



Committee of Management for the Elliott Meeting Agenda

**Monday, December 5, 2016 – 1:30 p.m.
Council Chambers, Guelph City Hall, 1 Carden Street**

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Call to Order – Chair Downer

Disclosure of Pecuniary Interest and General Nature Thereof

Confirmation of Minutes – September 12, 2016 open meeting minutes

Items for Discussion

The following items have been extracted from Consent Agenda and will be considered separately. These items have been extracted either at the request of a member of Council or because they include a presentation and/or delegations.

**CME-2016.5 The Elliott Long-Term Care Residence Quarterly Report
2016-Q3**

Recommendation:

That the 2016-Q3 Quarterly Report on the operations of the Elliott Long-Term Care Residence, be received.

Adjournment

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer, Gordon and Van Hellemond (5)

VOTING AGAINST: (0)

CARRIED

CME-2016.3 Revised Terms of Reference for Committee of Management for the Elliott

2. Moved by Mayor Guthrie
 Seconded by Councillor Billings

That the Committee of Management for the Elliott Terms of Reference, as outlined in Attachment 1 to Report PS-16-21 titled "Revised Terms of Reference for Committee of Management for the Elliott", be approved.

VOTING IN FAVOUR: Mayor Guthrie, Councillors Billings, Downer, Gordon and Van Hellemond (5)

VOTING AGAINST: (0)

CARRIED

Adjournment (5:56 p.m.)

4. Moved by Councillor Billings
 Seconded by Councillor Van Hellemond

That the meeting be adjourned.

CARRIED

Tina Agnello
Deputy Clerk



The Elliott Long-Term Care Residence Report

TO: Committee of Management

DATE: December 5, 2016

SUBJECT: The Elliott Long-Term Care Residence Quarterly Report 2016-Q3

RECOMMENDATION

That the 2016-Q3 quarterly report on the operations of the Elliott Long-Term Care Residence, be received.

BACKGROUND

The Ontario Long-Term Care Homes Act requires that every municipality within Ontario is required to support a municipal long-term care home. The City of Guelph is meeting this responsibility through a Delegation of Authority Bylaw, assigning the responsibility to operate the City's approved 85-bed long-term care home to The Elliott's Board of Trustees. In addition to the Delegation of Authority By-law, The City and The Elliott have also entered into a Long-Term Care Services Agreement (Services Agreement) that identifies the specific nature of the relationship and sets out the responsibilities of both parties to the Agreement. There is a requirement within the Services Agreement for The Elliott to report quarterly on the operations of the Elliott Long-Term Care Residence (ELTCR).

The Elliott Community operates a campus of care offering retirement and life-lease care and services beyond the ELTCR. As the relationship set out in the Services Agreement pertains strictly to the operations of the ELTCR, this report is only reflective of long-term care operations and does not reflect the retirement and life-lease suites.

REPORT

In accordance with the provisions within the Services Agreement:

Attestation of the Responsibilities of The Elliott

The Elliott confirms that to the best of its knowledge, it is,

- (a) Complying with all provisions of the *Municipal Act* relating to local boards;
- (b) Complying with all provisions of the *Elliott Act*;
- (c) Complying with all provisions of the Long-Term Care Homes Act, including, fulfilling the obligations under section 69;
- (d) Complying with all laws, regulations, policies and orders made by any level of government which relate to the operation of The Elliott Long-Term Care Residence;
- (e) Complying with all provisions in the Elliott Delegation of Authority By-law; and,
- (f) Managing a Business Plan and Strategic Plan for The Elliott Long-Term Care Residence.

Overview of the Operations

For the period July to September 2016, the following activities / actions were reported to the Board of Trustees as they relate to the ELTCR:

- During this quarter, the Resident Quality Inspection (RQI) final report was received and has been summarized below with the ELTCR's response. In total there were 7 Written Notices and 2 Voluntary Plan of Corrections (2015 – WN 6, VPC 7).
- Our 1st annual review of our Accreditation responsibilities resulted in some minor adjustments to our quality audit practice; most of the requirements resulted in a confirmation that the required responsibilities were being carried out.
- The Elliott Community's Strategic Planning Committee met and further developed the Mission, Vision, Values, and Strategic Directives; the Committee will address the tactics to achieve the directives in the fall with a hopeful conclusion of the project by the end of 2016.
- The University of Guelph Pilot Project concluded and negotiations resulted in an agreement to engage their services for a continued six month period from November 1, 2016 to April 30, 2017 for the purposes of assessing the effectiveness of this technology in the higher frequency outbreak periods.
- Our newest Trustee was appointed by City Council and orientation of that member was completed by the CEO and Board Chair to support the Trustee's attendance at the September Board meeting.
- Our Board Committee Mandates were reviewed and considered by the Executive Finance and Administration Committee of the Board and presented/ratified at the September Board meeting.

There have been no conflicts of interest of any Board of Trustee member or employee of The Elliott who is providing services.

There have been no requests for information under the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.58.

There are no identified litigations, potential litigations, or claims (insured or uninsured) of any kind at the time of preparing this report.

There are no other issues or matters, in the opinion of the Chair of the Board of Trustees, that require direction from or a decision of the Committee of Management or which the Committee of Management has requested that the Board of Trustees provide a report.

The following represents specific sections of the responsibilities of the Services Agreement.

Complaints / Concerns

The following complaints / concerns have been received during the fourth quarter by The Elliott and have been addressed as follows:

#	Details of Complaint / Concern	Response from Management	Resolved within The Elliott	Reported to the MOHLTC
1	A resident raised concern that a recently purchased article of clothing was sent to laundry services for labelling and has not been received back.	Following an investigation by staff, the item has not been located and has likely been mislabeled and delivered to another resident. As the item was a recent purchase, the family was advised to replace the clothing and the ELTCR would reimburse for the associated costs. The family was very pleased with this outcome.	✓	

Critical Incident Report / Inspections from Ministry of Health and Long-Term Care

Critical Incident Report:

The following critical incident reports / inspections been reported to the MOHLTC during the fourth quarter by The Elliott and have been addressed as follows:

#	Details of Critical Incident Report submitted to MOHLTC	Response from Management	Resolved within The Elliott	MOHLTC Completed Inspection
1.	Misuse / Misappropriation of Resident's finances.	<p>Q2 Report - In the opinion of the ELTCR, a resident's Power of Attorney (POA) has misappropriated funds belonging to the Resident, resulting in the Resident being in arrears with respect to their payments to the ELTCR. Following every effort to work with the POA to bring the accounts into good standing, the ELTCR has treated this as a Resident Financial Abuse matter, reported it to the authorities and initiated a small claims action against the individual. The individual has since resigned as the Resident's POA. The legal action against the individual and the investigation by police are ongoing.</p> <p>Q3 Report – The individual has failed to appear at two court hearings and a judgement is set against the individual; collection remains outstanding. This matter is ongoing.</p>	✓	

Resident Quality Inspection:

<p>Legend</p> <p>WN – Written Notification</p> <p>VPC – Voluntary Plan of Correction</p> <p>DR – Director Referral</p> <p>CO – Compliance Order</p> <p>WAO – Work and Activity Order</p>		<p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).</p>
Non-Compliance Finding	As Evidenced By	The Elliott's Response
<p>WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management</p> <p>VPC Requested</p>	<ul style="list-style-type: none"> • Each resident is to be provided a range of incontinent products based on their individual need. • One specific resident/Substitute Decision Maker expressed intention to use an alternate product outside of our range of products. • Resident Care Plan indicated that the resident was using product supplied by the Home; however the family was sourcing the product externally and providing it for the resident. 	<ul style="list-style-type: none"> • The Resident Care Plan was amended to correct the discrepancy. • Additional products were added to the range of available products to ensure that families could choose from supplied products; if they continue to purchase separately, then the Resident Care Plan should accurately reflect that fact.
<p>WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 53. Responsive Behaviours</p> <p>VPC Requested</p>	<ul style="list-style-type: none"> • Each resident is to have their responsive behaviours assessed; a change in their responsive behaviours triggers an amendment to their Resident Care Plan. • A Resident's progress notes provided an indication that the Resident's behaviours had changed and it documented the altered approach for the plan of care; however, the Resident Care Plan had not been amended to reflect the change. 	<ul style="list-style-type: none"> • The Resident Care Plan was amended and a protocol was added to the resident care plan audit to reference the most recent progress notes to ensure consistency in the plan of care.
<p>WN #3: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care</p>	<ul style="list-style-type: none"> • Each resident's plan of care should reflect the daily delivery of their care needs; in the event that their care needs change, the plan of care shall be amended to accurately reflect the change. • A Resident's Plan of Care indicated that the resident often refused to attend the dining room for meals and in addition, refused delivered meal trays. • On inspection, the resident asked the Inspector to locate staff and to assist in getting ready to go to the dining room. 	<ul style="list-style-type: none"> • The Plan of Care was amended to provide a second queuing for the Resident in the event that the Resident changed their mind about receiving assistance and going to the dining room rather than receive meal tray services or nourishment cart products.

<p>WN #4: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records</p>	<ul style="list-style-type: none"> • Every Home shall have policies/procedures to manage the delivery of care requirements pursuant to the Act. • A policy concerning the Continence Care and Bowel Movement Management Program was in place and it stated that in the event of as significant change in the status, a Continence Care Assessment shall be completed in a timely manner and the plan of care amended. • In a selected Resident Care Plan, a significant change had occurred and a Continence Care Assessment had not been completed. 	<ul style="list-style-type: none"> • Acknowledgement of the oversight was assumed and a Continence Care Assessment was completed and an audit of further gaps in other resident care plans was conducted; no other instances were identified.
<p>WN #5: The Licensee has failed to comply with O.Reg 79/10, s. 35. Foot care and nail care</p>	<ul style="list-style-type: none"> • Every licensee shall ensure that each resident receives fingernail care including the cutting/trimming of fingernails. • In an observed Resident's case, their fingernails were in need of trimming and were identified as dirty. • The Policy was that the resident's fingernails were to be attended to on their next bath rotation (following day) and that they would have been trimmed and cleaned at that time. • Inspector noted that the Resident's fingernails were attended to during the Resident's bath. 	<ul style="list-style-type: none"> • Further expectations extended to the care staff to complete an assessment on a daily/timely basis depending on the Resident's behaviours and make every effort to ensure that their fingernails remain trimmed and clean.
<p>WN #6: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.</p>	<ul style="list-style-type: none"> • Every resident shall have their routines respected as a matter of independence and resident choice, and should not be determined by the staff care routines or practices. • Upon Inspection, the Resident expressed that their bedtimes were not often respected and, at times, they were assisted to bed when they wanted to stay up later. • The Resident's Care Plan indicated that staff were to respect the Resident's preference. 	<ul style="list-style-type: none"> • The Director of Care supported the observation and staff were reminded on the Resident's right to determine their bedtimes and rest routines.

<p>WN #7: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs</p>	<ul style="list-style-type: none"> • The administration of topical medications may be carried out by staff other than a registered nursing staff; however suitable training and supervision should be present at all times to ensure that the staff member administering the topical medication is proficient in doing so. • Upon inspection, a Registered Practical Nurse (RPN) had directed the administration of topical medications to a resident. The Personal Support Worker (PSW), when questioned by the Inspector, identified that they had not been properly trained on the administration of topical medications. 	<ul style="list-style-type: none"> • At the time of the Inspection, all PSW staff were undergoing in-service training in the administration of topical medications and although many of the staff had received this training, the PSW engaged in this observation had not yet received their annual training/re-training. • Improvements to the timeliness of training for PSWs on the administration of topical medications has been implemented in the orientation and re-orientation programs of the Home.
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Financial Report

The operating and capital budgets for The Elliott were presented on November 16, 2015 to City Council. The 2016 operating budget of \$1,252,400 and capital budget of \$211,561 were approved as presented. All operating and capital funding reports reflect the allocation of direct and indirect costs reflected in the Services Agreement.

For the Third Quarter ending September 30, 2016, the following observations were noted:

- Total revenue of \$5,733,640, with a year-to-date positive variance of 2%, due primarily to unanticipated Ministry of Health and Long-Term Care funding increases in the Nursing and Personal Care, Program and Support Services, and Raw Food envelopes
- Employee costs of \$3,736,956 are higher than budget by 2% due to increased staffing requirements during outbreaks that occurred early in the year, as well as additional project work and orientation and training costs to cover summer vacation breaks
- Operating Costs of \$2,098,070, with a 0.4% positive variance against budget due to the efficiency and in facility costs and also electing to capitalize and depreciate some equipment purchases over several years instead of including it as an expense, as budgeted
- Overall, the operations of The Elliott Community are a positive variance of \$17,569
- The calculation of funding from the City of Guelph as it relates to the funding of the Other Accommodation Envelope has a \$5,833 negative variance. This negative variance will be monitored in the coming months but it is the responsibility of management to mitigate this from other operations.

- Several capital expenditures have been made in the third quarter and these will continue throughout the remainder of the year

The Statement of Revenue and Expenses for the Operating Budget and the City funding formula are enclosed for reference.

Prepared By:

Trevor Lee

Chief Executive Officer

Approved By:

John Schitka

Chair, Board of Trustees

**THE ELLIOTT COMMUNITY
STATEMENT OF OPERATIONS
Long Term Care**

For the Nine Months Ending September 30, 2016

	Year To Date			
	Budget \$	Actual \$	Variance	
<u>REVENUE</u>				
Accommodation:				
Long Term Care - Basic	1,265,922	1,286,177	20,255	2%
Long Term Care - Preferred	285,882	306,810	20,928	7%
	<u>1,551,804</u>	<u>1,592,987</u>	<u>41,183</u>	<u>3%</u>
Government Subsidy - LTC:				
Provincial - LTC Subsidy	2,978,355	3,041,629	63,274	2%
Provincial - BSO / Physio / Other	80,109	84,241	4,132	5%
City of Guelph - LTC Operations	939,300	939,303	3	0%
	<u>3,997,764</u>	<u>4,065,173</u>	<u>67,409</u>	<u>2%</u>
Other Revenue:				
Fees and Recoveries	29,982	29,545	(437)	(1%)
Amort. of Defd Contributions	54,450	28,573	(25,877)	(48%)
Other Revenue	3,720	17,361	13,641	367%
	<u>88,152</u>	<u>75,479</u>	<u>(12,673)</u>	<u>(14%)</u>
Total Revenue	<u>5,637,721</u>	<u>5,733,640</u>	<u>95,919</u>	<u>2%</u>
<u>EXPENSES</u>				
Employee Costs:				
Wages and Salaries	2,970,135	3,050,750	(80,615)	(3%)
Employee Benefits	680,457	686,206	(5,749)	(1%)
	<u>3,650,593</u>	<u>3,736,956</u>	<u>(86,364)</u>	<u>(2%)</u>
Operating Costs:				
Supplies	359,915	372,568	(12,653)	(4%)
Facility Costs	340,198	312,834	27,364	8%
Interest & Financing Fees	291,752	295,052	(3,299)	(1%)
Equipment	213,436	183,837	29,599	14%
Purchased Services	155,094	146,454	8,640	6%
Administrative & Other	20,972	20,591	381	2%
Amortization of Capital Assets	723,144	765,160	(42,016)	(6%)
Accretion of Defd Financing Costs	1,573	1,574	(1)	(0%)
	<u>2,106,083</u>	<u>2,098,070</u>	<u>8,014</u>	<u>0%</u>
Total Expenses	<u>5,756,676</u>	<u>5,835,026</u>	<u>(78,350)</u>	<u>(1%)</u>
SURPLUS / (DEFICIT)	<u>(118,955)</u>	<u>(101,386)</u>	<u>17,569</u>	

**THE ELLIOTT COMMUNITY
STATEMENT OF OPERATIONS
Long Term Care - OA Envelope**

For the Nine Months Ending September 30, 2016

	Year To Date			
	Budget \$	Actual \$	Variance	
<u>REVENUE</u>				
Accommodation:				
Basic	1,265,922	1,286,177	20,255	2%
Preferred	285,882	306,810	20,928	7%
Provincial Subsidy - MOHLTC	244,465	238,332	(6,133)	(3%)
Municipal Subsidy - City of Guelph	1,063,621	1,063,533	(88)	(0%)
	2,859,890	2,894,852	34,962	1%
Other Revenue:				
Fees & Recoveries	731	278	(453)	(62%)
Cable Television Fees	20,000	20,125	125	1%
Telephone Fees	9,251	9,142	(109)	(1%)
Amortiz. of Def'd Contributions	54,450	28,573	(25,877)	(48%)
Donations / Grants	1,800	3,162	1,362	76%
Other Revenue	520	742	222	43%
	86,752	62,022	(24,730)	(29%)
Total Revenue	2,946,642	2,956,874	10,232	0%
<u>EXPENSES</u>				
Employee Costs:				
Wages and Salaries	971,091	986,944	(15,853)	(2%)
Employee Benefits	242,134	235,522	6,612	3%
	1,213,225	1,222,466	(9,241)	(1%)
Operating Costs:				
Amortization of Assets & Fees	724,717	766,734	(42,017)	(6%)
Supplies	88,674	94,593	(5,919)	(7%)
Facility Costs	340,198	312,834	27,364	8%
Financing & Service Fees	291,752	295,052	(3,300)	(1%)
Equipment	159,910	146,392	13,518	8%
Purchased Services	74,043	70,561	3,482	5%
Administrative & Other	15,612	15,564	48	0%
	1,694,906	1,701,730	(6,824)	(0%)
Total Expenses	2,908,131	2,924,196	(16,065)	(1%)
SURPLUS / (DEFICIT)	38,511	32,678	(5,833)	(15%)