115h	K115i	K115j	K115k	K115l
	K116g	K116h	K116i	K116j	K116k	K116l
	K117g	K117h	K117i	K117j	K117k	K117l
	K118g	K118h	K118i	K118j	K118k	K118l
	K119g	K119h	K119i	K119j	K119k	K119l
	Total April to June (sum of lines K111 through K119)				K120j	K120k
July To December	K121g	K121h	K121i	K121j	K121k	K121l
	K122g	K122h	K122i	K122j	K122k	K122l
	K123g	K123h	K123i	K123j	K123k	K123l
	K124g	K124h	K124i	K124j	K124k	K124l
	K125g	K125h	K125i	K125j	K125k	K125l
	K126g	K126h	K126i	K126j	K126k	K126l
	K127g	K127h	K127i	K127j	K127k	K127l
	K128g	K128h	K128i	K128j	K128k	K128l
	K129g	K129h	K129i	K129j	K129k	K129l
	K130g	K130h	K130i	K130j	K130k	K130l
	K131g	K131h	K131i	K131j	K131k	K131l
	K132g	K132h	K132i	K132j	K132k	K132l
	K133g	K133h	K133i	K133j	K133k	K133l
	K134g	K134h	K134i	K134j	K134k	K134l
	K135g	K135h	K135i	K135j	K135k	K135l
	K136g	K136h	K136i	K136j	K136k	K136l
	K137g	K137h	K137i	K137j	K137k	K137l
	K138g	K138h	K138i	K138j	K138k	K138l
	K139g	K139h	K139i	K139j	K139k	K139l
	Total July to December (lines K121 through K139)				K140j	K140k
Total January to December (lines K110+K120+K140)				K141j	K141k	K141l

MOHLTC Facility # H14306	Operator Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(c) - Calculation of Maximum Resident-Days and Accredited Bed-Days for Convalescent Care Beds From January 1 to December 31

K001(c)	Is the Home Accredited?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Accreditation Start Date (if yes) 2015-01-01 (yyyy-mm-dd)	Accreditation End Date (if yes) 2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited-Days
January To March	K101m	K101n	K101o	K101p	K101q	K101r
	K102m	K102n	K102o	K102p	K102q	K102r
	K103m	K103n	K103o	K103p	K103q	K103r
	K104m	K104n	K104o	K104p	K104q	K104r
	K105m	K105n	K105o	K105p	K105q	K105r
	K106m	K106n	K106o	K106p	K106q	K106r
	K107m	K107n	K107o	K107p	K107q	K107r
	K108m	K108n	K108o	K108p	K108q	K108r
	K109m	K109n	K109o	K109p	K109q	K109r
Total January to March (sum of lines K101 through K109)				K110p	K110q	K110r
April To June	K111m	K111n	K111o	K111p	K111q	K111r
	K112m	K112n	K112o	K112p	K112q	K112r
	K113m	K113n	K113o	K113p	K113q	K113r
	K114m	K114n	K114o	K114p	K114q	K114r
	K115m	K115n	K115o	K115p	K115q	K115r
	K116m	K116n	K116o	K116p	K116q	K116r
	K117m	K117n	K117o	K117p	K117q	K117r
	K118m	K118n	K118o	K118p	K118q	K118r
	K119m	K119n	K119o	K119p	K119q	K119r
Total April to June (sum of lines K111 through K119)				K120p	K120q	K120r
July To December	K121m	K121n	K121o	K121p	K121q	K121r
	K122m	K122n	K122o	K122p	K122q	K122r
	K123m	K123n	K123o	K123p	K123q	K123r
	K124m	K124n	K124o	K124p	K124q	K124r
	K125m	K125n	K125o	K125p	K125q	K125r
	K126m	K126n	K126o	K126p	K126q	K126r
	K127m	K127n	K127o	K127p	K127q	K127r
	K128m	K128n	K128o	K128p	K128q	K128r
	K129m	K129n	K129o	K129p	K129q	K129r
	K130m	K130n	K130o	K130p	K130q	K130r
	K131m	K131n	K131o	K131p	K131q	K131r
	K132m	K132n	K132o	K132p	K132q	K132r
	K133m	K133n	K133o	K133p	K133q	K133r
	K134m	K134n	K134o	K134p	K134q	K134r
	K135m	K135n	K135o	K135p	K135q	K135r
	K136m	K136n	K136o	K136p	K136q	K136r
	K137m	K137n	K137o	K137p	K137q	K137r
	K138m	K138n	K138o	K138p	K138q	K138r
K139m	K139n	K139o	K139p	K139q	K139r	
Total July to December (lines K121 through K139)				K140p	K140q	K140r
Total January to December (lines K110+K120+K140)				K141p	K141q	K141r

MOHLTC Facility # H14306	Licensee Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Check if no accrual amounts as of December 31, 2015

Section O - Accrual Report

NURSING AND PERSONAL CARE		Opening Accrual Balance	Payment Settlements in 2015	Current Period Accrual	Closing Accrual Balance
#####		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries - Collective Agreement Settlements:				0
O002	Salaries - Pay Equity (PE):				0
O003	Salaries - Vacation Pay:	421,015	421,015	453,812	453,812
O004	Salaries - (Payroll):	192,317	192,317	215,268	215,268
O005	Total Salaries (sum of lines O001 through O004)	\$613,332	\$613,332	\$669,080	\$669,080
O006	Employee Benefits	20,496	20,496	39,900	39,900
O007	Other (specify): Shift Premium / Stat Holiday	11,807	11,807	0	0
O008	Other (specify):				0
O009	TOTAL NURSING AND PERSONAL CARE (sum of lines O005 through O008)	\$645,635	\$645,635	\$708,980	\$708,980

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR NURSING AND PERSONAL CARE (Line O001)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an "X"	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O010	No	Yes				
O011	No	Yes				
O012	No	Yes				
O013	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR NURSING AND PERSONAL CARE (Line O004)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
O014	Full Time Staff	86,698	
O015	Part Time Staff	128,570	
O016	Total (sum of lines O014 through O015)	\$215,268	

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
O017	Total	39,900	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
O018			
O019			
O020	Total (sum of lines O018 through O019)	\$0	

MOHLTC Facility # H14306	Licensee Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Program and Support Services		Opening Accrual Balance	Payment Settlements in 2015	Current Period Accrual	Closing Accrual Balance
#####		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O101	Salaries - Collective Agreement Settlements:				0
O102	Salaries - Pay Equity (PE):				0
O103	Salaries - Vacation Pay:	28,748	28,748	23,390	23,390
O104	Salaries - (Payroll):	5,519	5,519	6,889	6,889
O105	Total Salaries (sum of lines O101 through O104)	\$34,267	\$34,267	\$30,279	\$30,279
O106	Employee Benefits	964	964	1,318	1,318
O107	Other (specify): Shift Premium	76	76	0	0
O108	Other (specify): Supp EI Benefits	468	468	0	0
O109	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O105 through O108)	\$35,775	\$35,775	\$31,597	\$31,597

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR PROGRAM AND SUPPORT SERVICES (Line O101)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an X	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O110	No	Yes				
O111	No	Yes				
O112	No	Yes				
O113	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR PROGRAM AND SUPPORT SERVICES (Line O104)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line			
O114	Full Time Staff	4,959	
O115	Part Time Staff	1,929	
O116	Total (sum of lines O114 through O115)	\$6,888	Column 4 line O104 is not equal to sum of line O114 to O115

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
Employee Benefits (individual list not required)			
O117	Total	1,318	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line (specify)			
O118			
O119			
O120	Total (sum of lines O118 through O119)	\$0	

MOHLTC Facility # H14306	Licensee Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Other Accommodation - To Be Completed by Red-Circled Homes

	Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201 Salaries - Collective Agreement Settlements:				0
O202 Salaries - Pay Equity (PE):				0
O203 Salaries - Vacation Pay:				0
O204 Salaries - (Payroll):				0
O205 Total Salaries (sum of lines O201 through O204)	\$0	\$0	\$0	\$0

O206 Employee Benefits				0
O207 Other (specify):				0
O208 Other (specify):				0
O209 TOTAL OTHER ACCOMMODATION (sum of lines O205 through O208)	\$0	\$0	\$0	\$0

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O201)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O210 No Yes						
O211 No Yes						
O212 No Yes						
O213 No Yes						

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O204)

Salaries Accruals

Expenditure Line	Closing Accrual Balance	Description / Details of Accruals
O214		
O215		
O216 Total (sum of lines O214 through O215)	\$0	

Employee Benefits Accruals

Employee Benefits (individual list not required)	Closing Accrual Balance	Description / Details of Accruals
O217 Total		

Other Accruals

Expenditure Line (specify)	Closing Accrual Balance	Description / Details of Accruals
O218		
O219		
O220 Total (sum of lines O218 through O219)	\$0	

MOHLTC Facility # H14306	Licensee Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here **and please explain:**

MOHLTC Facility #	Licensee Name :
H14306	Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton

Section Q - Licensee's Statement and Approval

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

City of Ottawa - Peter D. Clark

for the Period from 2015-01-01 to 2015-12-31 was provided by management.

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

The information contained in this report is in accordance with the L-SAA, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

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

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

Approved by the Licensee on the _____ day of _____, 20____

City of Ottawa
(Print Licensee's Name)

Witness

By: Marlynne Ferguson
NAME: Marlynne Ferguson
TITLE: Mgr. Direct Operations

(If charitable or municipal corporation, affix corporate seal where Licensee is a municipality or a non-profit corporation. Where the Licensee is a for profit nursing home provide a witness signature.)

MOHLTC Facility # H14306	Licensee Name : Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Independent Auditors' Report

To the Minister of Health and long-Term Care:

We have audited Sections A through G, Section I, and Section O of the accompanying 2015 Long-Term Care Home Annual Report of _____ (legal name of licensee) "the Long-Term Care Home" for the year ended December 31, 2015 and a summary of significant accounting policies and other explanatory information (together "the Report"). The Report has been prepared by management of the Long-Term Care Home based on the reporting provisions of the 2015 Long-Term Care Annual Report Technical Instructions and Guidelines (Technical Instructions and Guidelines) and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Management's responsibility for the Report

Management of the Long-Term Care Home is responsible for the preparation of the Report in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, all applicable policies pertaining to the program funding provided for the year ended December 31, and for such internal control as management of the Long-Term Care Home determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit in accordance with Canadian Auditing Standards (CAS) under the CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Long-Term Care Home's preparation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, Sections A through G, Section I, and Section O of the 2015 Long-Term Care Home Annual Report for the year ended December 31, 2015 is prepared, in all material respects, in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Restriction on distribution and use

Without modifying our opinion, we draw attention to Section P of the Report, which describes the basis of accounting. The Report is prepared to enable the Ministry of Health and Long-Term Care, and on behalf of the Local Health Integration Network (LHIN), to calculate the allowable subsidy for the Long-Term Care Home for the January 1, 2015 to December 31, 2015 funding period. As a result, the Report may not be suitable for another purpose. Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care, and the LHIN and should not be distributed to or used by parties other than the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care and the LHIN.

Chartered Accountants, Licensed Public Accountants

(place) _____

(date) _____

MOHLTC Facility #

Licensee Name :

H14306

Peter D. Clark Centre - Regional Municipality of Ottawa-Carleton

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Health and Long-Term Care:

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

for the period from _____ to _____

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

We conducted our audit in accordance with Canadian Auditing Standards (CAS) under CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly in all material respects, the position of the trust fund at year end and the activity of the funds during the year in accordance with generally accepted accounting principles.

Licensed Public Accountant

(place)

(date)

INSTRUCTIONS - PLEASE READ ENTIRELY

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

Do not re-name the tabs/sheets in this workbook. Do not change headings, insert columns or rows, or change cell formulas.

All dates in this workbook need to be entered in ISO format: YYYY-MM-DD.

Grey spreadsheet cells indicate calculated totals and/or for Ministry use only; those cells do not accept data entry.

FOR OPERATORS WITH MULTIPLE HOMES - Please log-in to the website separately for each home, to download the blank workbooks and to submit the completed workbooks individually. Do not attempt to merge the files and submit everything under just one account, because the Ministry's software will not be able to process the data.

If there are workbook bugs or fixes required, current details will be listed in a pdf called "2015 AR Workbook Fixes" at <https://hsimi.ca/LTCHome>.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

If you require further assistance, please contact the MOHLTC Financial Management Branch.

Submitting the completed Worksheet

Sign-in to the same website where you initially retrieved your blank Annual Report worksheet <https://hsimi.ca/LTCHome>

Click on the "2015 Annual Report (AR) " link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed Annual Report worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Annual Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, please find another means to send in your completed Annual Report worksheet file, ensuring that it reaches the MOHLTC Financial Management Branch on or before the due date.

And finally, please MAIL the completed, signed, and audited hard copy of the 2015 Long-Term Care Home Annual Report to the MOHLTC Financial Management Branch by the due date.

MOHLTC Facility # H11655	Operator Name Carleton Lodge
LHIN Name Champlain Local Health Integration Network	

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

Current Revenue Period	Resident Days				Resident Revenue	
	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)	Basic Fees (2)	Preferred Fees (3)
A001 Long-Stay - Private	8,520	8,625	17,546	34,691	1,999,492	715,573
A002 Long-Stay - Semi - Private				0		
A003 Long-Stay - Basic	5,721	5,750	11,618	23,089	1,113,772	
A004 Long-Stay two-bed room (Shared by spouses)				0		
A005 Short-Stay - Respite Care				0		
A006 Total Level of Care Long-Stay and Short Stay-Respite Care Beds. (Sum of lines A001 through A005)	14,241	14,375	29,164	57,780	3,113,264	715,573
A007 Interim Short-Stay - Private				0		
A008 Interim Short Stay - Semi-Private				0		
A009 Interim Short Stay - Basic	90	91	183	364	17,496	
A010 Interim Short-Stay - two-bed room (Shared by spouses)				0		
A011 Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	90	91	183	364	17,496	0
A012 Convalescent Care Beds				0		

A015	The uncharged portion of the Resident Co-payment Revenue for charges below the maximum basic accommodation rate outlined in the applicable legislation governing the long-term care home and for charges below the reduced basic accommodation rate determined by the Director for the resident	
------	---	--

		Resident-Days			
Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Orientation and Fill rate period in 2015 and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the orientation and Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre-Move Occupancy Days for Classified "D" Replacement beds, and the 90 day fill-rate period for specialized unit beds.				0
A020b	Actual Short-stay Respite-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Orientation and/or Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds				0

		Resident-Days			
Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill-Rate Period				0
A021b	Actual Convalescent Care bed resident-days in line A012 during the 90-day Orientation Period				0

		Resident-Days			
Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0
A022c	Actual Resident-days in line A012 during ORP Period				0

MOHLTC Facility # H11655	Operator Name Carleton Lodge
-----------------------------	---------------------------------

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

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2014		

Resident Bad Debt on 2015 Basic Accommodation Fees			For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	3,197	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$3,197	

Section B - Actual Other Recoverable Revenue

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

Ontario 2015 Long-Term Care Home Annual Report
 Ministry of Health and Long-Term Care For the period from 2015-01-01 to 2015-12-31
 Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # H11655 Operator Name: Carleton Lodge

Section C - Actual Expenditures - Nursing and Personal Care

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Nursing and Personal Care (NPC) - Direct Care								
C001 Salaries	6,792,131		6,792,131				0	
C002 Employee Benefits	1,346,034		1,346,034				0	
C003 Purchased Services	5,025		5,025				0	
C004 Sub-Total Nursing and Personal Care - Direct Care (Sum of lines C001 through C003)	\$8,143,190	\$0	\$8,143,190		\$0	\$0	\$0	

Nursing and Personal Care (NPC) - Administration								
C005 Salaries	409,760		409,760				0	
C006 Employee Benefits	90,236		90,236				0	
C007 Purchased Services			0				0	
C008 Medical and Nursing Supplies	105,141		105,141				0	
C009 Equipment - New			0				0	
C010 Equipment - Replacements	3,225		3,225				0	
C011 Equipment - Leasing			0				0	
C012 Equipment - Maintenance	12,154		12,154				0	
C013 Education & Training - Supplies and Services			0				0	
C014 Attendance Costs - Staff education and Training	22		22				0	
C015 Incontinence Supplies	64,285		64,285				0	
C016 Medical Directors Fee	19,632		19,632				0	
C017 Physician On-Call Coverage	15,753		15,753				0	
C018 Other: Provide description			0				0	
C019 Expenditure Recoveries (enter as negative)	(952)		(952)				-	
C020 Sub Total Nursing and Personal Care - Administration (Sum of lines C005 through C019)	\$719,256	\$0	\$719,256		\$0	\$0	\$0	
C021 Total Nursing and Personal Care (Sum of lines C004 and C020)	\$8,862,446	\$0	\$8,862,446		\$0	\$0	\$0	

Note: Claim-based not to be included.

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Registered Practical Nurse (RPN) Initiative		
C025 Report the total eligible expenses funded from the RPN initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C025 will be used to determine any unused funding from the RPN initiative.	119,376	

	For Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
C026 Report under column 1 the total eligible expenses under the Nursing and Personal Care envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Nursing and Personal Care envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines C001 through C021, as applicable.		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
RAI MDS Co-ordinator Sustainability Funding		
C027 Report the total eligible expenses funded from the RAI MDS Co-ordinator Sustainability Funding. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C027 will be used to determine any unused funding from the RAI MDS Co-ordinator Sustainability Funding. Expense related to the One-Time and/or Implementation Funding must NOT be reported in Section C of the Report.	93,996	

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative		
C028 Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C028 will be used to determine any unused funding from the RN & RPN - BSO initiative.		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Personal Support Worker (PSW) - BSO initiative		
C029 Report the total eligible expenses funded from the PSW - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C029 will be used to determine any unused funding from the PSW - BSO initiative.	25,272	

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Enhanced Transition Support Funding		
C030 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C021, as applicable.		

	For LTC beds only (exclude interim beds and Convalescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
C031 Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C021, as applicable.	

Ontario 2015 Long-Term Care Home Annual Report
 Ministry of Health and Long-Term Care / Ministère de la Santé et des Soins de longue durée
 For the period from 2015-01-01 to 2015-12-31

MOHLTC Facility # H11655 Operator Name : Carleton Lodge

Section D - Actual Expenditures - Program and Support Services

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Program and Support Services (PSS)								
D001 Salaries	438,265		438,265				0	
D002 Employee Benefits	103,301		103,301				0	
D003 Purchased Services	147,689		147,689				0	
D004 Supplies	20,568		20,568				0	
D005 Equipment - New			0				0	
D006 Equipment - Replacements	2,008		2,008				0	
D007 Equipment - Leasing			0				0	
D008 Equipment - Maintenance	489		489				0	
D009 Education & Training - Supplies and Services			0				0	
D010 Attendance Costs - Staff education and Training	22		22				0	
D011 Dietitian Time	59,963		59,963				0	
D012 Other: Provide description			0				0	
D013 Expenditure Recoveries (enter as negative)	(4,672)		(4,672)				0	
D014 Total Program and Support Services (Sum of lines D001 through D013)	\$767,633	\$0	\$767,633		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
D018 Report under column 1 the total eligible expenses under the Program and Support Services envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Program and Support Services envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Additional Healthcare Personnel - BSO initiative		
D019 Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D019 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services (Physiotherapy Funding at \$765 per bed per year January 1 through March 31 and \$780 per bed per year effective April 1, 2015)		
D020 Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Funding) for one-on-one physiotherapy services. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D020 will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.	124,212	

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services for Convolescent Care Beds only (Physiotherapy Subsidy at \$10.48 per diem January 1 through March 31 and \$10.69 per diem effective April 1, 2015)		
D021a Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for one-on-one physiotherapy services provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		
D021b Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for rehabilitation and other therapies provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Enhanced Transition Support Funding		
D022 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC beds only (exclude interim beds and Convolescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
D023 Report the total eligible expenses from the PSS envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines D001 through D014, as applicable.	

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Section E - Actual Expenditures - Raw Food								
Raw Food								
E001 Raw Food	497,715		497,715				0	
E002 Expenditure Recoveries (enter as negative)	(18,981)		(18,981)				0	
E003 Total Raw Food (Sum of lines E001 through E002)	\$478,734	\$0	\$478,734		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
E004 Report under column 1 the total eligible expenses under the Raw Food envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Raw Food envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines E001 through E003, as applicable.		

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section F - Actual Expenditures - Other Accommodation

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Housekeeping Services (HS)								
F001	Salaries	642,088	642,088				0	
F002	Employee Benefits	137,606	137,606				0	
F003	Purchased Services	12,168	12,168				0	
F004	Supplies	60,716	60,716				0	
F005	Equipment - New		0				0	
F006	Equipment - Replacements	2,417	2,417				0	
F007	Equipment - Leasing		0				0	
F008	Equipment - Maintenance	3,883	3,883				0	
F009	Education & Training - Supplies and Services	310	310				0	
F010	Attendance Costs - Meetings, Conventions and Training		0				0	
F011	Other: Provide description		0				0	
F012	Expenditure Recoveries (enter as negative)		0				0	
F013	Total Housekeeping Services (Sum of lines F001 through F012)	\$859,188	\$0	\$859,188		\$0	\$0	\$0

Section F - Actual Expenditures - Other Accommodation, continued

		LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Building and Property - Operations and Maintenance (B&P-OM)									
F017	Salaries			0				0	
F018	Employee Benefits			0				0	
F019	Purchased Services	47,582	402,430	450,012				0	
F020	Supplies	27,465		27,465				0	
F021	Equipment - New	1,670		1,670				0	
F022	Equipment - Replacements			0				0	
F023	Equipment - Leasing			0				0	
F024	Equipment - Maintenance	4,517		4,517				0	
F025	Building and Property - Maintenance	102,701		102,701				0	
F026	Education & Training - Supplies and Services			0				0	
F027	Attendance Costs - Meetings, Conventions and Training			0				0	
F028	Other: Provide description			0				0	
F029	Expenditure Recoveries (enter as negative)			0				0	
F030	Total Building and Property - Operations and Maintenance (Sum of lines F017 through F029)	\$183,935	\$402,430	\$586,365		\$0	\$0	\$0	

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Dietary Services (DS)								
F034	Salaries	1,319,649	1,319,649				0	
F035	Employee Benefits	247,627	247,627				0	
F036	Purchased Services		0				0	
F037	Supplies	52,157	52,157				0	
F038	Equipment - New	2,281	2,281				0	
F039	Equipment - Replacements		0				0	
F040	Equipment - Leasing		0				0	
F041	Equipment - Maintenance	28,785	28,785				0	
F042	Education & Training - Supplies and Services		0				0	
F043	Attendance Costs - Meetings, Conventions and Training		0				0	
F044	Other: Provide description		0				0	
F045	Expenditure Recoveries (enter as negative)	(17,516)	(17,516)				0	
F046	Total Dietary Services (Sum of lines F034 through F045)	\$1,632,983	\$0	\$1,632,983		\$0	\$0	\$0

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Laundry and Linen Services (L & LS)								
F050 Salaries	136,508		136,508				0	
F051 Employee Benefits	34,788		34,788				0	
F052 Purchased Services	141,967		141,967				0	
F054 Laundry Supplies	6,442		6,442				0	
F055 Equipment - New			0				0	
F056 Equipment - Replacements			0				0	
F057 Equipment - Leasing			0				0	
F058 Equipment - Maintenance	2,111		2,111				0	
F059 Education & Training - Supplies and Services			0				0	
F060 Attendance Costs - Meetings, Conventions and Training			0				0	
F061 Other: Provide description			0				0	
F062 Expenditure Recoveries (enter as negative)			0				0	
F063 Total Laundry and Linen Services (Sum of lines F050 through F062)	\$321,816	\$0	\$321,816		\$0	\$0	\$0	

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
General and Administrative (G&A)								
F067	Salaries	679,936	679,936				0	
F068	Employee Benefits	134,007	134,007				0	
F069	Purchased Services	5,178	5,178				0	
F070	Management Fees		0				0	
F071	Allocated Administration Costs		1,093,758				0	
F072	Audit Fees	3,025	3,025				0	
F073	Legal and Other Professional Fees		0				0	
F074	Funeral and Burial		0				0	
F075	Supplies	48,754	48,754				0	
F076	Equipment and Furnishings - New		0				0	
F077	Equipment and Furnishings - Replacements	4,236	4,236				0	
F078	Equipment and Furnishings - Leasing		0				0	
F079	Equipment and Furnishings - Maintenance	566	566				0	
F081	License Fees and Dues		0				0	
F082	Consulting Fees		0				0	
F083	Accreditation Fees	3,603	3,603				0	
F084	Association Memberships	16,980	16,980				0	
F085	Education and Training - Supplies and Services	1,161	1,161				0	
F086	Attendance Costs - Meetings, Conventions and Training		0				0	
F087	Honorariums and Donations		0				0	
F088	Physician on-call coverage (for the component above the NPC allocation)		0				0	
F089	Other: Provide description		0				0	
F090	Expenditure Recoveries (enter as negative)	(73,032)	(73,032)				0	
F091	Total General and Administrative (Sum of lines F067 through F090)	\$824,414	\$1,093,758	\$1,918,172		\$0	\$0	\$0

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Facility Costs (FC)								
F097 Utilities	66,603	242,683	309,286				0	
F098 Insurance			0				0	
F099 Communications	49,856		49,856				0	
F100 Municipal Property Tax			0				0	
F102 Rent			0				0	
F103 Mortgage Interest			0				0	
F104 Interest on Operating Line of Credit			0				0	
F105 Other Interest			0				0	
F106 Amortization/Depreciation			0				0	
F107 Other: Provide description			0				0	
F108 Expenditure Recoveries (enter as negative)			0				0	
F109 Total Facility Costs (Sum of lines F097 through F108)	\$116,459	\$242,683	\$359,142		\$0	\$0	\$0	
F110 Total Other Accommodation (Line F013 + Line F030+ Line F046 + Line F063 + Line F091 + Line F109)	\$3,938,795	\$1,738,871	\$5,677,666		\$0	\$0	\$0	
F111 Total Inadmissible Expenditures, Other Accommodation (Line F087+Line F103+Line F104+Line F105+Line F106)	\$0	\$0	\$0		\$0	\$0	\$0	
F112 Total Other Accommodation after Inadmissible Expenditures (Line F110- Line F111)	\$3,938,795	\$1,738,871	\$5,677,666		\$0	\$0	\$0	

	For Interim beds only (exclude Convalescent Care Beds) (1)	For convalescent care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
F116 Report under column 1 the total eligible expenses under the Other Accommodation envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Other Accommodation envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines F001 through F109, as applicable).		

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Enhanced Transition Support Funding		
F117 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F109, as applicable.		

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section G - Awarded Beds and Replacement "D" Beds

To be completed by operators who operated Awarded beds, Replacement "D" beds, EDAP beds, and Replacement "B", "C" and Upgraded "D" beds

	Number of Beds	Date of Admission of First Resident to the Beds in column (1) (yyyy-mm-dd)	Ministry Approved Orientation Days	Ministry Approved Fill Rate Days	Number of Bed-Days in 2015 eligible for Construction Funding	Funding Per Diem for Construction Costs	Total Funding for Construction Costs
	(1)	(3)	(4a)	(4b)	(5)	(6)	(7)
G001	Awarded Beds and EDAP beds Phase A1						
G002	Phase A2						
G003	Phase A3						
G004	Phase A4						
G005	Phase A5						
G006	EDAP						
G050	Subtotal						

	Replacement Category "D" Beds and Replacement "B", "C" and Upgraded "D" beds	Number of Beds	Date of Admission of First Resident to the Beds in column (1) (yyyy-mm-dd)	Ministry Approved Orientation Days	Ministry Approved Fill Rate Days	Number of Bed-Days in 2015 eligible for Construction Funding	Funding Per Diem for Construction Costs	Total Funding for Construction Costs
		(1)	(3)	(4a)	(4b)	(5)	(6)	(7)
G051	Phase R1							
G052	Phase R2							
G053	Phase R3							
G054	Phase R4 (B and C beds)							
G055	Phase R5 (B and C beds)							
G056	Phase R6 (B and C beds)							
G057	Phase R7 (B and C beds)							
G058	Phase R8 (B and C beds)							
G059	Phase R9 (B and C beds)							
G060	Phase R10 (LHIN beds)							
G098	Subtotal							
G099	Total							

Ontario

2015 Long-Term Care Home Annual Report

Ministry of Health and Long-Term Care For the period from
 Ministère de la Santé et des Soins de longue durée

to

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section I: Part A.

Line Ia01- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line Ia01 Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from January 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 12 months, January 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01				\$0

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

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line Ia01b Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from November 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 2 months, November 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01b				\$0

Line Ib01b- One-time Funding for the 2014-15 fiscal year to enhance fire and electrical safety in eligible Long-Term Care (LTC) Homes.

Report on line Ib01b the total cost for all eligible goods and services related to fire and electrical safety purchased between January 1, 2015 and March 31, 2015 and received by March 31, 2015 and funded from the 2014-15 one-time funding initiative. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F. The ministry will add the costs reported on line Ib01b to eligible costs reported in Section I of the 2014 LTCH Annual Report for all eligible upgrades and services related to fire safety purchased between April 1, 2014 and December 31, 2014 and received by December 31, 2014. The sum of the costs will be reconciled against the total 2014/15 one-time fire safety funding and any unspent funds will be recovered as part of the 2015 reconciliation.

Total expenses for 3-month period from January 1, 2015 to March 31, 2015	
Ib01b	

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

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

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

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2015 thru December 31, 2015 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2015 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description (C)	Expenses (D)
lb1	Nurse Led Outreach	Report expenses for salaries and wages of nurses from January 1, 2015 to December 31, 2015 to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims-Based	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 by LTC Homes for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	4,582
lb3	Laboratory Services Claims	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for phlebotomy services purchased by LTC Homes.	10,930
lb4	RAI-MDS one- time funding	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Report expenses eligible for reimbursement incurred by approved homes from January 1, 2015 to December 31, 2015 to operate a LTCH Centre of Learning, Research and Innovation program.	
	One-time and project funding	Use lines IB7 through IB11, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Please report separate each funding item and provide a description below. e.g. Water Quality Testing, one-time start-up costs for designated specialized unit beds.	
lb7	Description:		
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:		
Total Expenses from Section I, Part B (sum of lines lb1 to lb11)			15,512

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section K(a) Calculation of Maximum Resident-Days and Accredited Bed-Days for Classified and Unclassified beds from January 1 to December 31. (Excludes Interim Short-Stay beds and Convalescent Care beds)

K001(a)	Is the Home Accredited?	Accreditation Start	Accreditation End
		Date (if yes) 2015-01-01 (yyyy-mm-dd)	Date (if yes) 2015-12-31 (yyyy-mm-dd)
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Please mark choice with "X"	

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101a	K101b	K101c	K101d	K101e	K101f
	K102a	K102b	K102c	K102d	K102e	K102f
	K103a	K103b	K103c	K103d	K103e	K103f
	K104a	K104b	K104c	K104d	K104e	K104f
	K105a	K105b	K105c	K105d	K105e	K105f
	K106a	K106b	K106c	K106d	K106e	K106f
	K107a	K107b	K107c	K107d	K107e	K107f
	K108a	K108b	K108c	K108d	K108e	K108f
	K109a	K109b	K109c	K109d	K109e	K109f
	Orientation Days	Total January to March (sum of lines K101 through K109)			K110d	K110e
April To June	K111a	K111b	K111c	K111d	K111e	K111f
	K112a	K112b	K112c	K112d	K112e	K112f
	K113a	K113b	K113c	K113d	K113e	K113f
	K114a	K114b	K114c	K114d	K114e	K114f
	K115a	K115b	K115c	K115d	K115e	K115f
	K116a	K116b	K116c	K116d	K116e	K116f
	K117a	K117b	K117c	K117d	K117e	K117f
	K118a	K118b	K118c	K118d	K118e	K118f
	K119a	K119b	K119c	K119d	K119e	K119f
	Orientation Days	Total April to June (sum of lines K111 through K119)			K120d	K120e
July To December	K121a	K121b	K121c	K121d	K121e	K121f
	K122a	K122b	K122c	K122d	K122e	K122f
	K123a	K123b	K123c	K123d	K123e	K123f
	K124a	K124b	K124c	K124d	K124e	K124f
	K125a	K125b	K125c	K125d	K125e	K125f
	K126a	K126b	K126c	K126d	K126e	K126f
	K127a	K127b	K127c	K127d	K127e	K127f
	K128a	K128b	K128c	K128d	K128e	K128f
	K129a	K129b	K129c	K129d	K129e	K129f
	K130a	K130b	K130c	K130d	K130e	K130f
	K131a	K131b	K131c	K131d	K131e	K131f
	K132a	K132b	K132c	K132d	K132e	K132f
	K133a	K133b	K133c	K133d	K133e	K133f
	K134a	K134b	K134c	K134d	K134e	K134f
	K135a	K135b	K135c	K135d	K135e	K135f
	K136a	K136b	K136c	K136d	K136e	K136f
	K137a	K137b	K137c	K137d	K137e	K137f
	K138a	K138b	K138c	K138d	K138e	K138f
	K139a	K139b	K139c	K139d	K139e	K139f
	Orientation Days	Total July to December (lines K121 through K139)			K140d	K140e
	Total January to December (lines K110+K120+K140)			K141d	K141e	K141f

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section K(b) Calculation of Maximum Resident-Days and Accredited Bed-Days for Interim Short-Stay Beds from January 1 to December 31

K001(b)	Is the Home Accredited?	Accreditation Start	Accreditation End
	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Date (if yes)	Date (if yes)
		2015-01-01 (yyyy-mm-dd)	2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101g	K101h	K101i	K101j	K101k	K101l
	K102g	K102h	K102i	K102j	K102k	K102l
	K103g	K103h	K103i	K103j	K103k	K103l
	K104g	K104h	K104i	K104j	K104k	K104l
	K105g	K105h	K105i	K105j	K105k	K105l
	K106g	K106h	K106i	K106j	K106k	K106l
	K107g	K107h	K107i	K107j	K107k	K107l
	K108g	K108h	K108i	K108j	K108k	K108l
	K109g	K109h	K109i	K109j	K109k	K109l
	Total January to March (sum of lines K101 through K109)				K110j	K110k
April To June	K111g	K111h	K111i	K111j	K111k	K111l
	K112g	K112h	K112i	K112j	K112k	K112l
	K113g	K113h	K113i	K113j	K113k	K113l
	K114g	K114h	K114i	K114j	K114k	K114l
	K115g	K115h	K115i	K115j	K115k	K115l
	K116g	K116h	K116i	K116j	K116k	K116l
	K117g	K117h	K117i	K117j	K117k	K117l
	K118g	K118h	K118i	K118j	K118k	K118l
	K119g	K119h	K119i	K119j	K119k	K119l
	Total April to June (sum of lines K111 through K119)				K120j	K120k
July To December	K121g	K121h	K121i	K121j	K121k	K121l
	K122g	K122h	K122i	K122j	K122k	K122l
	K123g	K123h	K123i	K123j	K123k	K123l
	K124g	K124h	K124i	K124j	K124k	K124l
	K125g	K125h	K125i	K125j	K125k	K125l
	K126g	K126h	K126i	K126j	K126k	K126l
	K127g	K127h	K127i	K127j	K127k	K127l
	K128g	K128h	K128i	K128j	K128k	K128l
	K129g	K129h	K129i	K129j	K129k	K129l
	K130g	K130h	K130i	K130j	K130k	K130l
	K131g	K131h	K131i	K131j	K131k	K131l
	K132g	K132h	K132i	K132j	K132k	K132l
	K133g	K133h	K133i	K133j	K133k	K133l
	K134g	K134h	K134i	K134j	K134k	K134l
	K135g	K135h	K135i	K135j	K135k	K135l
	K136g	K136h	K136i	K136j	K136k	K136l
	K137g	K137h	K137i	K137j	K137k	K137l
	K138g	K138h	K138i	K138j	K138k	K138l
	K139g	K139h	K139i	K139j	K139k	K139l
	Total July to December (lines K121 through K139)				K140j	K140k
Total January to December (lines K110+K120+K140)				K141j	K141k	K141l

MOHLTC Facility # H11655	Operator Name : Carleton Lodge
-----------------------------	-----------------------------------

Section K(c) - Calculation of Maximum Resident-Days and Accredited Bed-Days for Convalescent Care Beds From January 1 to December 31

K001(c)	Is the Home Accredited?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Accreditation Start Date (if yes) 2015-01-01 (yyyy-mm-dd)	Accreditation End Date (if yes) 2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited-Days
January To March	K101m	K101n	K101o	K101p	K101q	K101r
	K102m	K102n	K102o	K102p	K102q	K102r
	K103m	K103n	K103o	K103p	K103q	K103r
	K104m	K104n	K104o	K104p	K104q	K104r
	K105m	K105n	K105o	K105p	K105q	K105r
	K106m	K106n	K106o	K106p	K106q	K106r
	K107m	K107n	K107o	K107p	K107q	K107r
	K108m	K108n	K108o	K108p	K108q	K108r
	K109m	K109n	K109o	K109p	K109q	K109r
Total January to March (sum of lines K101 through K109)				K110p	K110q	K110r
April To June	K111m	K111n	K111o	K111p	K111q	K111r
	K112m	K112n	K112o	K112p	K112q	K112r
	K113m	K113n	K113o	K113p	K113q	K113r
	K114m	K114n	K114o	K114p	K114q	K114r
	K115m	K115n	K115o	K115p	K115q	K115r
	K116m	K116n	K116o	K116p	K116q	K116r
	K117m	K117n	K117o	K117p	K117q	K117r
	K118m	K118n	K118o	K118p	K118q	K118r
	K119m	K119n	K119o	K119p	K119q	K119r
Total April to June (sum of lines K111 through K119)				K120p	K120q	K120r
July To December	K121m	K121n	K121o	K121p	K121q	K121r
	K122m	K122n	K122o	K122p	K122q	K122r
	K123m	K123n	K123o	K123p	K123q	K123r
	K124m	K124n	K124o	K124p	K124q	K124r
	K125m	K125n	K125o	K125p	K125q	K125r
	K126m	K126n	K126o	K126p	K126q	K126r
	K127m	K127n	K127o	K127p	K127q	K127r
	K128m	K128n	K128o	K128p	K128q	K128r
	K129m	K129n	K129o	K129p	K129q	K129r
	K130m	K130n	K130o	K130p	K130q	K130r
	K131m	K131n	K131o	K131p	K131q	K131r
	K132m	K132n	K132o	K132p	K132q	K132r
	K133m	K133n	K133o	K133p	K133q	K133r
	K134m	K134n	K134o	K134p	K134q	K134r
	K135m	K135n	K135o	K135p	K135q	K135r
	K136m	K136n	K136o	K136p	K136q	K136r
	K137m	K137n	K137o	K137p	K137q	K137r
	K138m	K138n	K138o	K138p	K138q	K138r
K139m	K139n	K139o	K139p	K139q	K139r	
Total July to December (lines K121 through K139)				K140p	K140q	K140r
Total January to December (lines K110+K120+K140)				K141p	K141q	K141r

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Check if no accrual amounts as of December 31, 2015

Section O - Accrual Report

NURSING AND PERSONAL CARE		Opening Accrual Balance	Payment Settlements in 2015	Current Period Accrual	Closing Accrual Balance
#####		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries - Collective Agreement Settlements:				0
O002	Salaries - Pay Equity (PE):				0
O003	Salaries - Vacation Pay:	333,616	333,616	357,751	357,751
O004	Salaries - (Payroll):	147,376	147,376	99,580	99,580
O005	Total Salaries (sum of lines O001 through O004)	\$480,992	\$480,992	\$457,331	\$457,331
O006	Employee Benefits	18,639	18,639	20,271	20,271
O007	Other (specify):	7,573	7,573	0	0
O008	Other (specify):	258	258	0	0
O009	TOTAL NURSING AND PERSONAL CARE (sum of lines O005 through O008)	\$507,462	\$507,462	\$477,602	\$477,602

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR NURSING AND PERSONAL CARE (Line O001)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an "X"	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O010	No	Yes				
O011	No	Yes				
O012	No	Yes				
O013	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR NURSING AND PERSONAL CARE (Line O004)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
O014	Full Time Staff	36,068	
O015	Part Time Staff	63,512	
O016	Total (sum of lines O014 through O015)	\$99,580	

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
O017	Total	20,271	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
O018			
O019			
O020	Total (sum of lines O018 through O019)	\$0	

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Section O - Accrual Report

Program and Support Services		Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
#####					
O101	Salaries - Collective Agreement Settlements:				0
O102	Salaries - Pay Equity (PE):				0
O103	Salaries - Vacation Pay:	40,674	40,674	43,327	43,327
O104	Salaries - (Payroll):	5,502	5,502	7,792	7,792
O105	Total Salaries (sum of lines O101 through O104)	\$46,176	\$46,176	\$51,119	\$51,119
O106	Employee Benefits	600	600	1,532	1,532
O107	Other (specify):	20	20	0	0
O108	Other (specify):				0
O109	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O105 through O108)	\$46,796	\$46,796	\$52,651	\$52,651

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR PROGRAM AND SUPPORT SERVICES (Line O101)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an X	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O110	No	Yes				
O111	No	Yes				
O112	No	Yes				
O113	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR PROGRAM AND SUPPORT SERVICES (Line O104)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line			
O114	Full Time Staff	5,616	
O115	Part Time Staff	2,176	
O116	Total (sum of lines O114 through O115)	\$7,792	

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
Employee Benefits (individual list not required)			
O117	Total	1,532	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line (specify)			
O118			
O119			
O120	Total (sum of lines O118 through O119)	\$0	

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Section O - Accrual Report

Other Accommodation - To Be Completed by Red-Circled Homes

	Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201 Salaries - Collective Agreement Settlements:				0
O202 Salaries - Pay Equity (PE):				0
O203 Salaries - Vacation Pay:				0
O204 Salaries - (Payroll):				0
O205 Total Salaries (sum of lines O201 through O204)	\$0	\$0	\$0	\$0

O206 Employee Benefits				0
O207 Other (specify):				0
O208 Other (specify):				0
O209 TOTAL OTHER ACCOMMODATION (sum of lines O205 through O208)	\$0	\$0	\$0	\$0

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O201)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O210 No Yes						
O211 No Yes						
O212 No Yes						
O213 No Yes						

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O204)

Salaries Accruals

Expenditure Line	Closing Accrual Balance	Description / Details of Accruals
O214		
O215		
O216 Total (sum of lines O214 through O215)	\$0	

Employee Benefits Accruals

Employee Benefits (individual list not required)	Closing Accrual Balance	Description / Details of Accruals
O217 Total		

Other Accruals

Expenditure Line (specify)	Closing Accrual Balance	Description / Details of Accruals
O218		
O219		
O220 Total (sum of lines O218 through O219)	\$0	

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here **and please explain:**

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Section Q - Licensee's Statement and Approval

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

City of Ottawa - Carleton Lodge

for the Period from 2015-01-01 to 2015-12-31 was provided by management.

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

The information contained in this report is in accordance with the L-SAA, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

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

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

Approved by the Licensee on the _____ day of _____, 20____

City of Ottawa
(Print Licensee's Name)

Witness

By: Marlynne Ferguson
TITLE: Mgr. Direct Operations

(If charitable or municipal corporation, affix corporate seal where Licensee is a municipality or a non-profit corporation. Where the Licensee is a for profit nursing home provide a witness signature.)

MOHLTC Facility # H11655	Licensee Name : Carleton Lodge
-----------------------------	-----------------------------------

Independent Auditors' Report

To the Minister of Health and long-Term Care:

We have audited Sections A through G, Section I, and Section O of the accompanying 2015 Long-Term Care Home Annual Report of (legal name of licensee) "the Long-Term Care Home" for the year ended December 31, 2015 and a summary of significant accounting policies and other explanatory information (together "the Report"). The Report has been prepared by management of the Long-Term Care Home based on the reporting provisions of the 2015 Long-Term Care Annual Report Technical Instructions and Guidelines (Technical Instructions and Guidelines) and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Management's responsibility for the Report

Management of the Long-Term Care Home is responsible for the preparation of the Report in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, all applicable policies pertaining to the program funding provided for the year ended December 31, and for such internal control as management of the Long-Term Care Home determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit in accordance with Canadian Auditing Standards (CAS) under the CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Long-Term Care Home's preparation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, Sections A through G, Section I, and Section O of the 2015 Long-Term Care Home Annual Report for the year ended December 31, 2015 is prepared, in all material respects, in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Restriction on distribution and use

Without modifying our opinion, we draw attention to Section P of the Report, which describes the basis of accounting. The Report is prepared to enable the Ministry of Health and Long-Term Care, and on behalf of the Local Health Integration Network (LHIN), to calculate the allowable subsidy for the Long-Term Care Home for the January 1, 2015 to December 31, 2015 funding period. As a result, the Report may not be suitable for another purpose. Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care, and the LHIN and should not be distributed to or used by parties other than the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care and the LHIN.

Chartered Accountants, Licensed Public Accountants

(place) _____

(date) _____

MOHLTC Facility #

Licensee Name :

H11655

Carleton Lodge

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Health and Long-Term Care:

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

for the period from _____ to _____

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

We conducted our audit in accordance with Canadian Auditing Standards (CAS) under CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly in all material respects, the position of the trust fund at year end and the activity of the funds during the year in accordance with generally accepted accounting principles.

Licensed Public Accountant

(place)

(date)

INSTRUCTIONS - PLEASE READ ENTIRELY

Do not attempt to alter the structure of this workbook in any way. The MOHLTC Financial Management Branch needs to import the data from this workbook in its current format.

Do not re-name the tabs/sheets in this workbook. Do not change headings, insert columns or rows, or change cell formulas.

All dates in this workbook need to be entered in ISO format: YYYY-MM-DD.

Grey spreadsheet cells indicate calculated totals and/or for Ministry use only; those cells do not accept data entry.

FOR OPERATORS WITH MULTIPLE HOMES - Please log-in to the website separately for each home, to download the blank workbooks and to submit the completed workbooks individually. Do not attempt to merge the files and submit everything under just one account, because the Ministry's software will not be able to process the data.

If there are workbook bugs or fixes required, current details will be listed in a pdf called "2015 AR Workbook Fixes" at <https://hsimi.ca/LTCHome>.

This template is in Excel 97-2003 format. Please submit this workbook in that same format. The file extension is ".xls" (not ".xlsx")

If you require further assistance, please contact the MOHLTC Financial Management Branch.

Submitting the completed Worksheet

Sign-in to the same website where you initially retrieved your blank Annual Report worksheet <https://hsimi.ca/LTCHome>

Click on the "2015 Annual Report (AR) " link.

Click on the "Browse..." button at the lower right of the screen. A dialogue window should appear.

Within the dialogue window, select your completed Annual Report worksheet file which you have saved, and click the "Open" button; that will enter the file path and name into the "Upload Saved Annual Report" text-box. If no dialogue window appeared, you must manually type in the file path and name of your completed worksheet.

Click the "Upload" button. A message should appear on your screen once the file has been successfully uploaded.

OR

If you do not have the necessary internet access, please find another means to send in your completed Annual Report worksheet file, ensuring that it reaches the MOHLTC Financial Management Branch on or before the due date.

And finally, please MAIL the completed, signed, and audited hard copy of the 2015 Long-Term Care Home Annual Report to the MOHLTC Financial Management Branch by the due date.

MOHLTC Facility # H11693	Operator Name Champlain Lodge - Regional Municipality of Ottawa-Carleton
LHIN Name Champlain Local Health Integration Network	

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

Current Revenue Period	Resident Days				Resident Revenue	
	January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)	Basic Fees (2)	Preferred Fees (3)
A001 Long-Stay - Private	7,627	7,606	15,349	30,582	1,762,634	629,016
A002 Long-Stay - Semi - Private	948	992	2,008	3,948	227,452	38,268
A003 Long-Stay - Basic	5,520	5,789	11,882	23,191	1,076,324	
A004 Long-Stay two-bed room (Shared by spouses)				0		
A005 Short-Stay - Respite Care				0		
A006 Total Level of Care Long-Stay and Short Stay-Respite Care Beds. (Sum of lines A001 through A005)	14,095	14,387	29,239	57,721	3,066,410	667,284
A007 Interim Short-Stay - Private				0		
A008 Interim Short Stay - Semi-Private				0		
A009 Interim Short Stay - Basic				0		
A010 Interim Short-Stay - two-bed room (Shared by spouses)				0		
A011 Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0
A012 Convalescent Care Beds				0		

A015	The uncharged portion of the Resident Co-payment Revenue for charges below the maximum basic accommodation rate outlined in the applicable legislation governing the long-term care home and for charges below the reduced basic accommodation rate determined by the Director for the resident	
------	---	--

		Resident-Days			
Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Orientation and Fill rate period in 2015 and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A020a	Actual Resident-days in lines A001 through A005 that was attributed to the orientation and Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre-Move Occupancy Days for Classified "D" Replacement beds, and the 90 day fill-rate period for specialized unit beds.				0
A020b	Actual Short-stay Respite-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Orientation and/or Fill Rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds				0

		Resident-Days			
Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A021a	Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill-Rate Period				0
A021b	Actual Convalescent Care bed resident-days in line A012 during the 90-day Orientation Period				0

		Resident-Days			
Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)		January to March (1a)	April to June (1b)	July to December (1c)	Total Days (1d)
A022a	Actual Resident-days in lines A001-A004 during ORP Period				0
A022b	Actual Resident-days in line A007-A010 during ORP Period				0
A022c	Actual Resident-days in line A012 during ORP Period				0

MOHLTC Facility # H11693	Operator Name Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

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

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2014		

Resident Bad Debt on 2015 Basic Accommodation Fees			For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	5,491	
A041	Collection Costs		
A042	Total Bad Debt Costs (A040 + A041)	\$5,491	

Section B - Actual Other Recoverable Revenue

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

Ontario 2015 Long-Term Care Home Annual Report
 Ministry of Health and Long-Term Care For the period from 2015-01-01 to 2015-12-31
 Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # H11693 Operator Name: Champlain Lodge - Regional Municipality of Ottawa-Carleton

Section C - Actual Expenditures - Nursing and Personal Care

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Nursing and Personal Care (NPC) - Direct Care								
C001 Salaries	6,484,960		6,484,960				0	
C002 Employee Benefits	1,248,480		1,248,480				0	
C003 Purchased Services	2,824		2,824				0	
C004 Sub-Total Nursing and Personal Care - Direct Care (Sum of lines C001 through C003)	\$7,736,264	\$0	\$7,736,264		\$0	\$0	\$0	
Nursing and Personal Care (NPC) - Administration								
C005 Salaries	369,520		369,520				0	
C006 Employee Benefits	88,539		88,539				0	
C007 Purchased Services			0				0	
C008 Medical and Nursing Supplies	139,203		139,203				0	
C009 Equipment - New			0				0	
C010 Equipment - Replacements			0				0	
C011 Equipment - Leasing			0				0	
C012 Equipment - Maintenance	7,185		7,185				0	
C013 Education & Training - Supplies and Services			0				0	
C014 Attendance Costs - Staff education and Training	557		557				0	
C015 Incontinence Supplies	63,656		63,656				0	
C016 Medical Directors Fee	21,394		21,394				0	
C017 Physician On-Call Coverage	15,996		15,996				0	
C018 Other: Provide description			0				0	
C019 Expenditure Recoveries (enter as negative)	(4,998)		(4,998)				-	
C020 Sub Total Nursing and Personal Care - Administration (Sum of lines C005 through C019)	\$701,052	\$0	\$701,052		\$0	\$0	\$0	
C021 Total Nursing and Personal Care (Sum of lines C004 and C020)	\$8,437,316	\$0	\$8,437,316		\$0	\$0	\$0	

Note: Claim-based not to be included.

	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
Registered Practical Nurse (RPN) Initiative		
C025 Report the total eligible expenses funded from the RPN initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C025 will be used to determine any unused funding from the RPN initiative.	118,284	
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
C026 Report under column 1 the total eligible expenses under the Nursing and Personal Care envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Nursing and Personal Care envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines C001 through C021, as applicable.		
RAI MDS Co-ordinator Sustainability Funding		
C027 Report the total eligible expenses funded from the RAI MDS Co-ordinator Sustainability Funding. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C027 will be used to determine any unused funding from the RAI MDS Co-ordinator Sustainability Funding. Expense related to the One-Time and/or Implementation Funding must NOT be reported in Section C of the Report.	93,572	
Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO initiative		
C028 Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C028 will be used to determine any unused funding from the RN & RPN - BSO initiative.		
Personal Support Worker (PSW) - BSO initiative		
C029 Report the total eligible expenses funded from the PSW - BSO initiative. Note: The expenses must also be reported on lines C001 through C021, as applicable. The total expenses reported on line C029 will be used to determine any unused funding from the PSW - BSO initiative.	47,964	
Enhanced Transition Support Funding		
C030 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C021, as applicable.		
Designated Specialized Units - Additional Funding		
C031 Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C021, as applicable.		

Ontario 2015 Long-Term Care Home Annual Report
 For the period from **2015-01-01** to **2015-12-31**

Ministry of Health and Long-Term Care
 Ministère de la Santé et des Soins de longue durée

MOHLTC Facility # **H11693** Operator Name : **Champlain Lodge - Regional Municipality of Ottawa-Carleton**

Section D - Actual Expenditures - Program and Support Services

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Program and Support Services (PSS)								
D001 Salaries	402,647		402,647				0	
D002 Employee Benefits	100,744		100,744				0	
D003 Purchased Services	148,425		148,425				0	
D004 Supplies	40,011		40,011				0	
D005 Equipment - New			0				0	
D006 Equipment - Replacements	2,031		2,031				0	
D007 Equipment - Leasing			0				0	
D008 Equipment - Maintenance	86		86				0	
D009 Education & Training - Supplies and Services			0				0	
D010 Attendance Costs - Staff education and Training	393		393				0	
D011 Dietitian Time			0				0	
D012 Other: Provide description			0				0	
D013 Expenditure Recoveries (enter as negative)	(5,597)		(5,597)				0	
D014 Total Program and Support Services (Sum of lines D001 through D013)	\$688,740	\$0	\$688,740		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
D018 Report under column 1 the total eligible expenses under the Program and Support Services envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Program and Support Services envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Additional Healthcare Personnel - BSO initiative		
D019 Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D019 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services (Physiotherapy Funding at \$765 per bed per year January 1 through March 31 and \$780 per bed per year effective April 1, 2015)		
D020 Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Funding) for one-on-one physiotherapy services. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D020 will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.	124,210	

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Publicly Funded Physiotherapy Services for Convolescent Care Beds only (Physiotherapy Subsidy at \$10.48 per diem January 1 through March 31 and \$10.69 per diem effective April 1, 2015)		
D021a Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for one-on-one physiotherapy services provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		
D021b Report the total eligible expenses funded from the Publicly Funded Physiotherapy Services (Physiotherapy Subsidy) for rehabilitation and other therapies provided for Convolescent Care beds, if applicable. The expenses must also be reported on lines D001 through D014, as applicable. The total expenses reported on line D021a plus D021b will be used to determine any unused funding from the Publicly Funded Physiotherapy Services.		

	For LTC/Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
Enhanced Transition Support Funding		
D022 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D014, as applicable.		

	For LTC beds only (exclude interim beds and Convolescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
D023 Report the total eligible expenses from the PSS envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines D001 through D014, as applicable.	

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convolescent Care Arms-Length Transactions (5)	Convolescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Section E - Actual Expenditures - Raw Food								
Raw Food								
E001 Raw Food	468,520		468,520				0	
E002 Expenditure Recoveries (enter as negative)	0		0				0	
E003 Total Raw Food (Sum of lines E001 through E002)	\$468,520	\$0	\$468,520		\$0	\$0	\$0	

	For Interim beds only (exclude Convolescent Care Beds) (1)	For Convolescent Care beds only (2)
The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors		
E004 Report under column 1 the total eligible expenses under the Raw Food envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Raw Food envelope for Convolescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines E001 through E003, as applicable.		

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Housekeeping Services (HS)								
F001 Salaries	729,760		729,760				0	
F002 Employee Benefits	155,932		155,932				0	
F003 Purchased Services			0				0	
F004 Supplies	54,875		54,875				0	
F005 Equipment - New			0				0	
F006 Equipment - Replacements	657		657				0	
F007 Equipment - Leasing			0				0	
F008 Equipment - Maintenance	6,094		6,094				0	
F009 Education & Training - Supplies and Services			0				0	
F010 Attendance Costs - Meetings, Conventions and Training	215		215				0	
F011 Other: Provide description			0				0	
F012 Expenditure Recoveries (enter as negative)	(316)		(316)				0	
F013 Total Housekeeping Services (Sum of lines F001 through F012)	\$947,217	\$0	\$947,217		\$0	\$0	\$0	

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms- Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Building and Property - Operations and Maintenance (B&P-OM)								
F017	Salaries		0				0	
F018	Employee Benefits		0				0	
F019	Purchased Services	42,537	42,537				0	
F020	Supplies	26,873	314,609	341,482			0	
F021	Equipment - New	1,869	1,869				0	
F022	Equipment - Replacements		0				0	
F023	Equipment - Leasing		0				0	
F024	Equipment - Maintenance	10,057	10,057				0	
F025	Building and Property - Maintenance	98,781	98,781				0	
F026	Education & Training - Supplies and Services		0				0	
F027	Attendance Costs - Meetings, Conventions and Training		0				0	
F028	Other: Provide description		0				0	
F029	Expenditure Recoveries (enter as negative)		0				0	
F030	Total Building and Property - Operations and Maintenance (Sum of lines F017 through F029)	\$180,117	\$314,609	\$494,726		\$0	\$0	\$0

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Dietary Services (DS)								
F034	Salaries		0				0	
F035	Employee Benefits		0				0	
F036	Purchased Services	1,108,479	1,108,479				0	
F037	Supplies	2,441	2,441				0	
F038	Equipment - New		0				0	
F039	Equipment - Replacements		0				0	
F040	Equipment - Leasing		0				0	
F041	Equipment - Maintenance	3,221	3,221				0	
F042	Education & Training - Supplies and Services		0				0	
F043	Attendance Costs - Meetings, Conventions and Training		0				0	
F044	Other: Provide description		0				0	
F045	Expenditure Recoveries (enter as negative)	(1,812)	(1,812)				0	
F046	Total Dietary Services (Sum of lines F034 through F045)	\$1,112,329	\$0	\$1,112,329		\$0	\$0	

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Laundry and Linen Services (L & LS)								
F050 Salaries	153,191		153,191				0	
F051 Employee Benefits	30,776		30,776				0	
F052 Purchased Services	152,764		152,764				0	
F054 Laundry Supplies	12,251		12,251				0	
F055 Equipment - New			0				0	
F056 Equipment - Replacements			0				0	
F057 Equipment - Leasing			0				0	
F058 Equipment - Maintenance	1,229		1,229				0	
F059 Education & Training - Supplies and Services			0				0	
F060 Attendance Costs - Meetings, Conventions and Training			0				0	
F061 Other: Provide description			0				0	
F062 Expenditure Recoveries (enter as negative)			0				0	
F063 Total Laundry and Linen Services (Sum of lines F050 through F062)	\$350,211	\$0	\$350,211		\$0	\$0	\$0	

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
General and Administrative (G&A)								
F067	Salaries	564,904	564,904				0	
F068	Employee Benefits	108,602	108,602				0	
F069	Purchased Services	7,644	7,644				0	
F070	Management Fees		0				0	
F071	Allocated Administration Costs		1,046,203				0	
F072	Audit Fees	3,025	3,025				0	
F073	Legal and Other Professional Fees	67	67				0	
F074	Funeral and Burial		0				0	
F075	Supplies	71,930	71,930				0	
F076	Equipment and Furnishings - New		0				0	
F077	Equipment and Furnishings - Replacements		0				0	
F078	Equipment and Furnishings - Leasing		0				0	
F079	Equipment and Furnishings - Maintenance		0				0	
F081	License Fees and Dues		0				0	
F082	Consulting Fees		0				0	
F083	Accreditation Fees	3,603	3,603				0	
F084	Association Memberships	16,504	16,504				0	
F085	Education and Training - Supplies and Services	824	824				0	
F086	Attendance Costs - Meetings, Conventions and Training	1,925	1,925				0	
F087	Honorariums and Donations		0				0	
F088	Physician on-call coverage (for the component above the NPC allocation)		0				0	
F089	Other: Provide description		0				0	
F090	Expenditure Recoveries (enter as negative)	(31,128)	(31,128)				0	
F091	Total General and Administrative (Sum of lines F067 through F090)	\$747,900	\$1,046,203		\$0	\$0	\$0	

Ontario

2015 Long-Term Care Home Annual Report

Ministry of Health and Long-Term Care

For the period from

2015-01-01

to

2015-12-31

Ministère de la Santé et des Soins de longue durée

MOHLTC Facility #

Operator Name :

H11693

Champlain Lodge - Regional Municipality of Ottawa-Carleton

Section F - Actual Expenditures - Other Accommodation, continued

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Facility Costs (FC)								
F097 Utilities	73,697	288,874	362,571				0	
F098 Insurance			0				0	
F099 Communications	55,158		55,158				0	
F100 Municipal Property Tax			0				0	
F102 Rent			0				0	
F103 Mortgage Interest			0				0	
F104 Interest on Operating Line of Credit			0				0	
F105 Other Interest			0				0	
F106 Amortization/Depreciation			0				0	
F107 Other: Provide description			0				0	
F108 Expenditure Recoveries (enter as negative)			0				0	
F109 Total Facility Costs (Sum of lines F097 through F108)	\$128,855	\$288,874	\$417,729		\$0	\$0	\$0	

F110 Total Other Accommodation (Line F013 + Line F030+ Line F046 + Line F063 + Line F091 + Line F109)	\$3,466,629	\$1,649,686	\$5,116,315		\$0	\$0	\$0	
--	-------------	-------------	-------------	--	-----	-----	-----	--

F111 Total Inadmissible Expenditures, Other Accommodation (Line F087+Line F103+Line F104+Line F105+Line F106)	\$0	\$0	\$0		\$0	\$0	\$0	
--	-----	-----	-----	--	-----	-----	-----	--

F112 Total Other Accommodation after Inadmissible Expenditures (Line F110- Line F111)	\$3,466,629	\$1,649,686	\$5,116,315		\$0	\$0	\$0	
--	-------------	-------------	-------------	--	-----	-----	-----	--

	The Aging at Home Fund (AAH), the Urgent Priorities Fund (UPF), the Alternative Level of Care Investment Fund and/or funds reallocated from other sectors	For Interim beds only (exclude Convalescent Care Beds) (1)	For convalescent care beds only (2)
F116	Report under column 1 the total eligible expenses under the Other Accommodation envelope for Interim Short-Stay beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Report under column 2 the total eligible expenses under the Other Accommodation envelope for Convalescent Care beds funded through the AAH, UPF, Alternate Level of Care Investment Fund and/or funds reallocated from other sectors. Note: The expenses must also be reported on lines F001 through F109, as applicable).		

	Enhanced Transition Support Funding	For LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F117	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F109, as applicable.		

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section G - Awarded Beds and Replacement "D" Beds

To be completed by operators who operated Awarded beds, Replacement "D" beds, EDAP beds, and Replacement "B", "C" and Upgraded "D" beds

		Number of Beds	Date of Admission of First Resident to the Beds in column (1) (yyyy-mm-dd)	Ministry Approved Orientation Days	Ministry Approved Fill Rate Days	Number of Bed-Days in 2015 eligible for Construction Funding	Funding Per Diem for Construction Costs	Total Funding for Construction Costs
	Awarded Beds and EDAP beds	(1)	(3)	(4a)	(4b)	(5)	(6)	(7)
G001	Phase A1							
G002	Phase A2							
G003	Phase A3							
G004	Phase A4							
G005	Phase A5							
G006	EDAP							
G050	Subtotal	0						

Replacement Category "D" Beds and Replacement "B", "C" and Upgraded "D" beds

G051	Phase R1							
G052	Phase R2							
G053	Phase R3							
G054	Phase R4 (B and C beds)							
G055	Phase R5 (B and C beds)							
G056	Phase R6 (B and C beds)							
G057	Phase R7 (B and C beds)							
G058	Phase R8 (B and C beds)							
G059	Phase R9 (B and C beds)							
G060	Phase R10 (LHIN beds)							
G098	Subtotal	0						
G099	Total	0						

Ontario

2015 Long-Term Care Home Annual Report

Ministry of Health and Long-Term Care For the period from
Ministère de la Santé et des Soins de longue durée

to

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section I: Part A.

Line Ia01- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line Ia01 Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from January 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 12 months, January 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01				\$0

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

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line Ia01b Salary, Benefits, and Overhead costs from the Nurse Practitioner position for the period from November 1, 2015 to December 31, 2015. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenses for 2 months, November 1, 2015 to December 31, 2015				
	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01b				\$0

Line Ib01b- One-time Funding for the 2014-15 fiscal year to enhance fire and electrical safety in eligible Long-Term Care (LTC) Homes.

Report on line Ib01b the total cost for all eligible goods and services related to fire and electrical safety purchased between January 1, 2015 and March 31, 2015 and received by March 31, 2015 and funded from the 2014-15 one-time funding initiative. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F. The ministry will add the costs reported on line Ib01b to eligible costs reported in Section I of the 2014 LTCH Annual Report for all eligible upgrades and services related to fire safety purchased between April 1, 2014 and December 31, 2014 and received by December 31, 2014. The sum of the costs will be reconciled against the total 2014/15 one-time fire safety funding and any unspent funds will be recovered as part of the 2015 reconciliation.

Total expenses for 3-month period from January 1, 2015 to March 31, 2015	
Ib01b	

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

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

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2015 thru December 31, 2015 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2015 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description (C)	Expenses (D)
lb1	Nurse Led Outreach	Report expenses for salaries and wages of nurses from January 1, 2015 to December 31, 2015 to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims-Based	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 by LTC Homes for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	84,265
lb3	Laboratory Services Claims	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for phlebotomy services purchased by LTC Homes.	8,764
lb4	RAI-MDS one- time funding	Report expenses eligible for reimbursement incurred from January 1, 2015 to December 31, 2015 for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Report expenses eligible for reimbursement incurred by approved homes from January 1, 2015 to December 31, 2015 to operate a LTCH Centre of Learning, Research and Innovation program.	
	One-time and project funding	Use lines IB7 through IB11, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2015 to December 31, 2015 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Please report separate each funding item and provide a description below. e.g. Water Quality Testing, one-time start-up costs for designated specialized unit beds.	
lb7	Description:		
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:		
Total Expenses from Section I, Part B (sum of lines lb1 to lb11)			93,029

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(a) Calculation of Maximum Resident-Days and Accredited Bed-Days for Classified and Unclassified beds from January 1 to December 31. (Excludes Interim Short-Stay beds and Convalescent Care beds)

K001(a)	Is the Home Accredited?	Accreditation Start	Accreditation End
		Date (if yes) 2015-01-01 (yyyy-mm-dd)	Date (if yes) 2015-12-31 (yyyy-mm-dd)
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Please mark choice with "X"	

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101a	K101b	K101c	K101d	K101e	K101f
	K102a	K102b	K102c	K102d	K102e	K102f
	K103a	K103b	K103c	K103d	K103e	K103f
	K104a	K104b	K104c	K104d	K104e	K104f
	K105a	K105b	K105c	K105d	K105e	K105f
	K106a	K106b	K106c	K106d	K106e	K106f
	K107a	K107b	K107c	K107d	K107e	K107f
	K108a	K108b	K108c	K108d	K108e	K108f
	K109a	K109b	K109c	K109d	K109e	K109f
	Total January to March (sum of lines K101 through K109)				K110d	K110e
April To June	K111a	K111b	K111c	K111d	K111e	K111f
	K112a	K112b	K112c	K112d	K112e	K112f
	K113a	K113b	K113c	K113d	K113e	K113f
	K114a	K114b	K114c	K114d	K114e	K114f
	K115a	K115b	K115c	K115d	K115e	K115f
	K116a	K116b	K116c	K116d	K116e	K116f
	K117a	K117b	K117c	K117d	K117e	K117f
	K118a	K118b	K118c	K118d	K118e	K118f
	K119a	K119b	K119c	K119d	K119e	K119f
	Total April to June (sum of lines K111 through K119)				K120d	K120e
July To December	K121a	K121b	K121c	K121d	K121e	K121f
	K122a	K122b	K122c	K122d	K122e	K122f
	K123a	K123b	K123c	K123d	K123e	K123f
	K124a	K124b	K124c	K124d	K124e	K124f
	K125a	K125b	K125c	K125d	K125e	K125f
	K126a	K126b	K126c	K126d	K126e	K126f
	K127a	K127b	K127c	K127d	K127e	K127f
	K128a	K128b	K128c	K128d	K128e	K128f
	K129a	K129b	K129c	K129d	K129e	K129f
	K130a	K130b	K130c	K130d	K130e	K130f
	K131a	K131b	K131c	K131d	K131e	K131f
	K132a	K132b	K132c	K132d	K132e	K132f
	K133a	K133b	K133c	K133d	K133e	K133f
	K134a	K134b	K134c	K134d	K134e	K134f
	K135a	K135b	K135c	K135d	K135e	K135f
	K136a	K136b	K136c	K136d	K136e	K136f
	K137a	K137b	K137c	K137d	K137e	K137f
	K138a	K138b	K138c	K138d	K138e	K138f
	K139a	K139b	K139c	K139d	K139e	K139f
	Total July to December (lines K121 through K139)				K140d	K140e
Total January to December (lines K110+K120+K140)				K141d	K141e	K141f

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(b) Calculation of Maximum Resident-Days and Accredited Bed-Days for Interim Short-Stay Beds from January 1 to December 31

K001(b)	Is the Home Accredited?	Accreditation Start	Accreditation End
	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Date (if yes)	Date (if yes)
		2015-01-01 (yyyy-mm-dd)	2015-12-31 (yyyy-mm-dd)

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited- Days
January To March	K101g	K101h	K101i	K101j	K101k	K101l
	K102g	K102h	K102i	K102j	K102k	K102l
	K103g	K103h	K103i	K103j	K103k	K103l
	K104g	K104h	K104i	K104j	K104k	K104l
	K105g	K105h	K105i	K105j	K105k	K105l
	K106g	K106h	K106i	K106j	K106k	K106l
	K107g	K107h	K107i	K107j	K107k	K107l
	K108g	K108h	K108i	K108j	K108k	K108l
	K109g	K109h	K109i	K109j	K109k	K109l
	Total January to March (sum of lines K101 through K109)				K110j	K110k
April To June	K111g	K111h	K111i	K111j	K111k	K111l
	K112g	K112h	K112i	K112j	K112k	K112l
	K113g	K113h	K113i	K113j	K113k	K113l
	K114g	K114h	K114i	K114j	K114k	K114l
	K115g	K115h	K115i	K115j	K115k	K115l
	K116g	K116h	K116i	K116j	K116k	K116l
	K117g	K117h	K117i	K117j	K117k	K117l
	K118g	K118h	K118i	K118j	K118k	K118l
	K119g	K119h	K119i	K119j	K119k	K119l
	Total April to June (sum of lines K111 through K119)				K120j	K120k
July To December	K121g	K121h	K121i	K121j	K121k	K121l
	K122g	K122h	K122i	K122j	K122k	K122l
	K123g	K123h	K123i	K123j	K123k	K123l
	K124g	K124h	K124i	K124j	K124k	K124l
	K125g	K125h	K125i	K125j	K125k	K125l
	K126g	K126h	K126i	K126j	K126k	K126l
	K127g	K127h	K127i	K127j	K127k	K127l
	K128g	K128h	K128i	K128j	K128k	K128l
	K129g	K129h	K129i	K129j	K129k	K129l
	K130g	K130h	K130i	K130j	K130k	K130l
	K131g	K131h	K131i	K131j	K131k	K131l
	K132g	K132h	K132i	K132j	K132k	K132l
	K133g	K133h	K133i	K133j	K133k	K133l
	K134g	K134h	K134i	K134j	K134k	K134l
	K135g	K135h	K135i	K135j	K135k	K135l
	K136g	K136h	K136i	K136j	K136k	K136l
	K137g	K137h	K137i	K137j	K137k	K137l
	K138g	K138h	K138i	K138j	K138k	K138l
	K139g	K139h	K139i	K139j	K139k	K139l
	Total July to December (lines K121 through K139)				K140j	K140k
Total January to December (lines K110+K120+K140)				K141j	K141k	K141l

MOHLTC Facility # H11693	Operator Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section K(c) - Calculation of Maximum Resident-Days and Accredited Bed-Days for Convalescent Care Beds From January 1 to December 31

K001(c)	Is the Home Accredited?	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	Accreditation Start Date (if yes) 2015-01-01 (yyyy-mm-dd)	Accreditation End Date (if yes) 2015-12-31 (yyyy-mm-dd)
---------	-------------------------	-----------------------------	---	---	---

	From (yyyy-mm-dd)	To (yyyy-mm-dd)	Operating Capacity	Days	Maximum Resident-Days	Maximum Accredited-Days
January To March	K101m	K101n	K101o	K101p	K101q	K101r
	K102m	K102n	K102o	K102p	K102q	K102r
	K103m	K103n	K103o	K103p	K103q	K103r
	K104m	K104n	K104o	K104p	K104q	K104r
	K105m	K105n	K105o	K105p	K105q	K105r
	K106m	K106n	K106o	K106p	K106q	K106r
	K107m	K107n	K107o	K107p	K107q	K107r
	K108m	K108n	K108o	K108p	K108q	K108r
	K109m	K109n	K109o	K109p	K109q	K109r
Total January to March (sum of lines K101 through K109)				K110p	K110q	K110r
April To June	K111m	K111n	K111o	K111p	K111q	K111r
	K112m	K112n	K112o	K112p	K112q	K112r
	K113m	K113n	K113o	K113p	K113q	K113r
	K114m	K114n	K114o	K114p	K114q	K114r
	K115m	K115n	K115o	K115p	K115q	K115r
	K116m	K116n	K116o	K116p	K116q	K116r
	K117m	K117n	K117o	K117p	K117q	K117r
	K118m	K118n	K118o	K118p	K118q	K118r
	K119m	K119n	K119o	K119p	K119q	K119r
Total April to June (sum of lines K111 through K119)				K120p	K120q	K120r
July To December	K121m	K121n	K121o	K121p	K121q	K121r
	K122m	K122n	K122o	K122p	K122q	K122r
	K123m	K123n	K123o	K123p	K123q	K123r
	K124m	K124n	K124o	K124p	K124q	K124r
	K125m	K125n	K125o	K125p	K125q	K125r
	K126m	K126n	K126o	K126p	K126q	K126r
	K127m	K127n	K127o	K127p	K127q	K127r
	K128m	K128n	K128o	K128p	K128q	K128r
	K129m	K129n	K129o	K129p	K129q	K129r
	K130m	K130n	K130o	K130p	K130q	K130r
	K131m	K131n	K131o	K131p	K131q	K131r
	K132m	K132n	K132o	K132p	K132q	K132r
	K133m	K133n	K133o	K133p	K133q	K133r
	K134m	K134n	K134o	K134p	K134q	K134r
	K135m	K135n	K135o	K135p	K135q	K135r
	K136m	K136n	K136o	K136p	K136q	K136r
	K137m	K137n	K137o	K137p	K137q	K137r
	K138m	K138n	K138o	K138p	K138q	K138r
K139m	K139n	K139o	K139p	K139q	K139r	
Total July to December (lines K121 through K139)				K140p	K140q	K140r
Total January to December (lines K110+K120+K140)				K141p	K141q	K141r

MOHLTC Facility # H11693	Licensee Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Check if no accrual amounts as of December 31, 2015

Section O - Accrual Report

NURSING AND PERSONAL CARE		Opening Accrual Balance	Payment Settlements in 2015	Current Period Accrual	Closing Accrual Balance
#####		(1)	(2)	(3)	(4) = (1)-(2)+(3)
O001	Salaries - Collective Agreement Settlements:				0
O002	Salaries - Pay Equity (PE):				0
O003	Salaries - Vacation Pay:	352,043	352,043	355,385	355,385
O004	Salaries - (Payroll):	139,949	139,949	149,737	149,737
O005	Total Salaries (sum of lines O001 through O004)	\$491,992	\$491,992	\$505,122	\$505,122
O006	Employee Benefits	14,541	14,541	25,594	25,594
O007	Other (specify):	8,860	8,860	0	0
O008	Other (specify):	0	0		0
O009	TOTAL NURSING AND PERSONAL CARE (sum of lines O005 through O008)	\$515,393	\$515,393	\$530,716	\$530,716

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR NURSING AND PERSONAL CARE (Line O001)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an "X"	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O010 <input type="checkbox"/> No <input type="checkbox"/> Yes						
O011 <input type="checkbox"/> No <input type="checkbox"/> Yes						
O012 <input type="checkbox"/> No <input type="checkbox"/> Yes						
O013 <input type="checkbox"/> No <input type="checkbox"/> Yes						

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR NURSING AND PERSONAL CARE (Line O004)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
O014	Full Time Staff	60,299	
O015	Part Time Staff	89,438	
O016	Total (sum of lines O014 through O015)	\$149,737	

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
O017	Total	25,594	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
O018		0	
O019			
O020	Total (sum of lines O018 through O019)	\$0	

MOHLTC Facility # H11693	Licensee Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Program and Support Services		Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
#####					
O101	Salaries - Collective Agreement Settlements:				0
O102	Salaries - Pay Equity (PE):				0
O103	Salaries - Vacation Pay:	26,326	26,326	29,093	29,093
O104	Salaries - (Payroll):	6,076	6,076	6,835	6,835
O105	Total Salaries (sum of lines O101 through O104)	\$32,402	\$32,402	\$35,928	\$35,928
O106	Employee Benefits	725	725	1,615	1,615
O107	Other (specify):	29	29	0	0
O108	Other (specify):				0
O109	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O105 through O108)	\$33,156	\$33,156	\$37,543	\$37,543

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR PROGRAM AND SUPPORT SERVICES (Line O101)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO with an X	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O110	No	Yes				
O111	No	Yes				
O112	No	Yes				
O113	No	Yes				

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR PROGRAM AND SUPPORT SERVICES (Line O104)

Salaries Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line			
O114	Full Time Staff	6,835	
O115	Part Time Staff	0	
O116	Total (sum of lines O114 through O115)	\$6,835	

Employee Benefits Accruals		Closing Accrual Balance	Description / Details of Accruals
Employee Benefits (individual list not required)			
O117	Total	1,615	

Other Accruals		Closing Accrual Balance	Description / Details of Accruals
Expenditure Line (specify)			
O118			
O119			
O120	Total (sum of lines O118 through O119)	\$0	

MOHLTC Facility # H11693	Licensee Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section O - Accrual Report

Other Accommodation - To Be Completed by Red-Circled Homes

	Opening Accrual Balance (1)	Payment Settlements in 2015 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
O201 Salaries - Collective Agreement Settlements:				0
O202 Salaries - Pay Equity (PE):				0
O203 Salaries - Vacation Pay:				0
O204 Salaries - (Payroll):				0
O205 Total Salaries (sum of lines O201 through O204)	\$0	\$0	\$0	\$0

O206 Employee Benefits				0
O207 Other (specify):				0
O208 Other (specify):				0
O209 TOTAL OTHER ACCOMMODATION (sum of lines O205 through O208)	\$0	\$0	\$0	\$0

DETAILS OF COLLECTIVE AGREEMENT SETTLEMENTS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O201)

(A)	(B)	(C)	(D)	(E)	(F)	(G)
Is the settlement arbitrated. Please check YES or NO	Enter date of contract settlement. If contract not settled leave blank and proceed to column (C) (yyyy-mm-dd):	Enter expected date of contract settlement (yyyy-mm-dd):	Enter contract settlement expiry date or expected contract settlement expiry date (yyyy-mm-dd):	Enter the name of the union:	Enter the accrued amount:	Enter as a percentage, the settlement/negotiated rate used to determine the accrued amount:
O210 No Yes						
O211 No Yes						
O212 No Yes						
O213 No Yes						

Please ensure the most recent arbitration settlements are taken into consideration when estimating accruals for expected contract settlements.

DETAILS OF PAYROLL ACCRUALS FOR OTHER ACCOMMODATION (To be completed by red-circled homes) (Line O204)

Salaries Accruals

Expenditure Line	Closing Accrual Balance	Description / Details of Accruals
O214		
O215		
O216 Total (sum of lines O214 through O215)	\$0	

Employee Benefits Accruals

Employee Benefits (individual list not required)	Closing Accrual Balance	Description / Details of Accruals
O217 Total		

Other Accruals

Expenditure Line (specify)	Closing Accrual Balance	Description / Details of Accruals
O218		
O219		
O220 Total (sum of lines O218 through O219)	\$0	

MOHLTC Facility # H11693	Licensee Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

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

If there is no trust account, please check here **and please explain:**

MOHLTC Facility #	Licensee Name :
H11693	Champlain Lodge - Regional Municipality of Ottawa-Carleton

Section Q - Licensee's Statement and Approval

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

City of Ottawa - Champlain Lodge

for the Period from 2015-01-01 to 2015-12-31 was provided by management.

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

The information contained in this report is in accordance with the L-SAA, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

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

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

Approved by the Licensee on the _____ day of _____, 20____

City of Ottawa
(Print Licensee's Name)

Witness

By: Marlynne Ferguson
TITLE: Mgr. Direct Operations

(If charitable or municipal corporation, affix corporate seal where Licensee is a municipality or a non-profit corporation. Where the Licensee is a for profit nursing home provide a witness signature.)

MOHLTC Facility # H11693	Licensee Name : Champlain Lodge - Regional Municipality of Ottawa-Carleton
-----------------------------	---

Independent Auditors' Report

To the Minister of Health and long-Term Care:

We have audited Sections A through G, Section I, and Section O of the accompanying 2015 Long-Term Care Home Annual Report of (legal name of licensee) "the Long-Term Care Home" for the year ended December 31, 2015 and a summary of significant accounting policies and other explanatory information (together "the Report"). The Report has been prepared by management of the Long-Term Care Home based on the reporting provisions of the 2015 Long-Term Care Annual Report Technical Instructions and Guidelines (Technical Instructions and Guidelines) and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Management's responsibility for the Report

Management of the Long-Term Care Home is responsible for the preparation of the Report in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, and in accordance with the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, all applicable policies pertaining to the program funding provided for the year ended December 31, and for such internal control as management of the Long-Term Care Home determines is necessary to enable the preparation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit in accordance with Canadian Auditing Standards (CAS) under the CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Long-Term Care Home's preparation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Long-Term Care Home's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, Sections A through G, Section I, and Section O of the 2015 Long-Term Care Home Annual Report for the year ended December 31, 2015 is prepared, in all material respects, in accordance with the reporting provisions of the 2015 Long-Term Care Home Annual Report Technical Instructions and Guidelines, the LHIN Service Accountability Agreement, any direct funding agreement between the Minister and the Long-Term Care Home, and all applicable policies pertaining to the program funding provided for the year ended December 31.

Restriction on distribution and use

Without modifying our opinion, we draw attention to Section P of the Report, which describes the basis of accounting. The Report is prepared to enable the Ministry of Health and Long-Term Care, and on behalf of the Local Health Integration Network (LHIN), to calculate the allowable subsidy for the Long-Term Care Home for the January 1, 2015 to December 31, 2015 funding period. As a result, the Report may not be suitable for another purpose. Our report is intended solely for the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care, and the LHIN and should not be distributed to or used by parties other than the directors of the Long-Term Care Home, the Ministry of Health and Long-Term Care and the LHIN.

Chartered Accountants, Licensed Public Accountants

(place) _____

(date) _____

MOHLTC Facility #

Licensee Name :

H11693

Champlain Lodge - Regional Municipality of Ottawa-Carleton

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Health and Long-Term Care:

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

for the period from _____ to _____

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

We conducted our audit in accordance with Canadian Auditing Standards (CAS) under CPA Canada Standards and Guidance Collection (specifically CAS 200). Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly in all material respects, the position of the trust fund at year end and the activity of the funds during the year in accordance with generally accepted accounting principles.

Licensed Public Accountant

(place)

(date)

Document 2C

French Language Services report

- Garry J. Armstrong
- Peter D. Clark
- Carleton Lodge
- Centre d'accueil Champlain

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

Please complete and return by email to ch.accountabilityteam@lhins.on.ca by **June 30, 2016**. If completing electronically, please use a different font and/or color.

If you require assistance, please contact your LHIN Senior Accountability Specialist.

A: Health Service Provider (HSP) Name
Garry J Armstrong, City of Ottawa, Long Term Care
B: Partner of Health Link
Name of Health Link: Central Ottawa Health Link
C: Person submitting this report
Name: Dean Lett Title: Administrator Contact information: (613) 580–2424 ext 30026 Dean.Lett@ottawa.ca
D: Date
June 21 st , 2016

E: Report	
Questions	Responses (please check all that apply)
Does your agency have a process in place to identify the language of the patients/clients/residents it services?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using specific questions. <i>Please provide exact wording of questions asked.</i> Resident information sheet asked for specific language preference of English or French Admission background form for the MDS AB8 asks for the specific language of the resident <input type="radio"/> Other, please specify:
Does your agency have a process in place to identify French-speaking staff?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using standard FL skill definitions during screening <input type="radio"/> Informal assessment using in-house resources <input type="radio"/> Informal assessment during interview by asking open-ended questions in French

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

	<ul style="list-style-type: none"> <input type="radio"/> Formal testing by an accredited supplier <input type="radio"/> Other, please specify:
<p>Does your agency keep a record of the French language competence skill level of its staff and volunteers?</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes, in personnel file <input type="radio"/> Yes, in human resources information system <input type="radio"/> Yes, inventory of French-speaking staff <input type="radio"/> Yes, inventory of French-speaking staff on duty <input type="radio"/> Yes, inventory of French-speaking volunteers <input type="radio"/> Other, please specify:
<p>What number and/or percentage of front-line staff have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximation only <ul style="list-style-type: none"> <input type="radio"/> Number: 105 <input type="radio"/> Percentage: 46 % <input type="radio"/> Exact number: <input type="radio"/> Exact percentage:
<p>What number and/or percentage of volunteers have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximate answer only <ul style="list-style-type: none"> <input type="radio"/> Number: 46 <input type="radio"/> Percentage: 40% <input type="radio"/> Exact number: <input type="radio"/> Exact percentage:
<p>What services, if any, is your agency offering in French?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> List of services offered in French: All services can be requested in French in the Home
<p>What methods does your organization use to respond to a</p>	<ul style="list-style-type: none"> <input type="radio"/> None

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

<p>request for services in French when no such services are readily available?</p>	<ul style="list-style-type: none"> <input type="radio"/> Rely on family member to assist with interpretation <input type="radio"/> Rely on volunteers to assist with interpretation <input type="radio"/> Client is directed to a French-speaking colleague <ul style="list-style-type: none"> <input type="radio"/> Professional staff member <input type="radio"/> Non-professional staff member <input type="radio"/> Use of accredited interpretation service <input type="radio"/> Matching clients/patients/residents with French-speaking staff <input type="radio"/> Protocol in place for directing clients to other agencies providing a similar service in French within the community. Please provide the name of such agencies: <input type="radio"/> Memorandum of Understanding with another agency who provides a similar service in French within the community. Please provide the name of that agency: <input type="radio"/> Other, please specify
<p>What other activities to address the needs of French-speaking patients/clients/residents does your agency offer?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> List of activities offered in French: <ul style="list-style-type: none"> French visiting volunteers Entertainment
<p>Comments</p>	

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

Please complete and return by email to ch.accountabilityteam@lhins.on.ca by **June 30, 2016**. If completing electronically, please use a different font and/or color.

If you require assistance, please contact your LHIN Senior Accountability Specialist.

A: Health Service Provider (HSP) Name
Peter D. Clark, City of Ottawa, Long Term Care
B: Partner of Health Link
Name of Health Link: South West Ottawa North Grenville Health Link
C: Person submitting this report
Name: Ted Cohen Title: Administrator Contact information: (613) 580–2424 ext 21431 Ted.Cohen@ottawa.ca
D: Date
June 3 rd , 2016

E: Report	
Questions	Responses (please check all that apply)
Does your agency have a process in place to identify the language of the patients/clients/residents it services?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using specific questions. <i>Please provide exact wording of questions asked.</i> Resident information sheet asked for specific language preference of English or French Admission background form for the MDS AB8 asks for the specific language of the resident <input type="radio"/> Other, please specify:
Does your agency have a process in place to identify French-speaking staff?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using standard FL skill definitions during screening <input type="radio"/> Informal assessment using in-house resources <input type="radio"/> Informal assessment during interview by asking open-ended questions in French

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

	<ul style="list-style-type: none"> <input type="radio"/> Formal testing by an accredited supplier <input type="radio"/> Other, please specify:
<p>Does your agency keep a record of the French language competence skill level of its staff and volunteers?</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes, in personnel file <input type="radio"/> Yes, in human resources information system <input type="radio"/> Yes, inventory of French-speaking staff <input type="radio"/> Yes, inventory of French-speaking staff on duty <input type="radio"/> Yes, inventory of French-speaking volunteers <input type="radio"/> Other, please specify:
<p>What number and/or percentage of front-line staff have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximation only <ul style="list-style-type: none"> <input type="radio"/> Number:50 <input type="radio"/> Percentage: <input type="radio"/> Exact number: <input type="radio"/> Exact percentage:
<p>What number and/or percentage of volunteers have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximate answer only <ul style="list-style-type: none"> <input type="radio"/> Number: 30 <input type="radio"/> Percentage: 38 <input type="radio"/> Exact number: <input type="radio"/> Exact percentage:
<p>What services, if any, is your agency offering in French?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> List of services offered in French:

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

<p>What methods does your organization use to respond to a request for services in French when no such services are readily available?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Rely on family member to assist with interpretation <input type="radio"/> Rely on volunteers to assist with interpretation <input type="radio"/> Client is directed to a French-speaking colleague <ul style="list-style-type: none"> <input type="radio"/> Professional staff member <input type="radio"/> Non-professional staff member <input type="radio"/> Use of accredited interpretation service <input type="radio"/> Matching clients/patients/residents with French-speaking staff <input type="radio"/> Protocol in place for directing clients to other agencies providing a similar service in French within the community. Please provide the name of such agencies: <input type="radio"/> Memorandum of Understanding with another agency who provides a similar service in French within the community. Please provide the name of that agency: <input type="radio"/> Other, please specify
<p>What other activities to address the needs of French-speaking patients/clients/residents does your agency offer?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> List of activities offered in French:
<p>Comments</p>	

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

Please complete and return by email to ch.accountabilityteam@lhins.on.ca by **June 30, 2016**. If completing electronically, please use a different font and/or color.

If you require assistance, please contact your LHIN Senior Accountability Specialist.

A: Health Service Provider (HSP) Name
Carleton Lodge, City of Ottawa, Long Term Care
B: Partner of Health Link
Name of Health Link: South West Ottawa North Grenville Health Link
C: Person submitting this report
Name: Rick Gourlie Title: Administrator Contact information: (613) 580–2424 ext 36190 Rick.Gourlie@ottawa.ca
D: Date
June 27 th , 2016

E: Report	
Questions	Responses (please check all that apply)
Does your agency have a process in place to identify the language of the patients/clients/residents it services?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using specific questions. <i>Please provide exact wording of questions asked.</i> Resident information sheet asked for specific language preference of English or French Admission background form for the MDS AB8 asks for the specific language of the resident <input type="radio"/> Other, please specify:
Does your agency have a process in place to identify French-speaking staff?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using standard FL skill definitions during screening <input type="radio"/> Informal assessment using in-house resources <input type="radio"/> Informal assessment during interview by asking open-ended questions in French

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

	<ul style="list-style-type: none"> <input type="radio"/> Formal testing by an accredited supplier <input type="radio"/> Other, please specify:
<p>Does your agency keep a record of the French language competence skill level of its staff and volunteers?</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes, in personnel file <input type="radio"/> Yes, in human resources information system <input type="radio"/> Yes, inventory of French-speaking staff <input type="radio"/> Yes, inventory of French-speaking staff on duty <input type="radio"/> Yes, inventory of French-speaking volunteers <input type="radio"/> Other, please specify:
<p>What number and/or percentage of front-line staff have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximation only <ul style="list-style-type: none"> <input type="radio"/> Number: 45 <input type="radio"/> Percentage: 20% <input type="radio"/> Exact number: <input type="radio"/> Exact percentage:
<p>What number and/or percentage of volunteers have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> Unable to answer <input type="radio"/> Approximate answer only <ul style="list-style-type: none"> <input type="radio"/> Number: 95 <input type="radio"/> Percentage: 55% <input type="radio"/> Exact number <input type="radio"/> Exact percentage:
<p>What services, if any, is your agency offering in French?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> List of services offered in French:

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

<p>What methods does your organization use to respond to a request for services in French when no such services are readily available?</p>	<ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Rely on family member to assist with interpretation<input type="radio"/> Rely on volunteers to assist with interpretation<input type="radio"/> Client is directed to a French-speaking colleague<ul style="list-style-type: none"><input type="radio"/> Professional staff member<input type="radio"/> Non-professional staff member<input type="radio"/> Use of accredited interpretation service<input type="radio"/> Matching clients/patients/residents with French-speaking staff<input type="radio"/> Protocol in place for directing clients to other agencies providing a similar service in French within the community. Please provide the name of such agencies: <input type="radio"/> Memorandum of Understanding with another agency who provides a similar service in French within the community. Please provide the name of that agency: <input type="radio"/> Other, please specify
<p>What other activities to address the needs of French-speaking patients/clients/residents does your agency offer?</p>	<ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> List of activities offered in French:
<p>Comments</p>	

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

Please complete and return by email to ch.accountabilityteam@lhins.on.ca by **June 30, 2016**. If completing electronically, please use a different font and/or color.

If you require assistance, please contact your LHIN Senior Accountability Specialist.

A: Health Service Provider (HSP) Name
Centre d'Accueil Champlain, City of Ottawa, Long Term Care
B: Partner of Health Link
Name of Health Link: HLA 4
C: Person submitting this report
Name: Louise Bourdon Title: Administrator Contact information: (613) 580-2424 ext 21496 Louise.Bourdon@ottawa.ca
D: Date
June 21 st , 2016

E: Report	
Questions	Responses (please check all that apply)
Does your agency have a process in place to identify the language of the patients/clients/residents it services?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using specific questions. <i>Please provide exact wording of questions asked.</i> Resident information sheet asked for specific language preference of English or French Admission background form for the MDS AB8 asks for the specific language of the resident <input type="radio"/> Other, please specify:
Does your agency have a process in place to identify French-speaking staff?	<input type="radio"/> No <input type="radio"/> Voluntarily self-identify <input type="radio"/> Prompted to self-identify using standard FL skill definitions during screening <input type="radio"/> Informal assessment using in-house resources <input type="radio"/> Informal assessment during interview by asking open-ended questions in French <input type="radio"/> Formal testing by an accredited supplier <input type="radio"/> All staff hired at Centre d'accueil Champlain must speak French as we are a francophone home

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

<p>Does your agency keep a record of the French language competence skill level of its staff and volunteers?</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input checked="" type="radio"/> Yes, in personnel file <input type="radio"/> Yes, in human resources information system <input type="radio"/> Yes, inventory of French-speaking staff <input type="radio"/> Yes, inventory of French-speaking staff on duty <input type="radio"/> Yes, inventory of French-speaking volunteers <input type="radio"/> Other, please specify:
<p>What number and/or percentage of front-line staff have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> <input type="radio"/> Approximation only <ul style="list-style-type: none"> <input type="radio"/> Number: <input type="radio"/> Percentage: <input type="radio"/> Exact number: <input checked="" type="radio"/> Exact percentage: 100%
<p>What number and/or percentage of volunteers have enough French language skills to work efficiently with French-speaking patients/clients/residents?</p>	<ul style="list-style-type: none"> <input type="radio"/> <input type="radio"/> Approximate answer only <ul style="list-style-type: none"> <input type="radio"/> Number: <input type="radio"/> Percentage: <input type="radio"/> Exact number: <input checked="" type="radio"/> Exact percentage: 100%
<p>What services, if any, is your agency offering in French?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> All services <input type="radio"/> List of services offered in French:
<p>What methods does your organization use to respond to a request for services in French when no such services are readily available?</p>	<ul style="list-style-type: none"> <input type="radio"/> None <input type="radio"/> Rely on family member to assist with interpretation <input type="radio"/> Rely on volunteers to assist with interpretation <input checked="" type="radio"/> Client is directed to a French-speaking colleague <ul style="list-style-type: none"> <input type="radio"/> Professional staff member <input type="radio"/> Non-professional staff member <input checked="" type="radio"/> Use of accredited interpretation service <input type="radio"/> Matching clients/patients/residents with French-speaking staff

SAA 2015–2016

Report on Responsiveness to Francophone Community Needs

	<ul style="list-style-type: none"><input type="radio"/> Protocol in place for directing clients to other agencies providing a similar service in French within the community. Please provide the name of such agencies: <input type="radio"/> Memorandum of Understanding with another agency who provides a similar service in French within the community. Please provide the name of that agency: <input type="radio"/> Other, please specify
What other activities to address the needs of French-speaking patients/clients/residents does your agency offer?	<ul style="list-style-type: none"><input type="radio"/> All services<input type="radio"/> List of activities offered in French:
Comments	

Document 2D OHRIS / MIS

OHRIS / MIS Trial Balance Submission

- Garry J. Armstrong
 - Q4 2015
 - Q2 2016

- Peter D. Clark
 - Q4 2015
 - Q2 2016

- Carleton Lodge
 - Q4 2015
 - Q2 2016

- Centre d'accueil Champlain
 - Q4 2015
 - Q2 2016

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

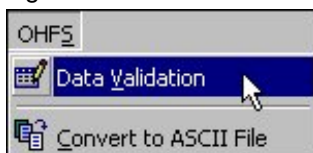
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6079
Submission Year:	2015
Submission Period Code:	4
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Garry J Armstrong, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	S	3101000	1128					
	217	72110	S	3103000	228					
	217	72110	S	3501000	11301					
	217	72110	S	3503000	2486					
	217	72145	S	3101000	1186					
	217	72145	S	3103000	187					
	217	72145	S	3501000	20155					
	217	72145	S	3503000	4646					
	217	72150	S	3501000	5600					
	217	72150	S	3503000	1253					
	217	72195	S	3501000	38219					
	217	72195	S	3503000	5189					
	217	72444	S	3101000	1165					
	217	72444	S	3103000	192					
	217	72444	S	3501000	8427					
	217	72444	S	3503000	1465					
	217	7259210	S	3101000	2333					
	217	7259210	S	3103000	422					
	217	7259210	S	3501000	177914					
	217	7259210	S	3503000	33987					
	217	72110	F	31010	81525					
	217	72110	F	31030	16659					
	217	72110	F	31040	21990					
	217	72110	F	35010	406268					
	217	72110	F	35030	110961					
	217	72110	F	35040	110873					
	217	72145	F	31010	62415					
	217	72145	F	31030	9855					
	217	72145	F	31040	17275					
	217	72145	F	35010	499040					
	217	72145	F	35030	161811					
	217	72145	F	35040	138164					
	217	72150	F	35010	139936					
	217	72150	F	35030	60150					
	217	72150	F	35040	45905					
	217	72195	F	35010	1027120					
	217	72195	F	35030	291838					
	217	72195	F	35040	339784					
	217	72444	F	31010	45404					
	217	72444	F	31030	7481					
	217	72444	F	31040	13793					
	217	72444	F	35010	292526					
	217	72444	F	35030	61800					
	217	72444	F	35040	82272					
	217	7259210	F	31010	136038					
	217	7259210	F	31030	24131					
	217	7259210	F	31040	35305					
	217	7259210	F	35010	5516649					
	217	7259210	F	35030	1988063					
	217	7259210	F	35040	1709653					
	217	72110	F	12020	-34789					
	217	72110	F	41000	17139					
	217	72110	F	49500	126					
	217	72110	F	61010	721					
	217	72110	F	61015	999					
	217	72110	F	61020	32286					
	217	72110	F	61030	824					
	217	72400	F	62400	-246					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount					
	217	72110	F	65090	3082					
	217	72110	F	66020	16956					
	217	72110	F	68000	3248					
	217	72110	F	69591	24646					
	217	72110	F	76500	287					
	217	72110	F	78000	19815					
	217	72145	F	41000	19351					
	217	72145	F	41500	27068					
	217	72145	F	49500	7001					
	217	72145	F	61030	150					
	217	72145	F	71000	3410					
	217	72145	F	82510	5005					
	217	72145	F	91040	21473					
	217	72150	F	41000	747					
	217	72150	F	41500	9304					
	217	72150	F	46070	366					
	217	72150	F	71000	2077					
	217	72150	F	82510	184048					
	217	72195	F	12020	-49158					
	217	72195	F	41000	6260					
	217	72195	F	41500	37840					
	217	72195	F	45005	577933					
	217	72195	F	49500	315					
	217	72195	F	62400	-168					
	217	72195	F	71000	10712					
	217	72195	F	82510	23469					
	217	72444	F	12020	-11390					
	217	72444	F	41000	13617					
	217	72444	F	46070	3288					
	217	72444	F	49500	1232					
	217	72444	F	61015	7					
	217	72444	F	62400	79					
	217	72444	F	65090	70330					
	217	72444	F	66040	995					
	217	72444	F	69591	11354					
	217	72444	F	71000	208					
	217	72444	F	80540	157473					
	217	7259210	F	12020	-2963					
	217	7259210	F	39091	48131					
	217	7259210	F	41000	4311					
	217	7259210	F	42591	71613					
	217	7259210	F	46060	69993					
	217	7259210	F	46070	89416					
	217	7259210	F	49500	4129					
	217	7259210	F	65090	100					
	217	7259210	F	66020	3549					
	217	7259210	F	71000	8513					
	217	7259210	F	80550	6300					
	217	72155	F	41000	31					
	217	72155	F	41500	142					
	217	72155	F	43030	121893					
	217	72155	F	43040	276828					
	217	72155	F	43050	71825					
	217	72155	F	43500	11781					
	217	72155	F	46070	960					
	217	72155	F	61020	46575					
	217	72155	F	69590	368					
	217	72155	F	71000	5174					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LT/S	Secondary Account	Year-to-Date Actual Amount				
	217	72155	F	76500	13840				
	217	72155	F	80510	53976				
	217	72155	F	82510	297261				
	217	72155	F	91040	18609				
	217	8291537	F	11092	-1159898				
	217	8291537	F	11091	-70835				
	217	829156640	F	11093	-795827				
	217	829156640	F	11092	-2259545				
	217	82945	F	11090	-3409				
	217	82911	F	11006	-49272				
	217	72450	F	11006	-139725				
	217	7259210	F	11010	-81804				
	217	82911	F	11015	-17641				
	217	82911	F	11008	-28296				
	217	7259210	F	11006	-131616				
	217	82911	F	11011	-11564				
	217	82911	F	11012	-298483				
	217	82911	F	11013	-213516				
	217	82911	F	11210	-5969876				
	217	82911	F	11220	-603441				
	217	82911	F	11230	-522304				
	217	82911	F	11240	-27706				
	217	82911	F	11010	-679980				
	217	72110	F	82510	69679				
	217	62200	F		679980				
	217	82945	F	11040	-3581450				
	217	7259210	S	4990001	26097				
	217	7259210	S	4990003	39200				
	217	7259210	S	7104700	180				
	217	7259210	S	7204700	65700				
	217	72110	S	2390000	10023				
	217	72450	S	2900000	6844				
	217	7259210	S	4154710	13				
	217	7259210	S	4154720	1				
	217	82990	S	8960000	12				
	217	82990	S	7700000	20121011				

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Apr-06 2:55:15 PM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

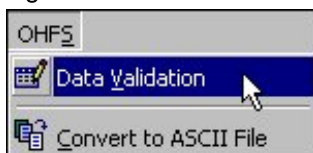
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6079
Submission Year:	2016
Submission Period Code:	2
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Garry J Armstrong, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	S	3101000	759					
	217	72110	S	3103000	121					
	217	72110	S	3501000	5757					
	217	72110	S	3503000	868					
	217	72145	S	3101000	410					
	217	72145	S	3103000	74					
	217	72145	S	3501000	10852					
	217	72145	S	3503000	2736					
	217	72150	S	3501000	2698					
	217	72150	S	3503000	901					
	217	72195	S	3101000	413					
	217	72195	S	3103000	74					
	217	72195	S	3501000	18403					
	217	72195	S	3503000	2539					
	217	72444	S	3101000	827					
	217	72444	S	3103000	144					
	217	72444	S	3501000	3941					
	217	72444	S	3503000	906					
	217	7259210	S	3101000	1710					
	217	7259210	S	3103000	228					
	217	7259210	S	3501000	89483					
	217	7259210	S	3503000	19122					
	217	72110	F	31010	46859					
	217	72110	F	31030	7674					
	217	72110	F	31040	14249					
	217	72110	F	35010	203653					
	217	72110	F	35030	42318					
	217	72110	F	35040	57755					
	217	72145	F	31010	21450					
	217	72145	F	31030	3876					
	217	72145	F	31040	6299					
	217	72145	F	35010	276978					
	217	72145	F	35030	92914					
	217	72145	F	35040	75087					
	217	72150	F	35010	68309					
	217	72150	F	35030	35274					
	217	72150	F	35040	24912					
	217	72195	F	31010	21656					
	217	72195	F	31030	3876					
	217	72195	F	31040	6318					
	217	72195	F	35010	509704					
	217	72195	F	35030	147032					
	217	72195	F	35040	118468					
	217	72444	F	31010	33133					
	217	72444	F	31030	5836					
	217	72444	F	31040	9744					
	217	72444	F	35010	140468					
	217	72444	F	35030	36327					
	217	72444	F	35040	46596					
	217	7259210	F	31010	96042					
	217	7259210	F	31030	18820					
	217	7259210	F	31040	24941					
	217	7259210	F	35010	2891682					
	217	7259210	F	35030	1095671					
	217	7259210	F	35040	847695					
	217	72110	F	12020	-19115					
217	Provincial Health and Long Term Care	72110	F	41000	8996					
217	Provision - Vers	72110	F	46070	71					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	F	49500	440					
	217	72110	F	61010	860					
	217	72110	F	61015	968					
	217	72110	F	61020	15791					
	217	72110	F	62400	2116					
	217	72110	F	65090	1064					
	217	72110	F	66020	15071					
	217	72110	F	68000	1624					
	217	72110	F	69591	26248					
	217	72110	F	76500	305					
	217	72145	F	41000	6392					
	217	72145	F	41500	16614					
	217	72145	F	49500	4243					
	217	72145	F	71000	1946					
	217	72145	F	82510	1017					
	217	72145	F	91040	6610					
	217	72150	F	41000	1797					
	217	72150	F	41500	3868					
	217	72150	F	71000	3817					
	217	72150	F	82510	94226					
	217	72195	F	12020	-19829					
	217	72195	F	41000	3115					
	217	72195	F	41500	15789					
	217	72195	F	45005	274557					
	217	72195	F	49500	987					
	217	72195	F	71000	5929					
	217	72195	F	82510	9729					
	217	72444	F	12020	-5958					
	217	72444	F	41000	6783					
	217	72444	F	46070	4533					
	217	72444	F	62400	22					
	217	72444	F	65090	35475					
	217	72444	F	66020	-28					
	217	72444	F	66040	756					
	217	72444	F	69591	3911					
	217	72444	F	80540	78853					
	217	7259210	F	39091	21770					
	217	7259210	F	41000	2931					
	217	7259210	F	42591	35807					
	217	7259210	F	46060	31212					
	217	7259210	F	46070	49375					
	217	7259210	F	49500	2566					
	217	7259210	F	66020	3707					
	217	7259210	F	71000	21096					
	217	7259210	F	80550	2700					
	217	72155	F	41500	80					
	217	72155	F	43030	64117					
	217	72155	F	43040	123193					
	217	72155	F	43050	30210					
	217	72155	F	43500	9934					
	217	72155	F	44000	335					
	217	72155	F	49500	110					
	217	72155	F	61020	47909					
	217	72155	F	65090	70					
	217	72155	F	71000	2781					
	217	72155	F	76500	18494					
	217	72155	F	80510	34357					
	217	72155	F	82510	152328					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LT/S	Secondary Account	Year-to-Date Actual Amount						
	217	72155	F	91040	13205						
	217	8291537	F	11092	-595213						
	217	8291537	F	11091	-29475						
	217	829156640	F	11093	-415705						
	217	829156640	F	11092	-1145642						
	217	82911	F	11006	-24772						
	217	72450	F	11006	-70200						
	217	7259210	F	11010	-40902						
	217	82911	F	11015	-8715						
	217	82911	F	11008	-14148						
	217	7259210	F	11006	-67140						
	217	82911	F	11012	-141352						
	217	82911	F	11013	-107343						
	217	82911	F	11210	-3060031						
	217	82911	F	11220	-304860						
	217	82911	F	11230	-265225						
	217	82911	F	11240	-16603						
	217	82911	F	11010	-341853						
	217	62200	F		344369						
	217	72110	F	82510	23785						
	217	82945	F	11040	-2028471						
	217	7259210	S	4990001	13030						
	217	7259210	S	4990003	19577						
	217	7259210	S	7104700	180						
	217	7259210	S	7204700	32760						
	217	72110	S	2390000	5066						
	217	72450	S	2900000	3413						
	217	7259210	S	4154710	18						
	217	7259210	S	4154720	2						
	217	82990	S	8960000	3						
	217	82990	S	7700000	20121011						

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Sep-22 11:23:07 AM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

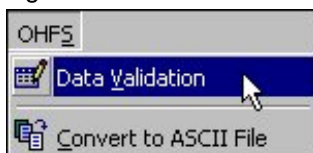
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6078
Submission Year:	2015
Submission Period Code:	4
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Peter D Clark, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount				
	217	72110	S	3101000	1151				
	217	72110	S	3103000	237				
	217	72110	S	3501000	9614				
	217	72110	S	3503000	1730				
	217	72145	S	3103000	2				
	217	72145	S	3501000	26060				
	217	72145	S	3503000	4916				
	217	72150	S	3501000	6876				
	217	72150	S	3503000	873				
	217	72195	S	3101000	1110				
	217	72195	S	3103000	447				
	217	72195	S	3501000	37943				
	217	72195	S	3503000	6468				
	217	72444	S	3101000	584				
	217	72444	S	3103000	109				
	217	72444	S	3501000	7870				
	217	72444	S	3503000	1789				
	217	7259210	S	3101000	2428				
	217	7259210	S	3103000	463				
	217	7259210	S	3501000	222215				
	217	7259210	S	3503000	37689				
	217	72110	F	31010	74434				
	217	72110	F	31030	17009				
	217	72110	F	31040	23195				
	217	72110	F	35010	314294				
	217	72110	F	35030	82189				
	217	72110	F	35040	149032				
	217	72145	F	31030	169				
	217	72145	F	31040	50				
	217	72145	F	35010	671714				
	217	72145	F	35030	214974				
	217	72145	F	35040	188460				
	217	72150	F	35010	172037				
	217	72150	F	35030	47414				
	217	72150	F	35040	35423				
	217	72195	F	31010	59818				
	217	72195	F	31030	24266				
	217	72195	F	31040	19203				
	217	72195	F	35010	981281				
	217	72195	F	35030	332136				
	217	72195	F	35040	260169				
	217	72444	F	31010	26251				
	217	72444	F	31030	3582				
	217	72444	F	31040	9336				
	217	72444	F	35010	269963				
	217	72444	F	35030	93262				
	217	72444	F	35040	86215				
	217	7259210	F	31010	145449				
	217	7259210	F	31030	28807				
	217	7259210	F	31040	38080				
	217	7259210	F	35010	6845943				
	217	7259210	F	35030	2362339				
	217	7259210	F	35040	1934451				
	217	72110	F	12020	-27527				
	217	72110	F	41000	15039				
	217	72110	F	43500	131				
	217	72110	F	40070	-425				
	217	72110	F	49500	1655				

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount				
	217	72110	F	61010	716				
	217	72110	F	61015	135				
	217	72110	F	61020	15125				
	217	72110	F	61030	1124				
	217	72110	F	62400	157				
	217	72110	F	65090	5089				
	217	72110	F	66020	17493				
	217	72110	F	68000	3248				
	217	72110	F	69591	24159				
	217	72110	F	71000	7431				
	217	72110	F	76500	1851				
	217	72110	F	78000	19916				
	217	72145	F	41000	14509				
	217	72145	F	41500	27235				
	217	72145	F	49500	6282				
	217	72145	F	71000	4366				
	217	72145	F	82510	11698				
	217	72145	F	91040	24878				
	217	72150	F	41000	526				
	217	72150	F	41500	14315				
	217	72150	F	49500	566				
	217	72150	F	71000	4134				
	217	72150	F	82510	201238				
	217	72195	F	12020	-6787				
	217	72195	F	41000	4154				
	217	72195	F	41500	21322				
	217	72195	F	45005	858734				
	217	72195	F	49500	2666				
	217	72195	F	71000	18337				
	217	72195	F	82510	23354				
	217	72444	F	12020	-2389				
	217	72444	F	41000	12477				
	217	72444	F	41500	354				
	217	72444	F	43500	1660				
	217	72444	F	46070	5334				
	217	72444	F	61030	993				
	217	72444	F	62400	397				
	217	72444	F	65090	80990				
	217	72444	F	66020	248				
	217	72444	F	66040	184				
	217	72444	F	69591	19719				
	217	72444	F	80540	188968				
	217	7259210	F	12020	-3655				
	217	7259210	F	35085	32825				
	217	7259210	F	39091	53964				
	217	7259210	F	41000	8005				
	217	7259210	F	41500	7				
	217	7259210	F	42591	85935				
	217	7259210	F	46060	39945				
	217	7259210	F	46070	129103				
	217	7259210	F	49500	868				
	217	7259210	F	61015	24				
	217	7259210	F	61020	1856				
	217	7259210	F	62400	549				
	217	7259210	F	65090	151				
	217	7259210	F	66020	3864				
	217	7259210	F	69591	140				
	217	7259210	F	71000	9803				

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount				
	217	7259210	F	80550	10915				
	217	72155	F	41000	122				
	217	72155	F	41500	2732				
	217	72155	F	43030	107326				
	217	72155	F	43040	236537				
	217	72155	F	43050	62651				
	217	72155	F	43500	24874				
	217	72155	F	46070	4559				
	217	72155	F	49500	1444				
	217	72155	F	61020	47561				
	217	72155	F	65090	283				
	217	72155	F	69591	312				
	217	72155	F	71000	8829				
	217	72155	F	76500	44656				
	217	72155	F	80510	38563				
	217	72155	F	82510	370221				
	217	72155	F	91040	35758				
	217	72110	F	82510	83607				
	217	62200	F		797088				
	217	82945	F	11040	-2920258				
	217	8291537	F	11092	-1381264				
	217	8291537	F	11091	-54372				
	217	8291539	F	11092	-84687				
	217	829156640	F	11093	-947025				
	217	829156640	F	11092	-2657412				
	217	82945	F	11090	-11078				
	217	82911	F	11006	-59124				
	217	72450	F	11006	-167670				
	217	7259210	F	11010	-87204				
	217	82911	F	11015	-21159				
	217	82911	F	11008	-923860				
	217	7259210	F	11006	-158715				
	217	82911	F	11012	-259660				
	217	82911	F	11013	-256224				
	217	82911	F	11210	-7198576				
	217	82911	F	11220	-724129				
	217	82911	F	11230	-626764				
	217	82911	F	11240	-41877				
	217	82911	F	11010	-797088				
	217	7259210	S	4990001	29966				
	217	7259210	S	4990601	1825				
	217	7259210	S	4990003	46109				
	217	7259210	S	7104700	211				
	217	7259210	S	7104600	5				
	217	7259210	S	7204700	77015				
	217	7259210	S	7204600	1825				
	217	72110	S	2390000	11658				
	217	72450	S	2900000	6844				
	217	7259210	S	4154710	58				
	217	7259210	S	4154720	3				
	217	82990	S	8960000	12				
	217	82990	S	7700000	20121011				

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Apr-06 3:23:45 PM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

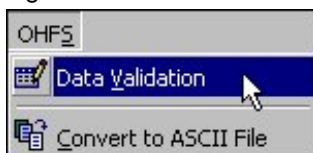
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6078
Submission Year:	2016
Submission Period Code:	2
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Peter D Clark, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FLS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	S	3101000	865					
	217	72110	S	3103000	117					
	217	72110	S	3501000	4587					
	217	72110	S	3503000	1428					
	217	72145	S	3101000	331					
	217	72145	S	3103000	71					
	217	72145	S	3501000	11891					
	217	72145	S	3503000	3306					
	217	72150	S	3501000	3452					
	217	72150	S	3503000	537					
	217	72195	S	3101000	534					
	217	72195	S	3103000	109					
	217	72195	S	3501000	18953					
	217	72195	S	3503000	2850					
	217	72444	S	3101000	781					
	217	72444	S	3103000	128					
	217	72444	S	3501000	4580					
	217	72444	S	3503000	956					
	217	7259210	S	3101000	1624					
	217	7259210	S	3103000	740					
	217	7259210	S	3501000	111589					
	217	7259210	S	3503000	20892					
	217	72110	F	31010	60912					
	217	72110	F	31030	8151					
	217	72110	F	31040	14655					
	217	72110	F	35010	140412					
	217	72110	F	35030	58645					
	217	72110	F	35040	48097					
	217	72145	F	31010	18215					
	217	72145	F	31030	16081					
	217	72145	F	31040	6748					
	217	72145	F	35010	303647					
	217	72145	F	35030	118075					
	217	72145	F	35040	95402					
	217	72150	F	35010	87446					
	217	72150	F	35030	28278					
	217	72150	F	35040	21632					
	217	72195	F	31010	28684					
	217	72195	F	31030	18268					
	217	72195	F	31040	9759					
	217	72195	F	35010	499675					
	217	72195	F	35030	163761					
	217	72195	F	35040	134626					
	217	72444	F	31010	30110					
	217	72444	F	31030	5144					
	217	72444	F	31040	9398					
	217	72444	F	35010	153317					
	217	72444	F	35030	42123					
	217	72444	F	35040	50115					
	217	7259210	F	31010	93546					
	217	7259210	F	31030	44975					
	217	7259210	F	31040	37114					
	217	7259210	F	35010	3564713					
	217	7259210	F	35030	1274743					
	217	7259210	F	35040	1002481					
	217	72110	F	12020	-15807					
	217	72110	F	41000	10010					
	217	72444	F	46070	58					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	F	49500	1975					
	217	72110	F	61010	528					
	217	72110	F	61015	40					
	217	72110	F	61020	8119					
	217	72110	F	61030	1801					
	217	72110	F	62400	1456					
	217	72110	F	66020	15317					
	217	72110	F	68000	1624					
	217	72110	F	69591	24700					
	217	72110	F	71000	3462					
	217	72110	F	76500	304					
	217	72145	F	41000	6671					
	217	72145	F	41500	19130					
	217	72145	F	43500	391					
	217	72145	F	44000	18					
	217	72145	F	49500	5409					
	217	72145	F	61030	300					
	217	72145	F	62400	-63					
	217	72145	F	71000	403					
	217	72145	F	82510	1219					
	217	72145	F	91040	6827					
	217	72150	F	41000	1170					
	217	72150	F	41500	7547					
	217	72150	F	49500	591					
	217	72150	F	71000	2327					
	217	72150	F	82510	101350					
	217	72195	F	12020	-444					
	217	72195	F	41000	1805					
	217	72195	F	41500	8523					
	217	72195	F	45005	403159					
	217	72195	F	46070	12					
	217	72195	F	49500	1309					
	217	72195	F	61030	300					
	217	72195	F	69591	305					
	217	72195	F	71000	8952					
	217	72195	F	82510	9315					
	217	72444	F	12020	-2234					
	217	72444	F	41000	3518					
	217	72444	F	46070	524					
	217	72444	F	61030	300					
	217	72444	F	65090	46898					
	217	72444	F	66020	153					
	217	72444	F	66040	190					
	217	72444	F	69591	5575					
	217	72444	F	71000	978					
	217	72444	F	80540	94623					
	217	7259210	F	12020	586					
	217	7259210	F	39091	26233					
	217	7259210	F	41000	4151					
	217	7259210	F	42591	42968					
	217	7259210	F	46060	13157					
	217	7259210	F	46070	65823					
	217	7259210	F	49500	1011					
	217	7259210	F	61020	913					
	217	7259210	F	61030	-694					
	217	7259210	F	62400	121					
	217	7259210	F	66020	3549					
	217	7259210	F	69591	20					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LTB	Secondary Account	Year-to-Date Actual Amount					
	217	7259210	F	71000	21523					
	217	7259210	F	80550	5585					
	217	72155	F	41000	122					
	217	72155	F	41500	2048					
	217	72155	F	43030	46201					
	217	72155	F	43040	108540					
	217	72155	F	43050	33297					
	217	72155	F	43500	15213					
	217	72155	F	49500	1774					
	217	72155	F	61020	38496					
	217	72155	F	71000	216					
	217	72155	F	76500	29068					
	217	72155	F	80510	19945					
	217	72155	F	82510	182206					
	217	72155	F	91040	18449					
	217	8291537	F	11092	-740556					
	217	8291537	F	11091	-23184					
	217	8291539	F	11092	-40433					
	217	829156640	F	11093	-479021					
	217	829156640	F	11092	-1314312					
	217	82945	F	11090	-2142					
	217	82911	F	11006	-29724					
	217	72450	F	11006	-84240					
	217	7259210	F	11010	-43602					
	217	82911	F	11015	-10462					
	217	82911	F	11008	-381390					
	217	7259210	F	11006	-82653					
	217	82911	F	11012	-97714					
	217	82911	F	11013	-128814					
	217	82911	F	11210	-3767009					
	217	82911	F	11220	-365832					
	217	82911	F	11230	-318270					
	217	82911	F	11240	-28600					
	217	82911	F	11010	-400728					
	217	62200	F		400728					
	217	72110	F	82510	28589					
	217	82945	F	11040	-1750738					
	217	7259210	S	4990001	15477					
	217	7259210	S	4990601	879					
	217	7259210	S	4990003	22464					
	217	7259210	S	7104700	211					
	217	7259210	S	7104600	5					
	217	7259210	S	7204700	38402					
	217	7259210	S	7204600	910					
	217	72110	S	2390000	6005					
	217	72450	S	2900000	3413					
	217	7259210	S	4154710	1					
	217	7259210	S	4154720	1					
	217	82990	S	8960000	3					
	217	82990	S	7700000	20121011					

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Sep-22 1:48:57 PM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

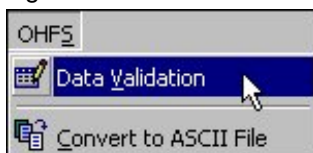
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6076
Submission Year:	2015
Submission Period Code:	4
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Carleton Lodge, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount		
	217	72110	S	3101000	1179		
	217	72110	S	3103000	195		
	217	72110	S	3501000	11391		
	217	72110	S	3503000	2972		
	217	72145	S	3101000	550		
	217	72145	S	3103000	133		
	217	72145	S	3501000	17690		
	217	72145	S	3503000	4331		
	217	72150	S	3501000	4181		
	217	72150	S	3503000	854		
	217	72195	S	3101000	550		
	217	72195	S	3103000	133		
	217	72195	S	3501000	35390		
	217	72195	S	3503000	5579		
	217	72444	S	3101000	1165		
	217	72444	S	3103000	252		
	217	72444	S	3501000	8472		
	217	72444	S	3503000	1842		
	217	7259210	S	3101000	2301		
	217	7259210	S	3103000	494		
	217	7259210	S	3501000	163838		
	217	7259210	S	3503000	33443		
	217	72110	F	31010	85034		
	217	72110	F	31030	14440		
	217	72110	F	31040	20186		
	217	72110	F	35010	383267		
	217	72110	F	35030	119767		
	217	72110	F	35040	122920		
	217	72145	F	31010	30460		
	217	72145	F	31030	7200		
	217	72145	F	31040	8036		
	217	72145	F	35010	449511		
	217	72145	F	35030	153190		
	217	72145	F	35040	131911		
	217	72150	F	35010	104338		
	217	72150	F	35030	32079		
	217	72150	F	35040	34856		
	217	72195	F	31010	30459		
	217	72195	F	31030	7200		
	217	72195	F	31040	8035		
	217	72195	F	35010	941373		
	217	72195	F	35030	314023		
	217	72195	F	35040	289032		
	217	72444	F	31010	55097		
	217	72444	F	31030	12053		
	217	72444	F	31040	15908		
	217	72444	F	35010	295947		
	217	72444	F	35030	75169		
	217	72444	F	35040	87875		
	217	7259210	F	31010	132829		
	217	7259210	F	31030	29286		
	217	7259210	F	31040	36916		
	217	7259210	F	35010	5052867		
	217	7259210	F	35030	1896182		
	217	7259210	F	35040	1539383		
	217	72110	F	12020	-71886		
	217	72110	F	41000	17757		
	217	72110	F	46070	26		

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount		
	217	72110	F	49500	2045		
	217	72110	F	61010	610		
	217	72110	F	61015	905		
	217	72110	F	61020	22675		
	217	72110	F	61030	1161		
	217	72110	F	62400	216		
	217	72110	F	65090	3030		
	217	72110	F	66020	17036		
	217	72110	F	68000	3248		
	217	72110	F	69591	23542		
	217	72110	F	71000	1368		
	217	72110	F	76500	328		
	217	72110	F	78000	19660		
	217	72110	F	91040	1791		
	217	72145	F	41000	2452		
	217	72145	F	41500	23881		
	217	72145	F	43500	1307		
	217	72145	F	49500	5348		
	217	72145	F	61020	154		
	217	72145	F	71000	1859		
	217	72145	F	82510	30345		
	217	72145	F	91040	14414		
	217	72150	F	41000	865		
	217	72150	F	41500	3876		
	217	72150	F	71000	2111		
	217	72150	F	80510	-352		
	217	72150	F	82510	144020		
	217	72195	F	12020	-36497		
	217	72195	F	41000	5017		
	217	72195	F	41500	22300		
	217	72195	F	45005	505853		
	217	72195	F	46060	446		
	217	72195	F	49500	3045		
	217	72195	F	61015	2		
	217	72195	F	61020	295		
	217	72195	F	69591	1273		
	217	72195	F	71000	28785		
	217	72195	F	82510	22539		
	217	72444	F	12020	-4672		
	217	72444	F	41000	13751		
	217	72444	F	46070	1305		
	217	72444	F	61020	267		
	217	72444	F	62400	22		
	217	72444	F	65090	59963		
	217	72444	F	66020	295		
	217	72444	F	66040	930		
	217	72444	F	69591	11459		
	217	72444	F	71000	122		
	217	72444	F	80540	139976		
	217	7259210	F	12020	-952		
	217	7259210	F	39091	40309		
	217	7259210	F	41000	5669		
	217	7259210	F	42591	64285		
	217	7259210	F	46060	19267		
	217	7259210	F	46070	78342		
	217	7259210	F	49500	7627		
	217	7259210	F	61020	1359		
	217	7259210	F	62400	22		

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	TS	Secondary Account	Year-to-Date Actual Amount		
	217	7259210	F	65090	100		
	217	7259210	F	66020	3252		
	217	7259210	F	69591	140		
	217	7259210	F	71000	12154		
	217	7259210	F	76500	1253		
	217	7259210	F	80550	10930		
	217	72155	F	41000	148		
	217	72155	F	43030	66603		
	217	72155	F	43040	190662		
	217	72155	F	43050	52021		
	217	72155	F	43500	22851		
	217	72155	F	49500	4006		
	217	72155	F	61020	58010		
	217	72155	F	69591	528		
	217	72155	F	71000	5906		
	217	72155	F	76500	26568		
	217	72155	F	80510	42475		
	217	72155	F	82510	402430		
	217	72155	F	91040	24332		
	217	72110	F	82510	64797		
	217	62200	F		175200		
	217	82945	F	11040	-3654612		
	217	8291537	F	11092	-1113772		
	217	8291537	F	11091	-11502		
	217	8291539	F	11092	-17496		
	217	829156640	F	11093	-715573		
	217	829156640	F	11092	-1999492		
	217	82945	F	11090	-293		
	217	82911	F	11006	-44076		
	217	72450	F	11006	-124978		
	217	7259210	F	11010	-78948		
	217	82911	F	11015	-15770		
	217	82911	F	11008	-25272		
	217	7259210	F	11006	-119376		
	217	82911	F	11012	-231534		
	217	82911	F	11013	-190980		
	217	82911	F	11210	-5414305		
	217	82911	F	11220	-539745		
	217	82911	F	11230	-467172		
	217	82911	F	11240	-7295		
	217	82911	F	11010	-175200		
	217	7259210	S	4990001	22724		
	217	7259210	S	4990601	729		
	217	7259210	S	4990003	34691		
	217	7259210	S	7104700	160		
	217	7259210	S	7104600	1		
	217	7259210	S	7204700	58400		
	217	7259210	S	7204600	365		
	217	72110	S	2390000	13947		
	217	72450	S	2900000	5931		
	217	7259210	S	4154710	36		
	217	7259210	S	4154720	2		
	217	82990	S	8960000	12		
	217	82990	S	7700000	20121011		

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Apr-06 11:28:02 AM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

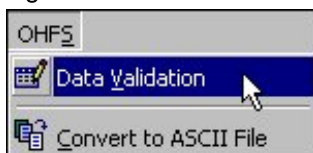
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6076
Submission Year:	2016
Submission Period Code:	2
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Carleton Lodge, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	F/S	Secondary Account	Year-to-Date Actual Amount								
	217	72110	S	3101000	826								
	217	72110	S	3103000	155								
	217	72110	S	3501000	6140								
	217	72110	S	3503000	1898								
	217	72145	S	3101000	401								
	217	72145	S	3103000	72								
	217	72145	S	3501000	9285								
	217	72145	S	3503000	2316								
	217	72150	S	3501000	2168								
	217	72150	S	3503000	385								
	217	72195	S	3101000	401								
	217	72195	S	3103000	72								
	217	72195	S	3501000	18098								
	217	72195	S	3503000	2676								
	217	72444	S	3101000	763								
	217	72444	S	3103000	190								
	217	72444	S	3501000	3847								
	217	72444	S	3503000	1311								
	217	7259210	S	3101000	1414								
	217	7259210	S	3103000	994								
	217	7259210	S	3501000	83238								
	217	7259210	S	3503000	17327								
	217	72110	F	31010	58884								
	217	72110	F	31030	11212								
	217	72110	F	31040	15264								
	217	72110	F	35010	189943								
	217	72110	F	35030	73016								
	217	72110	F	35040	59992								
	217	72145	F	31010	22070								
	217	72145	F	31030	3525								
	217	72145	F	31040	6416								
	217	72145	F	35010	238483								
	217	72145	F	35030	85092								
	217	72145	F	35040	65906								
	217	72150	F	35010	54903								
	217	72150	F	35030	16304								
	217	72150	F	35040	12813								
	217	72195	F	31010	22070								
	217	72195	F	31030	3525								
	217	72195	F	31040	6415								
	217	72195	F	35010	487661								
	217	72195	F	35030	152603								
	217	72195	F	35040	119381								
	217	72444	F	31010	35945								
	217	72444	F	31030	9015								
	217	72444	F	31040	11408								
	217	72444	F	35010	133633								
	217	72444	F	35030	47801								
	217	72444	F	35040	42222								
	217	7259210	F	31010	78964								
	217	7259210	F	31030	94113								
	217	7259210	F	31040	41833								
	217	7259210	F	35010	2659106								
	217	7259210	F	35030	1010801								
	217	7259210	F	35040	785877								
	217	72110	F	12020	-32123								
217	Provincial Health and Long Term Care	72110	F	41000	5292								
217	Provincial Health and Long Term Care	72110	F	61010	440								

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount								
	217	72110	F	61015	33								
	217	72110	F	61020	12682								
	217	72110	F	61030	1512								
	217	72110	F	62400	1513								
	217	72110	F	66020	14570								
	217	72110	F	68000	1624								
	217	72110	F	69591	23253								
	217	72110	F	71000	350								
	217	72145	F	41000	1319								
	217	72145	F	41500	10330								
	217	72145	F	49500	1830								
	217	72145	F	61020	86								
	217	72145	F	71000	1436								
	217	72145	F	82510	7064								
	217	72145	F	91040	7413								
	217	72150	F	41500	2469								
	217	72150	F	71000	1884								
	217	72150	F	82510	72116								
	217	72195	F	12020	-14496								
	217	72195	F	41000	4085								
	217	72195	F	41500	12614								
	217	72195	F	45005	238125								
	217	72195	F	49500	1219								
	217	72195	F	61020	86								
	217	72195	F	71000	14562								
	217	72195	F	82510	9434								
	217	72444	F	12020	-2296								
	217	72444	F	41000	7072								
	217	72444	F	61020	330								
	217	72444	F	65090	30448								
	217	72444	F	66020	229								
	217	72444	F	66040	378								
	217	72444	F	69591	5446								
	217	72444	F	71000	163								
	217	72444	F	80540	70091								
	217	7259210	F	12020	-1500								
	217	7259210	F	39091	20496								
	217	7259210	F	41000	2264								
	217	7259210	F	42591	32027								
	217	7259210	F	46060	11326								
	217	7259210	F	46070	37795								
	217	7259210	F	49500	2570								
	217	7259210	F	61030	-338								
	217	7259210	F	62400	142								
	217	7259210	F	66020	4144								
	217	7259210	F	69591	40								
	217	7259210	F	71000	23226								
	217	7259210	F	80550	3340								
	217	72155	F	41500	163								
	217	72155	F	43030	29750								
	217	72155	F	43040	83426								
	217	72155	F	43050	37139								
	217	72155	F	43500	9875								
	217	72155	F	49500	184								
	217	72155	F	61020	23019								
	217	72155	F	66040	48								
	217	72155	F	69591	388								
	217	72155	F	76500	23731								

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	TS	Secondary Account	Year-to-Date Actual Amount							
	217	72155	F	80510	19170							
	217	72155	F	82510	208401							
	217	72155	F	91040	10543							
	217	72110	F	82510	21900							
	217	62200	F		88080							
	217	82945	F	11040	-2128518							
	217	8291537	F	11092	-558031							
	217	8291537	F	11091	-5796							
	217	8291539	F	11092	-7627							
	217	829156640	F	11093	-379147							
	217	829156640	F	11092	-1015245							
	217	82945	F	11090	-425							
	217	82911	F	11006	-22159							
	217	72450	F	11006	-62790							
	217	7259210	F	11010	-39474							
	217	82911	F	11015	-7798							
	217	82911	F	11008	-12636							
	217	7259210	F	11006	-60555							
	217	82911	F	11012	-106019							
	217	82911	F	11013	-96013							
	217	82911	F	11210	-2759905							
	217	82911	F	11220	-272681							
	217	82911	F	11230	-237229							
	217	82911	F	11010	-88080							
	217	7259210	S	4990001	11439							
	217	7259210	S	4990601	182							
	217	7259210	S	4990003	17358							
	217	7259210	S	7104700	160							
	217	7259210	S	7104600	1							
	217	7259210	S	7204700	29120							
	217	7259210	S	7204600	182							
	217	72110	S	2390000	7002							
	217	72450	S	2900000	2958							
	217	7259210	S	4154710	34							
	217	7259210	S	4154720	2							
	217	82990	S	8960000	3							
	217	82990	S	7700000	20121011							

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Sep-16 1:32:31 PM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

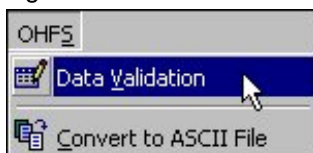
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6077
Submission Year:	2015
Submission Period Code:	4
Submission Sequence Number:	1
Location and Healthcare Organization Name:	Centre d'Accueil Champlain, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca	
2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca	

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount		
	217	72110	S	3101000	1085		
	217	72110	S	3103000	296		
	217	72110	S	3501000	9594		
	217	72110	S	3503000	1888		
	217	72145	S	3101000	1180		
	217	72145	S	3103000	217		
	217	72145	S	3501000	19938		
	217	72145	S	3503000	2851		
	217	72150	S	3501000	4383		
	217	72150	S	3503000	708		
	217	72444	S	3101000	1110		
	217	72444	S	3103000	237		
	217	72444	S	3501000	8032		
	217	72444	S	3503000	1740		
	217	7259210	S	3101000	2262		
	217	7259210	S	3103000	405		
	217	7259210	S	3501000	161652		
	217	7259210	S	3503000	29811		
	217	72110	F	31010	78178		
	217	72110	F	31030	21237		
	217	72110	F	31040	17942		
	217	72110	F	35010	314759		
	217	72110	F	35030	88685		
	217	72110	F	35040	98280		
	217	72145	F	31010	65271		
	217	72145	F	31030	11958		
	217	72145	F	31040	17876		
	217	72145	F	35010	507594		
	217	72145	F	35030	152762		
	217	72145	F	35040	130133		
	217	72150	F	35010	109573		
	217	72150	F	35030	30228		
	217	72150	F	35040	51169		
	217	72444	F	31010	44059		
	217	72444	F	31030	9448		
	217	72444	F	31040	14208		
	217	72444	F	35010	281271		
	217	72444	F	35030	67692		
	217	72444	F	35040	86553		
	217	7259210	F	31010	134843		
	217	7259210	F	31030	23949		
	217	7259210	F	31040	39557		
	217	7259210	F	35010	4932789		
	217	7259210	F	35030	1716448		
	217	7259210	F	35040	1471814		
	217	72110	F	12020	-30218		
	217	72110	F	41000	34885		
	217	72110	F	43500	1258		
	217	72110	F	46070	57		
	217	72110	F	49500	378		
	217	72110	F	61010	2366		
	217	72110	F	61015	1417		
	217	72110	F	61020	21087		
	217	72110	F	61030	824		
	217	72110	F	62400	3960		
	217	72110	F	65090	3264		
	217	72110	F	66000	16743		
	217	72110	F	66000	3248		

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FLS	Secondary Account	Year-to-Date Actual Amount		
	217	72110	F	69591	32554		
	217	72110	F	71000	2955		
	217	72110	F	76500	178		
	217	72110	F	78000	19659		
	217	72110	F	91040	1345		
	217	72145	F	12020	-316		
	217	72145	F	41000	16796		
	217	72145	F	41500	21625		
	217	72145	F	49500	11562		
	217	72145	F	62400	215		
	217	72145	F	71000	2199		
	217	72145	F	82510	7066		
	217	72145	F	91040	3895		
	217	72150	F	41000	420		
	217	72150	F	41500	11755		
	217	72150	F	49500	125		
	217	72150	F	69591	51		
	217	72150	F	71000	1229		
	217	72150	F	82510	152713		
	217	72195	F	12020	-1812		
	217	72195	F	41000	64		
	217	72195	F	45005	1580730		
	217	72195	F	69591	-729		
	217	72195	F	71000	3221		
	217	72444	F	12020	-5597		
	217	72444	F	41000	30193		
	217	72444	F	46070	2472		
	217	72444	F	49500	1129		
	217	72444	F	61015	24		
	217	72444	F	61020	1569		
	217	72444	F	62400	392		
	217	72444	F	66020	-27		
	217	72444	F	66040	1334		
	217	72444	F	69591	16330		
	217	72444	F	71000	86		
	217	72444	F	80540	139976		
	217	7259210	F	12020	-952		
	217	7259210	F	39091	40114		
	217	7259210	F	41000	5848		
	217	7259210	F	42591	63656		
	217	7259210	F	46060	49904		
	217	7259210	F	46070	83555		
	217	7259210	F	49500	4949		
	217	7259210	F	61015	26		
	217	7259210	F	62400	557		
	217	7259210	F	65090	100		
	217	7259210	F	66020	3391		
	217	7259210	F	71000	7185		
	217	7259210	F	80550	8764		
	217	72155	F	43030	73697		
	217	72155	F	43040	241904		
	217	72155	F	43050	46970		
	217	72155	F	43500	18591		
	217	72155	F	44000	1869		
	217	72155	F	49500	464		
	217	72155	F	61020	49842		
	217	72155	F	69591	2277		
	217	72155	F	71000	11047		

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LT/S	Secondary Account	Year-to-Date Actual Amount			
	217	72155	F	76500	48328			
	217	72155	F	80510	33060			
	217	72155	F	82510	314609			
	217	72155	F	91040	14841			
	217	8291537	F	11092	-1018293			
	217	8291537	F	11091	-58031			
	217	829156620	F	11093	-38268			
	217	829156620	F	11092	-227452			
	217	829156640	F	11093	-629016			
	217	829156640	F	11092	-1762634			
	217	82945	F	11090	693			
	217	82911	F	11006	-43800			
	217	72450	F	11006	-124200			
	217	7259210	F	11010	-78804			
	217	82911	F	11015	-15679			
	217	82911	F	11008	-47964			
	217	7259210	F	11006	-118284			
	217	82911	F	11014	-3685			
	217	82911	F	11012	-302022			
	217	82911	F	11013	-189792			
	217	82911	F	11210	-5364089			
	217	82911	F	11220	-536392			
	217	82911	F	11230	-464270			
	217	82911	F	11240	-54563			
	217	82911	F	11010	-175200			
	217	72110	F	82510	61373			
	217	62200	F		175200			
	217	82945	F	11040	-2742350			
	217	7259210	S	4990001	23191			
	217	7259210	S	4990002	3948			
	217	7259210	S	4990003	30582			
	217	7259210	S	7104700	160			
	217	7259210	S	7204700	58400			
	217	72110	S	2390000	12535			
	217	72450	S	2900000	5931			
	217	7259210	S	4154710	72			
	217	7259210	S	4154720	4			
	217	82990	S	8960000	12			
	217	82990	S	7700000	20121011			

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Apr-06 12:01:51 PM
No error is found.

Trial Balance Submission Readme

Overview

Please note that this workbook was developed under very strict time constraints. Every effort has been made to make this workbook as user-friendly as possible given the extremely limited timeframe in which it was developed.

This Readme file provides a summary of key information for completing the Trial Balance Submission Workbook. For detailed information about the trial balance submission process, please refer to the following manuals:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

AND

Remote Trial Balance Submission User's Guide

Submission Format – ASCII Versus Excel

Trial balance data must be submitted to OHFS in ASCII text file format.

The trial balance file can be created in the following two ways:

- Via a text editor such as Notepad. The specifications for creating the trial balance file are outlined in detail in the following manual:

Trial Balance Submission Specifications for Ontario Healthcare Reporting System

- Via Excel, using the Trial Balance Submission Workbook. When you have finished entering all of your data, the Trial Balance Submission Workbook must then be converted to an ASCII file. For information about converting the Trial Balance Submission Workbook to an ASCII file, see the "Converting to ASCII Format" section in this Readme file.

Added Functionality in the Trial Balance Submission Workbook

When you open the Trial Balance Submission Workbook in Excel, two buttons are automatically added to Excel's standard toolbar, and a new menu is added to the menu bar. The two buttons are called Data Validation (shown in Figure 1), and Convert to ASCII File (shown in Figure 2). These two functions (data validation and conversion to ASCII file format) are also available via the OHFS menu. The OHFS menu is shown in Figure 3.

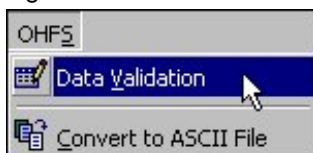
Figure 1: The Data Validation Button



Figure 2: The Convert to ASCII File Button



Figure 3: The OHFS Menu



Trial Balance Submission Readme

Data Validation

When the Data Validation button is clicked on, simple data validation tests are run automatically (for example, the submission year is checked to see whether it is in a valid four-digit format). When errors are encountered during the validation process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen.

Converting to ASCII Format

When the Convert to ASCII File button is clicked on, the data contained in the Trial Balance Submission Workbook is converted automatically to the text file format required by OHFS.

Note: When you click on the Convert to ASCII File button, the same data validation tests that are performed when you click on the Data Validation button are run automatically prior to the creation of the ASCII file. When errors are encountered during the conversion process, error messages will appear in the Trial Balance Submission Workbook, on the Status Report worksheet. To view the error messages, simply click on the Status Report tab at the bottom of the screen. If errors are detected, the conversion process will stop, and the errors must be corrected before the conversion to ASCII format can take place.

The number of rows in the TB Submission Template will affect the time that it takes to validate the data or generate the ASCII file. Some examples of response time relative to the number of rows in the TB Submission Template are shown below. Note that the response time will vary depending on operating system, size of memory and CPU. The following response times were obtained using a Pentium III, 866 MHz, Windows 98 machine with 256 MB of RAM.

No. of Rows in TB Subm Template	Approx Response Time for Validation (Minutes)	Approx Response Time for ASCII File Generation (Minutes)
1,000	0.1	0.1
5,000	0.4	0.5
10,000	1	1.1
20,000	2	2.5
30,000	3	4

Completing the Record Format Worksheets

For detailed explanations about the data entry requirements for completing each record format, see the Trial Balance Submission Specifications manual. This Readme file outlines only the differences between creating the trial balance file via a text editor and creating the trial balance file via the Trial Balance Submission Workbook.

Notes:

- The text alignment specifications outlined in the Trial Balance Submission Specifications manual may vary from the text alignment properties set in the Trial Balance Submission Workbook. When the Trial Balance Submission Workbook is converted to ASCII file format, the text alignment properties will automatically be converted to conform with the specifications outlined in the Trial Balance Submission Specifications manual.
- In the Trial Balance Submission Workbook, there is no need to enter the record format number.

Record Format 1

Complete Record Format 1 as described in the Trial Balance Submission Specifications manual.

Trial Balance Submission Readme

Record Format 2

When completing Record Format 2, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the contact person sequence number.

Record Format 10

When completing Record Format 10, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

Record Format 20

When completing Record Format 20, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, the submission period, or the narrative text sequence number.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Record Format 60

When completing Record Format 60, please note the following differences between the specifications outlined in Trial Balance Submission Specifications manual and the Trial Balance Submission Workbook:

In the Trial Balance Submission Workbook, there is no need to enter the healthcare organization number, submission year, or the submission period.

In the Trial Balance Submission Workbook, the entry type (F or S) is entered between the primary account and the secondary account, rather than before the primary account.

Primary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into account type, fund type, etc.).

Secondary accounts are entered into a single cell in the Trial Balance Submission Workbook, rather than broken down into component parts (i.e. it is not necessary to break the account code into broad group, nature of revenue, etc.).

Trial Balance Submission Readme

In the Trial Balance Submission Specification manual, field V4 is used for reporting Fourth Value and field V5 is used for reporting Fifth Value. These fields do not exist in the Trial Balance Submission Workbook.

Record Format 99

Record Format 99 is not required in the Trial Balance Submission Workbook.

Formatting Issues

OHFS has assigned properties to each sheet, column, row and cell within this workbook (page margins, text alignment, font size, etc.). Please do not alter these properties. These properties will be automatically reset each time you click on either the Data Validation button or the Convert to ASCII File button. Because of this automatic resetting of properties, Excel will prompt you to save the changes when you attempt to exit Excel, even if you have not made any changes to the data you have entered.

The first two rows of Record Format 2, 10, 20, and 60 are reserved for the worksheet title and the column headers. Do not enter any data in these reserved rows. Any data entered in these reserved rows will be disregarded.

Questions

For MIS Trial Balance questions and process, contact your MOHLTC Statistics Officer.

**Trial Balance Submission
Submission Identification
(Record Format 1) - Mandatory**

Healthcare Organization Number:	6077
Submission Year:	2016
Submission Period Code:	2
Submission Sequence Number:	2
Location and Healthcare Organization Name:	Centre d'Accueil Champlain, City of Ottawa

**Trial Balance Submission
Contact Person Identification
(Record Format 2) - Mandatory**

Comment ID Field	Contact Person Role	Title	Name	Fax Number	Telephone Number	Email Address
	1	Financial Coordinator	Bryan Babbs	6135809659	6135802424	Bryan.Babbs@ottawa.ca
	2	Finance Officer	Katelyn Pirie	6135809659	6135802424	Katelyn.Pirie@ottawa.ca

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	FS	Secondary Account	Year-to-Date Actual Amount					
	217	72110	S	3101000	711					
	217	72110	S	3103000	206					
	217	72110	S	3501000	5000					
	217	72110	S	3503000	742					
	217	72145	S	3101000	823					
	217	72145	S	3103000	634					
	217	72145	S	3501000	8211					
	217	72145	S	3503000	1780					
	217	72150	S	3501000	3700					
	217	72150	S	3503000	593					
	217	72444	S	3101000	393					
	217	72444	S	3103000	56					
	217	72444	S	3501000	4079					
	217	72444	S	3503000	741					
	217	7259210	S	3101000	1561					
	217	7259210	S	3103000	306					
	217	7259210	S	3501000	82147					
	217	7259210	S	3503000	16068					
	217	72110	F	31010	51045					
	217	72110	F	31030	14608					
	217	72110	F	31040	7774					
	217	72110	F	35010	159345					
	217	72110	F	35030	38458					
	217	72110	F	35040	46047					
	217	72145	F	31010	40908					
	217	72145	F	31030	34206					
	217	72145	F	31040	18812					
	217	72145	F	35010	207122					
	217	72145	F	35030	65207					
	217	72145	F	35040	59193					
	217	72150	F	35010	93507					
	217	72150	F	35030	30006					
	217	72150	F	35040	21286					
	217	72444	F	31010	16495					
	217	72444	F	31030	2015					
	217	72444	F	31040	4925					
	217	72444	F	35010	143935					
	217	72444	F	35030	28430					
	217	72444	F	35040	44737					
	217	7259210	F	31010	94287					
	217	7259210	F	31030	18483					
	217	7259210	F	31040	28373					
	217	7259210	F	35010	2603399					
	217	7259210	F	35030	958391					
	217	7259210	F	35040	746810					
	217	72110	F	12020	-18358					
	217	72110	F	41000	12681					
	217	72110	F	49500	291					
	217	72110	F	61010	826					
	217	72110	F	61015	345					
	217	72110	F	61020	9426					
	217	72110	F	62400	1006					
	217	72110	F	65090	771					
	217	72110	F	66020	14611					
	217	72110	F	68000	1624					
	217	72110	F	69591	34363					
	217	72110	F	71000	1059					
	217	72445	F	41000	7794					

217 Ontario Ministry of Health and Long-Term Care
 Trial Balance Submission - Vers. 4.1

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LS	Secondary Account	Year-to-Date Actual Amount					
	217	72145	F	41500	10535					
	217	72145	F	49500	5036					
	217	72145	F	62400	182					
	217	72145	F	69591	168					
	217	72145	F	71000	1482					
	217	72145	F	82510	3520					
	217	72145	F	91040	3181					
	217	72150	F	41000	270					
	217	72150	F	41500	4140					
	217	72150	F	69591	168					
	217	72150	F	82510	76485					
	217	72195	F	12020	-1029					
	217	72195	F	41000	1291					
	217	72195	F	41500	5806					
	217	72195	F	45005	778361					
	217	72444	F	12020	-271					
	217	72444	F	41000	11794					
	217	72444	F	46070	49					
	217	72444	F	49500	1032					
	217	72444	F	61020	939					
	217	72444	F	62400	45					
	217	72444	F	66020	-28					
	217	72444	F	66040	180					
	217	72444	F	69591	7091					
	217	72444	F	80540	70091					
	217	7259210	F	39091	20174					
	217	7259210	F	41000	2986					
	217	7259210	F	42591	31813					
	217	7259210	F	46060	24883					
	217	7259210	F	46070	44991					
	217	7259210	F	49500	2049					
	217	7259210	F	61020	2943					
	217	7259210	F	62400	118					
	217	7259210	F	66020	3943					
	217	7259210	F	71000	22018					
	217	7259210	F	80550	5200					
	217	72155	F	43030	37201					
	217	72155	F	43040	110057					
	217	72155	F	43050	22643					
	217	72155	F	43500	21365					
	217	72155	F	46070	160					
	217	72155	F	49500	110					
	217	72155	F	61020	22099					
	217	72155	F	69591	631					
	217	72155	F	71000	7291					
	217	72155	F	76500	38733					
	217	72155	F	80510	27197					
	217	72155	F	82510	161822					
	217	72155	F	91040	7298					
	217	8291537	F	11092	-532478					
	217	8291537	F	11091	-28980					
	217	829156620	F	11093	-21482					
	217	829156620	F	11092	-120381					
	217	829156640	F	11093	-321538					
	217	829156640	F	11092	-882654					
	217	82945	F	11090	-2114					
	217	829156640	F	11006	-22020					
	217	829156640	F	11006	-62400					

Trial Balance Submission

Comment ID Field	Provincial Sector Code	Primary Account	LT/S	Secondary Account	Year-to-Date Actual Amount						
	217	7259210	F	11010	-39402						
	217	82911	F	11015	-7742						
	217	82911	F	11008	-23982						
	217	7259210	F	11006	-59436						
	217	82911	F	11012	-103188						
	217	82911	F	11013	-95416						
	217	82911	F	11210	-2708831						
	217	82911	F	11220	-270987						
	217	82911	F	11230	-235756						
	217	82911	F	11240	-12718						
	217	82911	F	11010	-88080						
	217	62200	F		88080						
	217	72110	F	82510	20876						
	217	82945	F	11040	-1711857						
	217	7259210	S	4990001	11742						
	217	7259210	S	4990002	2057						
	217	7259210	S	4990003	15087						
	217	7259210	S	7104700	160						
	217	7259210	S	7204700	58400						
	217	72110	S	2390000	5800						
	217	72450	S	2900000	2958						
	217	7259210	S	4154710	23						
	217	7259210	S	4154720	2						
	217	82990	S	8960000	3						
	217	82990	S	7700000	20121011						

**Trial Balance Submission
Status Report**

Status Report generated on 2016-Oct-03 1:25:26 PM
No error is found.

Document 2E

Staffing Report

- Garry J. Armstrong
- Peter D. Clark
- Carleton Lodge
- Centre d'accueil Champlain

GARRY J. ARMSTRONG HOME

Home No :	M622	LTC ID :	
Status :	Signed and Locked	Current Operating Capacity :	180
License Beds :	180	BIA :	0
Over Beds :	0	Region :	OT
Occupied Beds :	180	Actual Resident Days :	65,297
Open Date :			

Survey :

1.	Has your organization achieved pay equity?	YES
----	--	------------

	Pay equity was achieved:	Jun 28, 1989
--	--------------------------	---------------------

	If answer 'No', provide details in the comment box

2.	Which pay equity method did your organization use?	Job to job method
----	--	--------------------------

Part IA - Ministry-funded Positions Nursing and Personal Care - Direct Care (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Registered Nurse (RN)					
FT	10,515.86	14,591.96	\$687,213.73	7.00	
PT	4,849.55	5,109.88	\$273,166.84	5.00	
C	1,169.91	1,169.91	\$64,012.11	2.00	
PS					X
Registered Practical Nurses (RPN)					
FT	9,601.74	13,156.42	\$463,391.68	6.00	
PT	6,330.83	6,742.15	\$287,541.51	6.00	
c	2,908.36	2,935.82	\$106,847.95	8.00	
PS					X
Personal Support Workers (PSWs)					
FT	42,118.12	54,066.70	\$1,625,581.71	32.00	
PT	33,581.47	35,133.11	\$1,228,331.75	25.00	
C	4,421.18	4,461.37	\$138,501.72	15.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	115,497.02	137,367.32	\$4,874,589.00	106.00	

Part I - Nursing and Personal Care - Administration

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Director of Care					
FT	3,095.60	3,668.00	\$208,944.79	2.00	
PT					X
C					X
PS					X
Assistant Director of Care / Nurse Manager					
FT					X
PT					X
C					X
PS					X
Secretary/Ward Clerk					
FT	1,027.10	1,651.33	\$49,040.85	1.00	
PT	957.00	978.50	\$38,104.91	1.00	
C					X
PS					X
Clinical Manager					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	5,079.70	6,297.83	\$296,090.55	4.00	
			Total Benefit Contribution for Part 1 - Nursing and Personal Care - Direct Care and Administration:	\$1,732,102.82	

Part IB - Non-Ministry Funded Positions Nursing and Personal Care - Direct Care

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT	5,182.79	7,191.71	\$338,696.02	4.00	
PT	2,390.12	2,518.43	\$134,631.36	2.00	
C	576.59	576.59	\$31,548.62	1.00	
PS					X
Registered Practical Nurses (RPN)					
FT	4,732.26	6,484.20	\$228,384.43	3.00	
PT	3,120.17	3,322.89	\$141,715.97	3.00	
C	1,433.39	1,446.93	\$52,660.44	4.00	
PS					X
Personal Support Workers (PSWs)					
FT	20,758.09	26,646.99	\$801,174.40	16.00	
PT	16,892.17	17,734.92	\$619,333.98	13.00	
C	2,179.00	2,198.81	\$68,261.12	8.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Other	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	TOTAL :	57,264.58	68,121.47	\$2,416,406.34	54.00	

Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Physiotherapist					
FT					X
PT					X
C					X
PS	6,844.00	6,844.00	\$155,638.00		
Occupational Therapist					
FT					X
PT					X
C					X
PS					X
Restorative Aides (Rehab/Therapy Aides)					
FT	850.63	986.40	\$33,259.11	1.00	
PT					X
C					X
PS					X
Activity Director					
FT	1,577.80	1,843.01	\$70,171.04	1.00	
PT					X
C					X
PS					X
Activity Assistants					
FT	4,621.58	5,530.46	\$176,788.59	3.00	
PT	568.83	593.83	\$24,344.45	1.00	
C	429.50	433.20	\$15,346.20	2.00	
PS					X
Social Workers / Social Service Workers					
FT	1,536.30	1,855.00	\$87,085.11	1.00	
PT					X
C					X
PS					X
Dietician					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Volunteer Coordinator	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other	FT					X
	PT					X
	C					X
	PS					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	PS					X

TOTAL :	16,428.64	18,085.90	\$562,632.50	9.00	
Total Benefit Contribution for Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions):			\$96,104.82		

Does your organization have any programming and support services positions that are not funded by the Ministry?

No

If you answered "Yes" please provide details in the comments box

Comments :

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Part III - RAI Coordinators

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
RAI Coordinator (RN)					
FT					X
PT					X
RAI Coordinator (RPN)					
FT	1,720.25	2,025.13	\$76,541.39	1.00	
PT					X
RAI Coordinator (Licensed Professional - please specify)					
FT					X
PT					X
TOTAL :	1,720.25	2,025.13	\$76,541.39	1.00	

Part IV - Behavioural Support Ontario (BSO) Initiative Positions

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT					X
PT					X
C					X
PS					X
Registered Practical Nurses (RPN)					
FT					X
PT					X
C					X
PS					X
Personal Support Workers (PSWs)					
FT					X
PT	692.72	851.01	\$28,296.00	1.00	
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
TOTAL :	692.72	851.01	\$28,296.00	1.00	

APPROVALS

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

- Director of Care**

As the Director of Care, I confirm that the information provided in this report pertaining to Total Worked Hours for the nursing and personal care staff has been reviewed by me and is reasonably accurate to the best of my knowledge and belief, and reasonably represents the state of nursing and personal care staff in the home for the period Jan 01, 2015 and Dec 31, 2015.

Signature obtained on hardcopy of report and file

Signature of Director of Care _____ Date **May 26, 2016**

Name of Director of Care **Kouri, Kathryn** Phone # **613-580-2424**

 (Please print) **x22918**

- Authorized Signatory for the Approved Operator**

As an authorized signing officer for the approved operator, I confirm that the information provided in this report accurately represents the state of staffing in the home first mentioned above in accordance with the Long-Term Care Homes Staffing Report: Instruction Manual for Phase 23 (except as otherwise specifically stated in the comment box below) for the period Jan 01, 2015 and Dec 31, 2015.

Comments:

Signature obtained on hardcopy of report and file

Signature of Authorized Signatory _____ Sign Date **May 26, 2016**

Name of Signatory **Roberge, Julien** Position / Title **Administrator,**

 (Please print) **Long Term Care**

Locked (Yes / No)

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

The approved operator agrees to print and keep a signed copy of this report on file and to provide same in the future to the Ministry upon its request.

PETER D. CLARK CENTRE

Home No :	M609	LTC ID :	
Status :	Signed and Locked	Current Operating Capacity :	216
License Beds :	216	BIA :	0
Over Beds :	0	Region :	OT
Occupied Beds :	216	Actual Resident Days :	77,900
Open Date :			

Survey :

1.	Has your organization achieved pay equity?	YES
----	--	------------

	Pay equity was achieved:	Jun 28, 1989
--	--------------------------	---------------------

	If answer 'No', provide details in the comment box

2.	Which pay equity method did your organization use?	Job to job method
----	--	--------------------------

Part IA - Ministry-funded Positions Nursing and Personal Care - Direct Care (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Registered Nurse (RN)					
FT	8,961.90	11,604.86	\$565,570.87	8.00	
PT	7,205.38	7,872.25	\$435,676.07	7.00	
C	778.76	779.07	\$40,356.61	4.00	
PS					X
Registered Practical Nurses (RPN)					
FT	14,995.72	20,052.03	\$699,150.72	12.00	
PT	10,584.33	11,365.99	\$475,032.12	12.00	
c	3,291.28	3,291.46	\$117,861.28	14.00	
PS					X
Personal Support Workers (PSWs)					
FT	51,387.85	66,104.11	\$1,953,101.71	39.00	
PT	42,198.76	43,905.49	\$1,556,560.08	37.00	
C	7,581.12	7,581.12	\$220,682.61	22.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	146,985.10	172,556.38	\$6,063,992.07	155.00	

Part I - Nursing and Personal Care - Administration

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Director of Care					
FT	3,148.60	4,131.66	\$241,839.63	2.00	
PT					X
C					X
PS					X
Assistant Director of Care / Nurse Manager					
FT					X
PT					X
C					X
PS					X
Secretary/Ward Clerk					
FT	611.60	1,004.47	\$29,827.00	1.00	
PT	878.17	898.73	\$28,802.06	1.00	
C					X
PS					X
Clinical Manager					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	4,638.37	6,034.86	\$300,468.69	4.00	
Total Benefit Contribution for Part 1 - Nursing and Personal Care - Direct Care and Administration:			\$1,971,448.47		

Part IB - Non-Ministry Funded Positions Nursing and Personal Care - Direct Care

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT	3,151.02	4,080.29	\$198,856.03	3.00	
PT	2,533.43	2,767.90	\$153,184.72	3.00	
C	273.82	273.92	\$14,189.48	2.00	
PS					X
Registered Practical Nurses (RPN)					
FT	5,272.53	7,050.34	\$245,823.02	4.00	
PT	3,721.47	3,996.31	\$167,022.40	4.00	
C	1,157.22	1,157.29	\$41,440.30	5.00	
PS					X
Personal Support Workers (PSWs)					
FT	18,068.09	23,242.36	\$686,715.10	14.00	
PT	15,117.52	15,781.66	\$558,741.12	14.00	
C	2,665.54	2,665.54	\$77,592.52	8.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Other	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	TOTAL :	51,960.64	61,015.61	\$2,143,564.69	57.00	

Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Physiotherapist					
FT					X
PT					X
C					X
PS	6,844.00	6,844.00	\$188,968.00		
Occupational Therapist					
FT					X
PT					X
C					X
PS					X
Restorative Aides (Rehab/Therapy Aides)					
FT					X
PT	179.90	186.65	\$6,200.87	1.00	
C					X
PS					X
Activity Director					
FT	648.30	771.24	\$32,046.26	1.00	
PT					X
C					X
PS					X
Activity Assistants					
FT	4,896.74	6,134.17	\$221,878.76	4.00	
PT	985.00	992.50	\$33,224.32	1.00	
C	440.50	440.50	\$13,990.00	1.00	
PS					X
Social Workers / Social Service Workers					
FT	1,303.10	1,826.80	\$85,717.75	1.00	
PT					X
C					X
PS					X
Dietician					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Volunteer Coordinator	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other	FT					X
	PT					X
	C					X
	PS					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	PS					X

TOTAL :	15,297.54	17,195.86	\$582,025.96	9.00	
Total Benefit Contribution for Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions):			\$95,647.38		

Does your organization have any programming and support services positions that are not funded by the Ministry? **No**

If you answered "Yes" please provide details in the comments box

Comments :

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Part III - RAI Coordinators

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
RAI Coordinator (RN)					
FT					X
PT					X
RAI Coordinator (RPN)					
FT	1,679.25	2,004.50	\$75,871.71	1.00	
PT					X
RAI Coordinator (Licensed Professional - please specify)					
FT					X
PT					X
TOTAL :	1,679.25	2,004.50	\$75,871.71	1.00	

Part IV - Behavioural Support Ontario (BSO) Initiative Positions

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT	1,592.00	1,948.25	\$92,045.91	1.00	
PT	495.00	517.50	\$28,108.29	1.00	
C					X
PS					X
Registered Practical Nurses (RPN)					
FT					X
PT	6,225.00	6,523.67	\$270,961.66	4.00	
C					X
PS					X
Personal Support Workers (PSWs)					
FT	3,261.75	3,994.75	\$118,512.27	2.00	
PT	6,392.80	6,778.99	\$238,885.18	4.00	
C					X
PS					X
Other					
FT					X
PT	1,412.45	1,420.45	\$50,127.57	1.00	
Specify: Activities Coordinator					
C					X
PS					X
TOTAL :	19,379.00	21,183.61	\$798,640.88	13.00	

APPROVALS

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

- Director of Care**

As the Director of Care, I confirm that the information provided in this report pertaining to Total Worked Hours for the nursing and personal care staff has been reviewed by me and is reasonably accurate to the best of my knowledge and belief, and reasonably represents the state of nursing and personal care staff in the home for the period Jan 01, 2015 and Dec 31, 2015.

Signature obtained on hardcopy of report and file

Signature of Director of Care _____ Date **Jun 06, 2016**

Name of Director of Care **René, Jean-Michel** Phone # **613-580-2424 x22913**
(Please print)

- Authorized Signatory for the Approved Operator**

As an authorized signing officer for the approved operator, I confirm that the information provided in this report accurately represents the state of staffing in the home first mentioned above in accordance with the Long-Term Care Homes Staffing Report: Instruction Manual for Phase 23 (except as otherwise specifically stated in the comment box below) for the period Jan 01, 2015 and Dec 31, 2015.

Comments:

Signature obtained on hardcopy of report and file

Signature of Authorized Signatory _____ Sign Date **Jun 06, 2016**

Name of Signatory **Cohen, Ted** Position / Title **Administrator, Long Term Care**
(Please print)

Locked (Yes / No)

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

The approved operator agrees to print and keep a signed copy of this report on file and to provide same in the future to the Ministry upon its request.

CARLETON LODGE

Home No :	M508	LTC ID :	
Status :	Signed and Locked	Current Operating Capacity :	161
License Beds :	161	BIA :	0
Over Beds :	0	Region :	OT
Occupied Beds :	161	Actual Resident Days :	58,144
Open Date :			

Survey :

1.	Has your organization achieved pay equity?	YES
----	--	------------

	Pay equity was achieved:	Jun 28, 1989
--	--------------------------	---------------------

	If answer 'No', provide details in the comment box

2.	Which pay equity method did your organization use?	Job to job method
----	--	--------------------------

Part IA - Ministry-funded Positions Nursing and Personal Care - Direct Care (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Registered Nurse (RN)					
FT	8,024.46	10,091.49	\$501,437.30	5.00	
PT	4,369.24	4,644.12	\$263,177.89	5.00	
C	456.76	456.76	\$22,330.81	3.00	
PS					X
Registered Practical Nurses (RPN)					
FT	9,462.32	12,924.10	\$454,283.28	8.00	
PT	8,546.55	8,999.77	\$376,913.45	7.00	
c	1,460.99	1,460.99	\$56,054.15	3.00	
PS					X
Personal Support Workers (PSWs)					
FT	31,387.87	44,291.04	\$1,296,402.87	27.00	
PT	35,036.94	36,773.28	\$1,266,621.67	29.00	
C	4,863.16	4,897.66	\$141,971.10	16.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	103,608.29	124,539.21	\$4,379,192.52	103.00	

Part I - Nursing and Personal Care - Administration

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Director of Care					
FT	3,026.90	3,809.42	\$215,152.06	2.00	
PT					X
C					X
PS					X
Assistant Director of Care / Nurse Manager					
FT					X
PT					X
C					X
PS					X
Secretary/Ward Clerk					
FT	1,542.30	1,841.79	\$54,421.04	1.00	
PT	1,682.50	1,795.50	\$65,482.82	1.00	
C					X
PS					X
Clinical Manager					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	6,251.70	7,446.71	\$335,055.92	4.00	
Total Benefit Contribution for Part 1 - Nursing and Personal Care - Direct Care and Administration:			\$1,575,536.67		

Part IB - Non-Ministry Funded Positions Nursing and Personal Care - Direct Care

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT	4,185.37	5,263.48	\$261,537.57	3.00	
PT	2,278.89	2,422.26	\$137,267.22	2.00	
C	238.24	238.24	\$11,647.21	1.00	
PS					X
Registered Practical Nurses (RPN)					
FT	4,935.31	6,740.90	\$236,943.17	4.00	
PT	4,457.68	4,694.06	\$196,588.94	3.00	
C	762.01	762.01	\$29,236.49	2.00	
PS					X
Personal Support Workers (PSWs)					
FT	16,371.16	23,101.14	\$676,172.38	14.00	
PT	18,597.11	19,576.49	\$673,820.50	16.00	
C	2,536.50	2,554.50	\$74,048.69	9.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Other	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	TOTAL :	54,362.27	65,353.08	\$2,297,262.17	54.00	

Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Physiotherapist					
FT					X
PT					X
C					X
PS	5,931.00	5,931.00	\$139,976.21		
Occupational Therapist					
FT					X
PT					X
C					X
PS					X
Restorative Aides (Rehab/Therapy Aides)					
FT	1,398.91	1,554.66	\$54,512.15	1.00	
PT					X
C					X
PS					X
Activity Director					
FT	1,549.80	1,882.00	\$87,450.08	1.00	
PT					X
C					X
PS					X
Activity Assistants					
FT	4,368.66	5,727.16	\$190,930.25	3.00	
PT					X
C	731.50	731.50	\$28,671.38	2.00	
PS					X
Social Workers / Social Service Workers					
FT	1,588.30	1,836.00	\$76,735.53	1.00	
PT					X
C					X
PS					X
Dietician					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Volunteer Coordinator	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other	FT					X
	PT					X
	C					X
	PS					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	PS					X

TOTAL :	15,568.17	17,662.32	\$578,275.60	8.00	
Total Benefit Contribution for Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions):			\$103,301.44		

Does your organization have any programming and support services positions that are not funded by the Ministry?

No

If you answered "Yes" please provide details in the comments box

Comments :

Part III - RAI Coordinators

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
RAI Coordinator (RN)					
FT					X
PT					X
RAI Coordinator (RPN)					
FT	1,298.00	1,977.50	\$74,704.02	1.00	
PT					X
RAI Coordinator (Licensed Professional - please specify)					
FT					X
PT					X
TOTAL :	1,298.00	1,977.50	\$74,704.02	1.00	

Part IV - Behavioural Support Ontario (BSO) Initiative Positions

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT					X
PT					X
C					X
PS					X
Registered Practical Nurses (RPN)					
FT					X
PT					X
C					X
PS					X
Personal Support Workers (PSWs)					
FT					X
PT	618.69	760.06	\$25,272.00	1.00	
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
TOTAL :	618.69	760.06	\$25,272.00	1.00	

APPROVALS

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

• Director of Care

As the Director of Care, I confirm that the information provided in this report pertaining to Total Worked Hours for the nursing and personal care staff has been reviewed by me and is reasonably accurate to the best of my knowledge and belief, and reasonably represents the state of nursing and personal care staff in the home for the period Jan 01, 2015 and Dec 31, 2015.

Signature obtained on hardcopy of report and file

Signature of Director of Care _____ Date **May 17, 2016**

Name of Director of Care **Kemei, Janet** Phone # **613-580-2424**

 (Please print) **x36280**

• Authorized Signatory for the Approved Operator

As an authorized signing officer for the approved operator, I confirm that the information provided in this report accurately represents the state of staffing in the home first mentioned above in accordance with the Long-Term Care Homes Staffing Report: Instruction Manual for Phase 23 (except as otherwise specifically stated in the comment box below) for the period Jan 01, 2015 and Dec 31, 2015.

Comments:

Signature obtained on hardcopy of report and file

Signature of Authorized Signatory _____ Sign Date **May 17, 2016**

Name of Signatory **Gourlie, Rick** Position / Title **613-580-2424**

 (Please print) **x36190**

Locked (Yes / No)

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

The approved operator agrees to print and keep a signed copy of this report on file and to provide same in the future to the Ministry upon its request.

CENTRE D'ACCUEIL CHAMPLAIN

Home No :	M511	LTC ID :	
Status :	Signed and Locked	Current Operating Capacity :	160
License Beds :	160	BIA :	0
Over Beds :	0	Region :	OT
Occupied Beds :	160	Actual Resident Days :	57,721
Open Date :			

Survey :

1.	Has your organization achieved pay equity?	YES
----	--	------------

	Pay equity was achieved:	Jun 28, 1989
--	--------------------------	---------------------

	If answer 'No', provide details in the comment box

2.	Which pay equity method did your organization use?	Job to job method
----	--	--------------------------

Part IA - Ministry-funded Positions Nursing and Personal Care - Direct Care (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Registered Nurse (RN)					
FT	8,445.18	11,643.46	\$564,988.72	6.00	
PT	3,522.48	3,679.48	\$197,903.26	4.00	
C	643.92	643.92	\$30,854.15	3.00	
PS					X
Registered Practical Nurses (RPN)					
FT	8,891.39	13,194.55	\$458,749.75	8.00	
PT	9,404.52	9,793.14	\$404,540.40	8.00	
c	2,556.48	2,568.47	\$90,347.62	5.00	
PS					X
Personal Support Workers (PSWs)					
FT	36,515.41	46,967.20	\$1,391,660.35	30.00	
PT	32,497.64	33,512.19	\$1,111,011.16	24.00	
C	4,161.54	4,192.07	\$119,666.28	13.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	106,638.56	126,194.48	\$4,369,721.69	101.00	

Part I - Nursing and Personal Care - Administration

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Director of Care					
FT	3,102.40	3,633.80	\$211,862.56	2.00	
PT					X
C					X
PS					X
Assistant Director of Care / Nurse Manager					
FT					X
PT					X
C					X
PS					X
Secretary/Ward Clerk					
FT	1,604.30	1,890.75	\$55,884.88	1.00	
PT	581.42	612.42	\$27,492.63	1.00	
C					X
PS					X
Clinical Manager					
FT					X
PT					X
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
Other 2					
FT					X
PT					X
C					X
PS					X
TOTAL :	5,288.12	6,136.97	\$295,240.07	4.00	
			Total Benefit Contribution for Part 1 - Nursing and Personal Care - Direct Care and Administration:	\$1,510,593.28	

Part IB - Non-Ministry Funded Positions Nursing and Personal Care - Direct Care

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Clinical Nurse Specialist / Nurse Clinician					
FT					X
PT					X
C					X
PS					X
Infection Control Practitioner					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT	3,863.44	5,326.57	\$258,467.44	3.00	
PT	1,611.44	1,683.27	\$90,535.52	2.00	
C	294.58	294.58	\$14,114.96	1.00	
PS					X
Registered Practical Nurses (RPN)					
FT	4,067.57	6,036.16	\$209,865.91	3.00	
PT	4,302.32	4,480.10	\$185,066.56	3.00	
C	1,169.52	1,175.00	\$41,331.65	3.00	
PS					X
Personal Support Workers (PSWs)					
FT	16,704.84	21,486.26	\$636,647.91	13.00	
PT	15,403.99	15,990.86	\$530,200.57	12.00	
C	1,903.79	1,917.76	\$54,744.17	6.00	
PS					X
Health Care Attendants / Aides					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Other	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	TOTAL :	49,321.49	58,390.56	\$2,020,974.69	46.00	

Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions)

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Physiotherapist					
FT					X
PT					X
C					X
PS	5,931.00	5,931.00	\$139,976.21		
Occupational Therapist					
FT					X
PT					X
C					X
PS					X
Restorative Aides (Rehab/Therapy Aides)					
FT	850.62	986.35	\$33,273.87	1.00	
PT					X
C					X
PS					X
Activity Director					
FT	1,470.80	1,794.00	\$69,766.61	1.00	
PT					X
C					X
PS					X
Activity Assistants					
FT	4,660.07	5,900.71	\$192,827.89	3.00	
PT					X
C	652.50	652.50	\$22,544.18	2.00	
PS					X
Social Workers / Social Service Workers					
FT	1,507.80	1,785.50	\$84,058.74	1.00	
PT					X
C					X
PS					X
Dietician					
FT					X
PT					X
C					X

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Volunteer Coordinator	PS					X
	FT					X
	PT					X
	C					X
	PS					X
Other	FT					X
	PT					X
	C					X
	PS					X
	PS					X
Other 2	FT					X
	PT					X
	C					X
	PS					X
	PS					X

TOTAL :	15,072.79	17,050.06	\$542,447.50	8.00	
Total Benefit Contribution for Part II - Programming and Support Services (excluding RAI Coordinators and BSO positions):			\$100,920.12		

Does your organization have any programming and support services positions that are not funded by the Ministry? **No**

If you answered "Yes" please provide details in the comments box

Comments :

Staffing Survey Report

Phase 23 Between 01-Jan-2015 and 31-Dec-2015

Part III - RAI Coordinators

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
RAI Coordinator (RN)					
FT					X
PT					X
RAI Coordinator (RPN)					
FT	1,492.25	1,966.50	\$74,280.28	1.00	
PT					X
RAI Coordinator (Licensed Professional - please specify)					
FT					X
PT					X
TOTAL :	1,492.25	1,966.50	\$74,280.28	1.00	

Part IV - Behavioural Support Ontario (BSO) Initiative Positions

	Total Worked Hours	Total Paid Hours	Salaries and Wages	# of Staff (as of Dec 31, 2015)	N/A
Nurse Practitioner (NP)					
FT					X
PT					X
C					X
PS					X
Registered Nurse (RN)					
FT					X
PT					X
C					X
PS					X
Registered Practical Nurses (RPN)					
FT					X
PT					X
C					X
PS					X
Personal Support Workers (PSWs)					
FT					X
PT	1,174.22	1,442.53	\$47,964.00	1.00	
C					X
PS					X
Other					
FT					X
PT					X
C					X
PS					X
TOTAL :	1,174.22	1,442.53	\$47,964.00	1.00	

APPROVALS

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

- Director of Care**

As the Director of Care, I confirm that the information provided in this report pertaining to Total Worked Hours for the nursing and personal care staff has been reviewed by me and is reasonably accurate to the best of my knowledge and belief, and reasonably represents the state of nursing and personal care staff in the home for the period Jan 01, 2015 and Dec 31, 2015.

Signature obtained on hardcopy of report and file

Signature of Director of Care _____ Date **May 18, 2016**

Name of Director of Care **Chartrand, Lyne** Phone # **613-580-2424**

 (Please print) **x25315**

- Authorized Signatory for the Approved Operator**

As an authorized signing officer for the approved operator, I confirm that the information provided in this report accurately represents the state of staffing in the home first mentioned above in accordance with the Long-Term Care Homes Staffing Report: Instruction Manual for Phase 23 (except as otherwise specifically stated in the comment box below) for the period Jan 01, 2015 and Dec 31, 2015.

Comments:

Signature obtained on hardcopy of report and file

Signature of Authorized Signatory _____ Sign Date **May 18, 2016**

Name of Signatory **Bourdon, Louise** Position / Title **Administrator,**

 (Please print) **Long Term Care**

Locked (Yes / No)

In submitting this report electronically to the Ministry, both the Director of Care and Authorized Signatory, confirm that each has approved the information contained in this report as of the date of submission in accordance with the foregoing acknowledgements.

The approved operator agrees to print and keep a signed copy of this report on file and to provide same in the future to the Ministry upon its request.

Document 2F

Quality Improvement Plan

- Garry J. Armstrong
- Peter D. Clark
- Carleton Lodge
- Centre d'accueil Champlain

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



4/6/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

The City of Ottawa Long Term Care (LTC) Homes have a strategic plan that is developed based on the high level directions from the City's corporate strategic plan and data received from Accreditation Canada surveys, Canadian Institute for Health Information (CIHI) data, resident satisfaction surveys and meetings, friends and family council, residents' council Ministry of Health and Long Term Care directives, changes in legislation, staff surveys and corporate priorities. As such, all of the City of Ottawa's four municipal homes have the same strategic directions and priorities for quality improvement (QI).

Strategic Directions	Strategic Priorities/Projects
Client satisfaction	Resident centred care
	Improve the dining experience
Employee engagement	Leadership development and succession planning
	Employee recognition through Positive Feedback
Operational excellence	Minimal use of restraints and bed rails
	Information technology upgrade

In addition, each strategic priority is linked to an accreditation quality attribute of effectiveness, access, efficiency and/or safety. The strategic priorities generate supplementary projects that are included in both operating and quality plans. These priorities do not represent the quality plan in its entirety for each home. Additional, specific initiatives are undertaken within each home based on home-specific performance targets and needs.

The City Homes are scheduled for an accreditation survey in September of 2016 and have integrated the requirements for the upcoming accreditation process into the quality cycle. To illustrate, the leadership development and succession planning priority identified

above was generated by the Accreditation Leadership Committee. All accreditation committees have work-plans with measureable outcomes.

The four City Homes follow the Institute for Health Information's (IHI) triple aim approach and use the resident first quality framework from Health Quality Ontario (HQO). Most of the improvement initiatives involve learnings from evidence, improvements in other LTC homes and learnings from within the City's four homes. The homes benefit from being able to choose to either initiate Plan, Do, Study, Act (PDSA) cycles in one home at a time or all four homes concurrently, depending upon the degree of familiarity with the initiative at hand.

QI Achievements from the Past Year

The most significant quality improvement initiative at the Garry J. Armstrong Home in 2015 was the implementation of the Kardex system for the residents care plans. The Kardex system promotes a resident centered approach through an individualized care plan around the activities of daily living.

A work group comprised of personal support workers (PSW), registered staff and management was established. The group developed a one page Kardex template that provides a clear overview of the resident and the associated care plan to support their activities of daily living. The content of the individual care plan was developed through consultation with the PSWs, registered staff, residents and families. The Kardex is updated quarterly or when there is a change in the resident's health by the registered staff.

The quality improvement initiative resulted in care plans that are easy for all staff to follow and understand in providing safe and consistent care to residents. In addition, this improvement supports the home's strategy of developing accurate and qualitative care plans before moving to a new technology platform.

Integration and Continuity of Care

The City of Ottawa LTC homes have a number of system partners, namely: the Ontario Association of Non-Profit Homes and Services for Seniors(OANHSS), other LTC Homes in the Champlain region, medical directors and physicians within the homes (and the community), Ottawa Public Health, The Royal Ottawa, KDS wound care and Medisystem Pharmacies. The homes' Quality Improvement Team and/or Resident Assessment Protocols (RAPs) meetings provide opportunities for the above partners to assist in the development of care plans aimed at improving resident outcomes and PDSA cycles related to particular improvement initiatives.

Engagement of Clinicians, Leadership & Staff

The leadership of the LTC homes is fully engaged and leads interdisciplinary quality improvement processes in the home. Given that this is not new, we do not foresee challenges in this area. Clinicians are engaged through the Home's Quality Improvement and Professional Practice Teams.

Resident, Patient, Client Engagement

The homes use a variety of methods to engage residents and families. These include various surveys, Resident and Family Councils, focus groups, suggestions boxes and ongoing resident and family feedback to staff. Open, transparent communication of results is essential. Results are posted and made available to all and are viewed as an opportunity to create an enhanced understanding of resident requirements. The City Homes value stretch goals, believing that there is learning from the process as well as the accomplishments. The Homes continuously re-evaluate and strive for further improvement when a stretch target is reached.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate Marlynn Ferguson
Administrator /Executive Director Julien Roberge
Quality Committee Chair or delegate Julien Roberge

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



GARRY J. ARMSTRONG HOME 200 ISLAND LODGE ROAD

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
Quality Dimension : Effective								
To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits per 100 long-term care residents.	26.76	24.60	to understand the baseline	1)To develop a tracking tool	Program managers of resident care and personal care will develop a tracking tool that will allow the home to determine the reason for transfer to ED to evaluate the data.	% of ED visits that were tracked on the tool	100% compliance by March 31st 2017
To Reduce the Inappropriate Use of Anti psychotics in LTC	% of residents receiving antipsychotics without a diagnosis of psychosis. .	27.15	25.00	To be at or below provincial average	1)Physicians will complete drug review of all antipsychotics prescriptions on a quarterly basis.	Physician will meet with nurse and review assessment data.	# of drug review assessments in a given year.	720 assessments between April 1st 2015 to March 31st 2017.
Quality Dimension : Resident - Centred								
Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: "Opportunities for me to be	93	93.00	Maintain current performance	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
	involved in the decisions that relate to my care have been."				2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Domain 2: "Overall satisfaction" (choose A or B).	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	97	97.00	Maintain current performance	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.
					2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Quality Dimension : Safe								
To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	11.36	11.36	To maintain current performance that is below provincial average	1)Completion of the Post-Fall huddle tool after every fall.	The Program Manager of Personal Care will collect and analyze the Post-Fall huddle form and will analyze factors with the multidisciplinary team for any resident who has fallen.	% of residents who have fallen in the Home that have post fall huddle tools completed.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
					2)The RAI-coordinator will complete a Monthly Fall Tracking form.	The form will analyze the number of falls, time of falls and residents who have fallen. The Program Manager of Personal Care will review falls monthly.	# of falls monitored monthly and analyzed for patterns.	To be at or below target by March 31st 2017.
					3)Assess resident falls to determine if care plan adjustment are required.	Multidisciplinary team will review the monthly falls report for any resident who has fallen and follow up with care plans as required.	% of resident with falls that were assessed.	100% compliance by March 31st 2017.
To Reduce the Use of Restraints	Percentage of residents who were physically restrained	14.39	12.00	To continue to strive towards the provincial average	1)All residents who have a restraint will be assessed quarterly for the need to continue the restraint.	Following assessment, any resident that staff believe no longer need a restraint will be assessed for one week. If this assessment indicates that there is no need for the restraint, it will be discussed with the resident/POA and if in agreement a trial will begin with no restraint. If successful, the restraint will be discontinued.	% of restrained residents that are assessed quarterly.	100% compliance by March 31st 2017.
					2)Implementation of a new assessment tool.	Continue to Implement the "Restraint Schlegel Villages" assessment tool prior to initiating a restraint.	% of residents who are identified as needing a restraint that are assessed using the tool.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	2.95	2.95	To maintain current performance that is below provincial average	1)Tracking of pressure ulcers.	Pressure ulcers are reviewed at multidisciplinary meetings.	% of residents with pressure ulcers that recently got worse.	To be at or below the target by March 31st 2017.
					2)Skill development.	ET nurse/Home champion will be consulted(as required) to come in and assess, teach and develop nursing interventions.	% of residents with worsening pressure ulcers that were referred to ET nurse.	100 % compliance by March 31st 2017.
					3)Assess residents with worsening pressure ulcers to determine if adjustment of care plan is required.	multidisciplinary team will review the nursing intervention for any resident who has a worsening pressure ulcer.	% of residents with worsening pressure ulcers that have reviewed skin integrity care plans.	100 % compliance by March 31st 2017.

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



4/6/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

ontario.ca/excellentcare

Overview

The City of Ottawa Long Term Care (LTC) Homes have a strategic plan that is developed based on the high level directions from the City's corporate strategic plan and data received from Accreditation Canada surveys, Canadian Institute for Health Information (CIHI) data, resident satisfaction surveys and meetings, friends and family council, Residents' council, Ministry of Health and Long Term Care directives, changes in legislation, staff surveys and corporate priorities. As such, all of the City of Ottawa's four municipal homes have the same strategic directions and priorities for quality improvement (QI).

Strategic Directions	Strategic Priorities/Projects
Client satisfaction	Resident centred care
	Improve the dining experience
Employee engagement	Leadership development and succession planning
	Employee recognition through Positive Feedback
Operational excellence	Minimal use of restraints and bed rails
	Information technology upgrade

In addition, each strategic priority is linked to an accreditation quality attribute of effectiveness, access, efficiency and/or safety. The strategic priorities generate supplementary projects that are included in both operating and quality plans. These priorities do not represent the quality plan in its entirety for each home. Additional, specific initiatives are undertaken within each home based on home-specific performance targets and needs.

The City Homes are scheduled for an accreditation survey in September of 2016 and have integrated the requirements for the upcoming accreditation process into the quality cycle. To illustrate, the leadership development and succession planning priority identified

above was generated by the Accreditation Leadership Committee. All accreditation committees have work-plans with measurable outcomes.

The four City Homes follow the Institute for Health Information's (IHI) triple aim approach and use the resident first quality framework from Health Quality Ontario (HQO). Most of the improvement initiatives involve learnings from evidence, improvements in other LTC homes and learnings from within the City's four homes. The homes benefit from being able to choose to either initiate Plan, Do, Study, Act (PDSA) cycles in one home at a time or all four homes concurrently, depending upon the degree of familiarity with the initiative at hand.

QI Achievements from the Past Year

PDC advanced its quality improvement programs in 2015 to produce improvements across many of the quality indicators. For example, one significant accomplishment was the reduction in the use of anti-psychotic drugs without a diagnosis from 20% to 16%.

A collaborative PDC and Royal Ottawa Health Care Group multidisciplinary implementation team was assembled composed of residents, family members, nurses, physicians as well as a pharmacist. The strategy for change included education and training whereby the implementation team worked with staff as well as residents and families to improve person-centered care, select non-pharmacological approaches for managing/preventing behaviours associated with dementia and manage other mental health issues. This initiative improved the quality of care and the quality of life for PDC residents. In addition it enhanced staff's knowledge of behaviour prevention/management and communication within departments.

Integration and Continuity of Care

The City of Ottawa LTC homes have a number of system partners, namely: the Ontario Association of Non-Profit Homes and Services for Seniors(OANHSS), other LTC Homes in the Champlain region, medical directors and physicians within the homes (and the community), Ottawa Public Health, The Royal Ottawa, KDS wound

care and Medisystem Pharmacies. The homes' Quality Improvement Team and/or Resident Assessment Protocols (RAPs) meetings provide opportunities for the above partners to assist in the development of care plans aimed at improving resident outcomes and PDSA cycles related to particular improvement initiatives.

Engagement of Clinicians, Leadership & Staff

The leadership of the LTC homes is fully engaged and leads interdisciplinary quality improvement processes in the home. Given that this is not new, we do not foresee challenges in this area. Clinicians are engaged through the Home's Quality Improvement and Professional Practice Teams.

Resident, Patient, Client Engagement

The homes use a variety of methods to engage residents and families. These include various surveys, Resident and Family Councils, focus groups, suggestions boxes and ongoing resident and family feedback to staff. Open, transparent communication of results is essential. Results are posted and made available to all and are viewed as an opportunity to create an enhanced understanding of resident requirements. The City Homes value stretch goals, believing that there is learning from the process as well as the accomplishments. The Homes continuously re-evaluate and strive for further improvement when a stretch target is reached.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate Marlynn Ferguson

Administrator /Executive Director Ted Cohen

Quality Committee Chair or delegate Ted Cohen

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



PETER D. CLARK CENTRE 9 MERIDIAN PLACE

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
Quality Dimension : Effective								
To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits per 100 long-term care residents.	21.86	20.00	To understand the baseline	1)To develop a tracking tool	Program managers of resident care and personal care will develop a tracking tool that will allow the home to determine the reason for transfer to ED to evaluate the data.	% of ED visits that were tracked on the tool	100% compliance by March 31st 2017
To Reduce the Inappropriate Use of Anti psychotics in LTC	% of residents receiving antipsychotics without a diagnosis of psychosis. .	23.03	16.50	To be at or below the 10th provincial percentile.	1)Physicians will complete drug review of all anti-psychotics prescriptions on a quarterly basis.	Physician will meet with nurse and review assessment data.	# of drug review assessments in a given year.	864 assessments between April 1st 2015 to March 31st 2017.
Quality Dimension : Resident - Centred								
Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: "Opportunities for me to be	88	93.00	To improve results to be equal to the average result of the 4 City of	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
	involved in the decisions that relate to my care have been."			Ottawa Homes.	2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Domain 2: "Overall satisfaction" (choose A or B).	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" NHCAHPS)	100	100.00	Maintain current performance.	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.
					2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Quality Dimension : Safe								
To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	13.64	10.00	To continue to achieve below the provincial average.	1)Completion of the Post-Fall huddle tool after every fall.	The Program Manager of Personal Care will collect and analyze the Post-Fall huddle form and will analyze factors with the multidisciplinary team for any resident who has fallen.	% of residents who have fallen in the Home that have post fall huddle tools completed.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
					2)The RAI-coordinator will complete a Monthly Fall Tracking form.	The form will analyze the number of falls, time of falls and residents who have fallen. The Program Manager of Personal Care will review falls monthly.	# of falls monitored monthly and analyzed for patterns.	Falls will be at or below the stated target by March 31st 2017.
					3)Assess resident falls to determine if care plan adjustment are required.	Multidisciplinary team will review the monthly falls report for any resident who has fallen and follow up with care plans as required.	% of resident with falls that were assessed.	100% compliance by March 31st 2017.
To Reduce the Use of Restraints	Percentage of residents who were physically restrained	21.68	15.00	To continue to strive to become closer to the provincial average.	1)All residents who have a restraint will be assessed quarterly for the need to continue the restraint.	Following assessment, any resident that staff believe no longer need a restraint will be assessed for one week. If this assessment indicates that there is no need for the restraint, it will be discussed with the resident/POA and if in agreement a trial will begin with no restraint. If successful, the restraint will be discontinued.	% of restrained residents that are assessed quarterly.	100% compliance by March 31st 2017.
					2)Implementation of a new assessment tool.	Continue to implement the "Restraint Schlegel Villages" assessment tool prior to initiating a restraint.	% of residents who are identified as needing a restraint that are assessed using the tool.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	3.23	3.23	To maintain current performance.	1)Tracking of pressure ulcers.	Pressure ulcers are reviewed at multidisciplinary meetings.	% of residents with pressure ulcers that recently got worse.	To be at or below the target by March 31st 2017.
					2)Skill development.	ET nurse/Home champion will be consulted(as required) to come in and assess, teach and develop nursing interventions.	% of residents with worsening pressure ulcers that were referred to ET nurse.	100 % compliance by March 31st 2017.
					3)Assess residents with worsening pressure ulcers to determine if adjustment of care plan is required.	multidisciplinary team will review the nursing intervention for any resident who has a worsening pressure ulcer.	% of residents with worsening pressure ulcers that have a reviewed skin integrity care plan.	100 % compliance by March 31st 2017.

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



4/6/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

The City of Ottawa Long Term Care (LTC) Homes have a strategic plan that is developed based on the high level directions from the City's corporate strategic plan and data received from Accreditation Canada surveys, Canadian Institute for Health Information (CIHI) data, resident satisfaction surveys and meetings, friends and family council, residents' council, Ministry of Health and Long Term Care directives, changes in legislation, staff surveys and corporate priorities. As such, all of the City of Ottawa's four municipal homes have the same strategic directions and priorities for quality improvement (QI).

Strategic Directions	Strategic Priorities/Projects
Client satisfaction	Resident centred care
	Improve the dining experience
Employee engagement	Leadership development and succession planning
	Employee recognition through Positive Feedback
Operational excellence	Minimal use of restraints and bed rails
	Information technology upgrade

In addition, each strategic priority is linked to an accreditation quality attribute of effectiveness, access, efficiency and/or safety. The strategic priorities generate supplementary projects that are included in both operating and quality plans. These priorities do not represent the quality plan in its entirety for each home. Additional, specific initiatives are undertaken within each home based on home-specific performance targets and needs.

The City Homes are scheduled for an accreditation survey in September of 2016 and have integrated the requirements for the upcoming accreditation process into the quality cycle. To illustrate, the leadership development and succession planning priority identified

above was generated by the Accreditation Leadership Committee. All accreditation committees have work-plans with measurable outcomes.

The four City Homes follow the Institute for Health Information's (IHI) triple aim approach and use the resident first quality framework from Health Quality Ontario (HQO). Most of the improvement initiatives involve learnings from evidence, improvements in other LTC homes and learnings from within the City's four homes. The homes benefit from being able to choose to either initiate Plan, Do, Study, Act (PDSA) cycles in one home at a time or all four homes concurrently, depending upon the degree of familiarity with the initiative at hand.

QI Achievements from the Past Year

One of the greatest quality improvement achievements was the reduction in the number of restraints used within the home. When the team began focusing on restraints in 2011 the usage rate was at 30%. That was reduced that from 14.2% to 8.8% within the last year. This result was achieved by focusing on and posting the restraint rates for each unit and discussing the results with staff. Awareness of restraints increased for staff. Families were engaged to ensure everyone understood the rationale and reasoning for restraints reduction. The ethical dilemma between restraint safety and the risk of freedom was discussed.

Integration and Continuity of Care

The City of Ottawa LTC homes have a number of system partners, namely: the Ontario Association of Non-Profit Homes and Services for Seniors(OANHSS), other LTC Homes in the Champlain region, medical directors and physicians within the homes (and the community), Ottawa Public Health, The Royal Ottawa, KDS wound care and Medisystem Pharmacies. The homes' Quality Improvement Team and/or Resident Assessment Protocols (RAPs) meetings provide opportunities for the above partners to assist in the development of care plans aimed at improving resident outcomes and PDSA cycles related to particular improvement initiatives.

Engagement of Clinicians, Leadership & Staff

The leadership of the LTC homes is fully engaged and leads interdisciplinary quality improvement processes in the home. Given that this is not new, we do not foresee challenges in this area. Clinicians are engaged through the Home's Quality Improvement and Professional Practice Teams.

Resident, Patient, Client Engagement

The homes use a variety of methods to engage residents and families. These include various surveys, Resident and Family Councils, focus groups, suggestions boxes and ongoing resident and family feedback to staff. Open, transparent communication of results is essential. Results are posted and made available to all and are viewed as an opportunity to create an enhanced understanding of resident requirements. The City Homes value stretch goals, believing that there is learning from the process as well as the accomplishments. The Homes continuously re-evaluate and strive for further improvement when a stretch target is reached.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate Marlynn Ferguson

Administrator /Executive Director Rick Gourlie

Quality Committee Chair or delegate Rick Gourlie

2016/17 Quality Improvement Plan for Ontario Long Term Care Homes
 "Improvement Targets and Initiatives"



CARLETON LODGE 55 LODGE ROAD

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
Quality Dimension : Effective								
To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits per 100 long-term care residents.	21.21	20.00	To understand the baseline	1)To develop a tracking tool	Program managers of resident care and personal care will develop a tracking tool that will allow the home to determine the reason for transfer to ED to evaluate the data.	% of ED visits that were tracked on the tool	100% compliance by March 31st 2017.
To Reduce the Inappropriate Use of Anti psychotics in LTC	% of residents receiving antipsychotics without a diagnosis of psychosis. .	14.08	14.08	Maintain current performance	1)Physicians will complete drug review of all anti-psychotic prescriptions on a quarterly basis.	Physician will meet with nurse and review assessment data.	# of drug review assessments in a given year.	644 assessments between April 1st 2016 to March 31st 2017.
Quality Dimension : Resident - Centred								
Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: "Opportunities for me to be	100	100	Maintain current performance	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
	involved in the decisions that relate to my care have been."				2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Domain 2: "Overall satisfaction" (choose A or B).	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	99	99.00	Maintain current performance	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.
					2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017
Quality Dimension : Safe								
To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	17.42	14.40	To be at or below provincial average	1)Completion of the Post-Fall huddle tool after every fall.	The Program Manager of Personal Care will collect and analyze the Post-Fall huddle form and will analyze factors with the multidisciplinary team for any resident who has fallen.	% of residents who have fallen in the Home that have post fall huddle tools completed.	100% compliance by March 31st, 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
					2)The RAI-coordinator will complete a Monthly Fall Tracking form.	The form will analyze the number of falls, time of falls and residents who have fallen. The Program Manager of Personal Care will review falls monthly.	# of falls monitored monthly and analyzed for patterns.	To be at or below the target by March 31st 2017.
					3)Assess resident falls to determine if care plan adjustment are required.	Multidisciplinary team will review the monthly falls report for any resident who has fallen and follow up with care plans as required.	% of resident with falls that were assessed.	100% compliance by March 31st 2017.
To Reduce the Use of Restraints	Percentage of residents who were physically restrained	9.92	6.70	To be at or below the provincial average.	1)All residents who have a restraint will be assessed quarterly for the need to continue the restraint.	Following assessment, any resident that staff believe no longer need a restraint will be assessed for one week. If this assessment indicates that there is no need for the restraint, it will be discussed with the resident/POA and if in agreement a trial will begin with no restraint. If successful, the restraint will be discontinued.	% of restrained residents that are assessed quarterly.	100% compliance by March 31st 2017.
					2)Implementation of a new assessment tool.	Continue to Implement the "Restraint Schlegel Villages" assessment tool prior to initiating a restraint.	% of residents who are identified as needing a restraint that are assessed using the tool.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	2.76	2.70	To continue to be below the provincial average	1)Tracking of pressure ulcers.	Pressure ulcers are reviewed at multidisciplinary meetings.	% of residents with pressure ulcers that recently got worse.	To be at or below the target by March 31st 2017.
					2)Skill development.	ET nurse/Home champion will be consulted(as required) to come in and assess, teach and develop nursing interventions.	% of residents with worsening pressure ulcers that were referred to ET nurse.	100 % compliance by March 31st 2017.
					3)Assess residents with worsening pressure ulcers to determine if adjustment of care plan is required.	multidisciplinary team will review the nursing intervention for any resident who has a worsening pressure ulcer.	% of residents with worsening pressure ulcers that have reviewed skin integrity care plans.	100 % compliance by March 31st 2017.

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



4/6/2016

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

Overview

The City of Ottawa Long Term Care (LTC) Homes have a strategic plan that is developed based on the high level directions from the City's corporate strategic plan and data received from Accreditation Canada surveys, Canadian Institute for Health Information (CIHI) data, resident satisfaction surveys and meetings, friends and family council, residents' council, Ministry of Health and Long Term Care directives, changes in legislation, staff surveys and corporate priorities. As such, all of the City of Ottawa's four municipal homes have the same strategic directions and priorities for quality improvement (QI).

Strategic Directions	Strategic Priorities/Projects
Client satisfaction	Resident centred care
	Improve the dining experience
Employee engagement	Leadership development and succession planning
	Employee recognition through Positive Feedback
Operational excellence	Minimal use of restraints and bed rails
	Information technology upgrade

In addition, each strategic priority is linked to an accreditation quality attribute of effectiveness, access, efficiency and/or safety. The strategic priorities generate supplementary projects that are included in both operating and quality plans. These priorities do not represent the quality plan in its entirety for each home. Additional, specific initiatives are undertaken within each home based on home-specific performance targets and needs.

The City Homes are scheduled for an accreditation survey in September of 2016 and have integrated the requirements for the upcoming accreditation process into the quality cycle. To illustrate, the leadership development and succession planning priority identified

above was generated by the Accreditation Leadership Committee. All accreditation committees have work-plans with measurable outcomes.

The four City Homes follow the Institute for Health Information's (IHI) triple aim approach and use the resident first quality framework from Health Quality Ontario (HQO). Most of the improvement initiatives involve learnings from evidence, improvements in other LTC homes and learnings from within the City's four homes. The homes benefit from being able to choose to either initiate Plan, Do, Study, Act (PDSA) cycles in one home at a time or all four homes concurrently, depending upon the degree of familiarity with the initiative at hand.

QI Achievements from the Past Year

The greatest achievement for this past year was the reduction of residents receiving antipsychotics without a diagnosis of psychosis. Over this past year the professional practice team ensured thorough medication reviews at resident admission, return from hospital, on a quarterly basis and on an as required basis.

A key learning from this process was that it is imperative for the multidisciplinary team to work together to reach the desired goal. Reliance on the Personal Support Workers (PSW) Champions, made possible through Behavioural Support Ontario funding, to share knowledge on different strategies that reduce responsive behaviours was integral to the success of this program. Not only has the support of this group been key but the transfer of knowledge and skills has supported continued learning and growth for all staff.

The improvement to the quality of life of those residents and families touched by this initiative has been the biggest reward. This initiative will continue over the next year.

Integration and Continuity of Care

The City of Ottawa LTC homes have a number of system partners, namely: the Ontario Association of Non-Profit Homes and Services for Seniors(OANHSS), other LTC Homes in the Champlain region, medical directors and physicians within the homes (and the community), Ottawa Public Health, The Royal Ottawa, KDS wound care and Medisystem Pharmacies. The homes' Quality Improvement Team and/or Resident Assessment Protocols (RAPs) meetings provide opportunities for the above partners to assist in the development of care plans aimed at improving resident outcomes and PDSA cycles related to particular improvement initiatives.

Engagement of Clinicians, Leadership & Staff

The leadership of the LTC homes is fully engaged and leads interdisciplinary quality improvement processes in the home. Given that this is not new, we do not foresee challenges in this area. Clinicians are engaged through the Home's Quality Improvement and Professional Practice Teams.

Resident, Patient, Client Engagement

The homes use a variety of methods to engage residents and families. These include various surveys, Resident and Family Councils, focus groups, suggestions boxes and ongoing resident and family feedback to staff. Open, transparent communication of results is essential. Results are posted and made available to all and are viewed as an opportunity to create an enhanced understanding of resident requirements. The City Homes value stretch goals, believing that there is learning from the process as well as the accomplishments. The Homes continuously re-evaluate and strive for further improvement when a stretch target is reached.

Sign-off

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan

Board Chair / Licensee or delegate Marlynn Ferguson
Administrator /Executive Director Louise Bourdon
Quality Committee Chair or delegate Louise Bourdon



CENTRE D'ACCUEIL CHAMPLAIN 275 AVENUE PERRIER

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
Quality Dimension : Effective								
To Reduce Potentially Avoidable Emergency Department Visits for LTC Residents	Number of ED visits per 100 long-term care residents.	15.82	15.00	To understand the baseline	1)To develop a tracking tool	Program managers of resident care and personal care will develop a tracking tool that will allow the home to determine the reason for transfer to ED to evaluate the data.	% of ED visits that were tracked on the tool	100% compliance by March 31st 2017
To Reduce the Inappropriate Use of Anti psychotics in LTC	Percentage of residents receiving antipsychotics without a diagnosis of psychosis.	30.52	28.30	To continue to reduce to achieve or surpass the target that was set last year.	1)Physicians will complete drug review of all anti-psychotics prescriptions on a quarterly basis.	Physician will meet with nurse and review assessment data.	# of drug review assessment in a given year.	640 assessments between April 1st 2015 to March 31st 2017.
Quality Dimension : Resident - Centred								
Domain 1: "Having a voice" and being able to speak up about the home.	Percentage of residents responding positively to: " Opportunities for me to be	87	92.00	To return to the same performance or better as 2013 and 2014	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
	involved in the decisions that relate to my care have been"				2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017.
Domain 2: "Overall satisfaction" (choose A or B).	A: Percentage of residents who responded positively to the question: "Would you recommend this nursing home to others?" (NHCAHPS)	98	99.00	An average of the last three years	1)Resident centred care training for personal support workers.	5 mandatory modules will be given to all personal support workers using the Dignity, Independence, Privacy, Preference and Safety (DIPPS) philosophy.	% of personal support workers that have completed the training.	100 % compliance by March 31st 2018.
					2)To increase the resident and dining satisfaction survey results by improving the dining experience.	To continue to educate staff on customer service and the difference that can occur with approach.	% of overall satisfaction with dining experience on the resident satisfaction survey.	85% satisfaction by December 31st 2017
Quality Dimension : Safe								
To Reduce Falls	Percentage of residents who had a recent fall (in the last 30 days)	16.72	14.70	To continue to reduce to reach the baseline chosen last year	1)Completion of the Post-Fall huddle tool after every fall.	The Program Manager of Personal Care will collect and analyze the Post-Fall huddle form and will analyze factors with the multidisciplinary team for any resident who has fallen.	% of residents who have fallen in the Home that have post fall huddle tools completed.	100% compliance by March 31st 2017.

AIM	Measure				Change			
Objective	Measure/ Indicator	Current	Target	Target justification	Change Ideas	Methods	Process measures	Goal for change ideas
					2)The RAI-coordinator will complete a Monthly Fall Tracking form.	The form will analyze the number of falls, time of falls and residents who have fallen. The Program Manager of Personal Care will review falls monthly.	# of falls monitored monthly and analyzed for patterns.	Falls will be at or below the stated target by March 31st 2017.
					3)Assess resident falls to determine if care plan adjustment are required.	Multidisciplinary team will review the monthly falls report for any resident who has fallen and follow up with care plans as required.	% of resident with falls that were assessed.	100% compliance by March 31st 2017.
To Reduce Worsening of Pressure Ulcers	Percentage of residents who had a pressure ulcer that recently got worse	2.65	2.18	To continue to decrease to stay below the provincial average	1)Tracking of pressure ulcers.	Pressure ulcers are reviewed at multidisciplinary meetings.	% of residents with pressure ulcers that recently got worse.	To be at or below the target by March 31st 2017.
					2)Skill development.	ET nurse/Home champion will be consulted(as required) to come in and assess, teach and develop nursing interventions.	% of residents with worsening pressure ulcers that were referred to ET nurse.	100 % compliance by March 31st 2017.
					3)Assess residents with worsening pressure ulcers to determine if adjustment of care plan is required.	multidisciplinary team will review the nursing intervention for any resident who has a worsening pressure ulcer.	% of residents with worsening pressure ulcers that have a reviewed skin integrity care plan.	100 % compliance by March 31st 2017.