

## 2019-2020 Description of Home and Services

**LTCH Name: Ehatare Nursing Home**

### A.1 General Information

Name of Licensee: (as referred to on your Long-Term Care Home Licence)	Estonian Relief Committee In Canada		
Name of Home: (as referred to on your Long-Term Care Home Licence)	Ehatare Nursing Home		
LTCH Master Number (e.g. NH9898)	NH3731		
Address	40 Old Kingston Road		
City	Scarborough	Postal Code	M1E 3J5
Accreditation organization	N/A		
Date of Last Accreditation (Award Date – e.g. May 31, 2019)	N/A	Year(s) Awarded (e.g. 3 years)	N/A
French Language Services (FLS)	Identified (Y/N)	N	Designated Y/N N

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**LTCH Name: Ehatore Nursing Home**

### A.2 Licenced or Approved Beds & Classification / Bed Type

1. Licence Type	Total # of Beds					Licence Expiry Date <small>(e.g. May 31, 2025)</small>	Comments/Additional Information
	A	B	C	Upgraded D	New		
Licence ("Regular" or Municipal Approval)		32				June 30, 2025	<b>Note:</b> Each individual licence should be on a separate row. Please add additional rows as required.
<b>TOTAL BEDS (1)</b>	32						Add total of all beds (A,B,C, UpD, New)
Please include information specific to the following types of licenses on a separate line below. Temporary Licence, Temporary Emergency Licence, or Short-Term Authorization							<b>Note:</b> Each individual licence should be on a separate row. Please add additional rows as required.
2. Licence Type	Total # of Beds					Licence Expiry Date <small>(e.g. May 31, 2025)</small>	Comments/Additional Information
Temporary							
Temporary Emergency							
Short-Term Authorization							
<b>TOTAL BEDS (2)</b>	0						Add total of all beds
<b>TOTAL # OF ALL LICENSED BEDS (1) + (2)</b>	32						Add total # of all licenced beds captured under (1) and (2) above
Usage Type	Total # of Beds					Expiry Date <small>(e.g. May 31, 2025)</small>	Comments/Additional Information
Long Stay Beds <b>(not including beds below)</b>	32					June 30, 2025	Input number of regular long stay beds
Convalescent Care Beds							
Respite Beds							
ELDCAP Beds							
Interim Beds							

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### A.2 Licenced or Approved Beds & Classification / Bed Type

Veterans' Priority Access beds			
Beds in Abeyance (BIA)			<u>Expiry date represents the end date of the BIA Agreement</u>
Designated specialized unit beds			
Other beds *			
<b>Total # of all Bed Types (3)</b>	32		Add total number of beds by usage type

\*Other beds available under a Temporary Emergency Licence or Short-Term Authorization

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### A.3 Structural Information

**Type of Room** (this refers to structural layout rather than what is charged in accommodations).

Room Type	Rooms	Multiplier	Number of beds
Number of rooms with 1 bed	8	x 1	8
Number of rooms with 2 beds	10	x 2	20
Number of rooms with 3 beds	0	x 3	0
Number of rooms with 4 beds	1	x 4	4
<b>Total Number of Rooms</b>	<b>19</b>	<b>Total Number of Beds*</b>	<b>32</b>

**\*Ensure the "Total Number of Beds" above matches "Total # of all Bed Types (3)" from Table A.2**

Original Construction Date (Year)	1994 – opened March 5, 1995
Renovations: Please list year and details (unit/resident home area, design standards, # beds, reason for renovating)	1) 2) 3) 4)

#### Number of Units/Resident Home Areas and Beds

<i>Unit/Resident Home Area</i>	Number of Beds
<b>1</b>	<b>32</b>
<b>Total Number of Beds (Ensure total matches "Total # of all Bed Types (3)" from Table A.2)</b>	<b>32</b>

## Schedule B

### Additional Terms and Conditions Applicable to the Funding Model

**1.0 Background.** The LHINs provide subsidy funding to long-term care home health service providers pursuant to a funding model set by MOHLTC. The current model provides estimated per diem funding that is subsequently reconciled. The current funding model is under review and may change during the Term (as defined below). As a result, and for ease of amendment during the Term, this Agreement incorporates certain terms and conditions that relate to the funding model in this Schedule B.

**2.0 Additional Definitions.** Any terms not otherwise defined in this Schedule have the same meaning attributed to them in the main body of this Agreement. The following terms have the following meanings:

**“Allowable Subsidy”** refers to Allowable Subsidy as defined in s. 3 of Reg. 264/07 under LHSIA.

**“Construction Funding Subsidy”** or **“CFS”** means the funding that the MOHLTC agreed to provide, or to ensure the provision of, to the HSP, in an agreement for the construction, development, redevelopment, retrofitting or upgrading of beds (a **“Development Agreement”**).

**“CFS Commitments”** means

- (a) commitments of the HSP related to a Development Agreement, identified in Schedule A of the service agreement in respect of the Home in effect between the HSP and the LHIN on June 30, 2010, and
- (b) commitments of the HSP identified in a Development Agreement in respect of beds that were developed or redeveloped and opened for occupancy after June 30, 2010, (including, without limitation, any commitments set out in the HSP’s Application as defined in the Development Agreement, and any conditions agreed to in the Development Agreement in respect of any permitted variances from standard design standards.)

**“Envelope”** is a portion of the Estimated Provincial Subsidy that is designated for a specific use. There are four Envelopes in the Estimated Provincial Subsidy as follows:

- (a) the “Nursing and Personal Care” Envelope;
- (b) the “Program and Support Services” Envelope;
- (c) the “Raw Food” Envelope; and
- (d) the “Other Accommodation” Envelope.

**“Estimated Provincial Subsidy”** means the estimated provincial subsidy to be provided by a LHIN to an HSP calculated in accordance with Applicable Law and Applicable Policy.

**“Reconciliation Report”** refers to the Reconciliation Report as referenced in s. 3 of Reg 264/07 under LHSIA.

**“Term”** means the term of this Agreement.

### **3.0 Provision of Funding.**

3.1 In each Funding Year, the LHIN shall advise the HSP of the amount of its Estimated Provincial Subsidy. The amount of the Estimated Provincial Subsidy shall be calculated on both a monthly basis and an annual basis and will be allocated among the Envelopes and other funding streams applicable to the HSP, including the CFS.

3.2 The Estimated Provincial Subsidy shall be provided to the HSP on a monthly basis in accordance with the monthly calculation described in 3.1 and otherwise in accordance with this Agreement. Payments will be made to the HSP on or about the twenty-second (22<sup>nd</sup>) day of each month of the Term.

3.3 CFS will be provided as part of the Estimated Provincial Subsidy and in accordance with the terms of the Development Agreement and Applicable Policy. This obligation survives any expiry or termination of this Agreement.

### **4.0 Use of Funding.**

4.1 Unless otherwise provided in this Schedule B, the HSP shall use all Funding allocated for a particular Envelope only for the use or uses set out in the Applicable Policy.

4.5 In the event that a financial reduction is determined by the LHIN, the financial reduction will be applied against the portion of the Estimated Provincial Subsidy in the "Other Accommodation" Envelope.

### **5.0 Construction Funding Subsidies.**

5.1 Subject to 5.2 and 5.3 the HSP is required to continue to fulfill all CFS Commitments, and the CFS Commitments are hereby incorporated into and deemed part of the Agreement.

5.2 The HSP is not required to continue to fulfill CFS Commitments that the MOHLTC has acknowledged in writing: (i) have been satisfactorily fulfilled; or (ii) are no longer required to be fulfilled; and the HSP is able to provide the LHIN with a copy of such written acknowledgment.

5.3 Where this Agreement establishes or requires a service requirement that surpasses the service commitment set out in the CFS Commitments, the HSP is required to comply with the service requirements in this Agreement.

5.4 MOHLTC is responsible for monitoring the HSP's on-going compliance with the CFS Commitments. Notwithstanding the foregoing, the HSP agrees to certify its compliance with the CFS Commitments when requested to do so by the LHIN.

### **6.0 Reconciliation.**

6.1 The HSP shall complete the Reconciliation Reports and submit them to MOHLTC

in accordance with Schedule C. The Reconciliation Reports shall be in such form and containing such information as required by Applicable Law and Applicable Policy or as otherwise required by the LHIN pursuant this Agreement.

6.2 The Estimated Provincial Subsidy provided by the LHIN under section 3.0 of this Schedule shall be reconciled by the LHIN in accordance with Applicable Law and Applicable Policy to produce the Allowable Subsidy.

## Schedule C – Reporting Requirements

<b>1. In-Year Revenue/Occupancy Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
2019 – Jan 01-19 to Sept 30-19	By October 15, 2019
2020 – Jan 01-20 to Sept 30-20	By October 15, 2020
2021 – Jan 01-21 to Sept 30-21	By October 15, 2021
<b>2. Long-Term Care Home Annual Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
2019 – Jan 01-19 to Dec 31-19	By September 30, 2020
2020 – Jan 01-20 to Dec 31-20	By September 30, 2021
2021 – Jan 01-21 to Dec 31-21	By September 30, 2022
<b>3. French Language Services Report</b>	
<b>Fiscal Year</b>	<b>Due Dates</b>
2019-20 – Apr 01-19 to March 31-20	April 30, 2020
2020-21 – Apr 01-20 to March 31-21	April 30, 2021
2021-22 – Apr 01-21 to March 31-22	April 30, 2022
<b>4. OHRMIS Trial Balance Submission</b>	
<b>2018-2019</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q3 – Apr 01-18 to Dec 31-18 (Fiscal Year) Q3 – Jan 01-18 to Sep 30-18 (Calendar Year)	January 31, 2019 – Optional Submission
Q4 – Apr 01-18 to March 31-19 (Fiscal Year) Q4 – Jan 01-18 to Dec 31-18 (Calendar Year)	May 31, 2019
<b>2019-2020</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-19 to Sept 30-19 (Fiscal Year) Q2 – Jan 01-19 to June 20-19 (Calendar Year)	October 31, 2019
Q3 – Apr 01-19 to Dec 31-19 (Fiscal Year) Q3 – Jan 01-19 to Sep 30-19 (Calendar Year)	January 31, 2020 – Optional Submission
Q4 – Apr 01-19 to March 31-20 (Fiscal Year) Q4 – Jan 01-19 to Dec 31-19 (Calendar Year)	May 31, 2020
<b>2020-2021</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-20 to Sept 30-20 (Fiscal Year) Q2 – Jan 01-20 to June 20-20 (Calendar Year)	October 31, 2020
Q3 – Apr 01-20 to Dec 31-20 (Fiscal Year) Q3 – Jan 01-20 to Sep 30-20 (Calendar Year)	January 31, 2021 – Optional Submission
Q4 – Apr 01-20 to March 31-21 (Fiscal Year) Q4 – Jan 01-20 to Dec 31-20 (Calendar Year)	May 31, 2021
<b>2021-2022</b>	<b>Due Dates (Must pass 3c Edits)</b>
Q2 – Apr 01-21 to Sept 30-21 (Fiscal Year) Q2 – Jan 01-21 to June 20-21 (Calendar Year)	October 31, 2021
Q3 – Apr 01-21 to Dec 31-21 (Fiscal Year) Q3 – Jan 01-21 to Sep 30-21 (Calendar Year)	January 31, 2022 – Optional Submission
Q4 – Apr 01-21 to March 31-22 (Fiscal Year) Q4 – Jan 01-21 to Dec 31-21 (Calendar Year)	May 31, 2022
<b>5. Compliance Declaration</b>	

<sup>1</sup> These are estimated dates provided by the MOHLTC and are subject to change. If the due date falls on a weekend, reporting will be due the following business day.



<b>Funding Year</b>	<b>Due Dates</b>
January 1, 2019 – December 31, 2019	March 1, 2020
January 1, 2020 – December 31, 2020	March 1, 2021
January 1, 2021 – December 31, 2021	March 1, 2022

## **Schedule C – Reporting Requirements Cont'd**

<b>6. Continuing Care Reporting System (CCRS)/RAI MDS</b>	
<b>Reporting Period</b>	<b>Estimated Final Due Dates<sup>1</sup></b>
2018-2019 Q4	May 31, 2019
2019-2020 Q1	August 31, 2019
2019-2020 Q2	November 30, 2019
2019-2020 Q3	February 29, 2020
2019-2020 Q4	May 31, 2020
2020-2021 Q1	August 31, 2020
2020-2021 Q2	November 30, 2020
2020-2021 Q3	February 28, 2021
2020-2021 Q4	May 31, 2021
2021-2022 Q1	August 31, 2021
2021-2022 Q2	November 30, 2021
2021-2022 Q3	February 28, 2022
2021-2022 Q4	May 31, 2022
<b>7. Staffing Report</b>	
<b>Reporting Period</b>	<b>Estimated Due Dates<sup>1</sup></b>
January 1, 2019 – December 31, 2019	July 3, 2020
January 1, 2020 – December 31, 2020	July 2, 2021
January 1, 2021 – December 31, 2021	July 1, 2022
<b>8. Quality Improvement Plan (submitted to Health Quality Ontario (HQO))</b>	
<b>Planning Period</b>	<b>Due Dates</b>
April 1, 2019 – March 31, 2020	April 1, 2019
April 1, 2020 – March 31, 2021	April 1, 2020
April 1, 2021 – March 31, 2022	April 1, 2021

## Schedule D – Performance

### 1.0 Performance Indicators

The HSP's delivery of the Services will be measured by the following Indicators, Targets and where applicable Performance Standards. In the following table:  
*n/a* means 'not-applicable', that there is no defined Performance Standard for the indicator for the applicable year.  
*tbd* means a Target, and a Performance Standard, if applicable, will be determined during the applicable year.

INDICATOR CATEGORY	INDICATOR P=Performance Indicator E=Explanatory Indicator M=Monitoring Indicator	2019/20	
		Performance	
		Target	Standard
<b>Organizational Health and Financial Indicators</b>	Debt Service Coverage Ratio (P)	1	≥1
	Total Margin (P)	0	≥0
<b>Coordination and Access Indicators</b>	Percent Resident Days – Long Stay (E)	n/a	n/a
	Wait Time from LHIN Determination of Eligibility to LTC Home Response (M)	n/a	n/a
	Long-Term Care Home Refusal Rate (E)	n/a	n/a
<b>Quality and Resident Safety Indicators</b>	Percentage of Residents Who Fell in the Last 30 days (M)	n/a	n/a
	Percentage of Residents Whose Pressure Ulcer Worsened (M)	n/a	n/a
	Percentage of Residents on Antipsychotics Without a Diagnosis of Psychosis (M)	n/a	n/a
	Percentage of Residents in Daily Physical Restraints (M)	n/a	n/a

## 2.0 LHIN-Specific Performance Obligations

LHIN SPECIFIC INDICATOR	PERFORMANCE STANDARD	DATA SOURCE	REPORTING RESPONSIBILITY
1. BSO Indicators: All LTCH are required to comply with the reporting requirements established for the provincial BSO program.	N/A	N/A	As required.
2. Response Time to Application: The LTCH will ensure that the response time to application is within the legislated time frame in order to support efficient system flow and placement.	162 (3) of Ontario Regulation 79/10 of the <i>Long-Term Care Homes Act, 2007</i> , the licensee will respond to a request for placement made by a Placement Coordinator within 5 business days.	CELHIN	CELHIN will review data quarterly. Chronic performance issues will be addressed with the LTCH.
3. Cultural Competency: <ul style="list-style-type: none"> <li>- Cultural Sensitivity:               <ul style="list-style-type: none"> <li>• To better serve Francophone citizens, Indigenous peoples, and new Ontarians, the Central East LHIN supports its Health Service Providers (HSPs) in the advancement of the highest-quality health care system which improves access to appropriate and culturally-safe care through sub-regional planning and community engagement for any patient, regardless of race, ethnicity, culture or language capacity.</li> </ul> </li> <li>- French Language Services:               <ul style="list-style-type: none"> <li>• Designated HSPs will continue to provide health services to the public in French in accordance with the provisions of the French Language Services Act (FLSA) and work towards maintaining French Language Services (FLS) capacity.</li> <li>• Identified HSPs will develop and implement an FLS plan, provide health services to the public in French in accordance with existing FLS capacity, and work towards improving FLS capacity for designation.</li> <li>• Non-designated and non-identified HSPs will develop and implement a plan to address the needs of its local Francophone community, including the provision of information on local health services available in French.</li> </ul> </li> </ul>	N/A	N/A	HSPs will report to the Central East LHIN on the status and progress of culturally-safe training initiatives demonstrating commitment to this priority.  With respect to French Language Services, all HSPs will provide a mandatory report to the LHIN, in accordance with Section 22 of LHSIA. The report will outline how the HSP addresses the needs of its local Francophone community, and identify the capacity of the HSP to provide those services.

<ul style="list-style-type: none"> <li>- Indigenous Peoples*: <ul style="list-style-type: none"> <li>• The LHIN is mandated to ensure engagement with Indigenous leaders, providers and patients to guide investments and initiatives to support the province in implementation of Canada’s Truth and Reconciliation Call to Action #23. As such, together with the LHIN, HSPs will: <ul style="list-style-type: none"> <li>– Increase the number of Indigenous professionals working in the healthcare field;</li> <li>– Ensure the retention of Indigenous healthcare providers in Indigenous communities; and</li> <li>– Provide cultural competency training for all healthcare professionals.</li> </ul> </li> </ul> </li> </ul> <p>*Indigenous Peoples refers to First Nations, Inuit, Metis and members of these communities living within any sub-region of the Central East LHIN.</p>			<p>With respect to the Indigenous Peoples Obligation, HSPs will report to the Central East LHIN on programs and initiatives that demonstrate a commitment to this priority through completion of the LHIN’s Cultural Safety monitoring template by March 31<sup>st</sup> each year.</p>
<p>4. Health Link Communities: The HSP will support the Health Link approach to care by:</p> <ul style="list-style-type: none"> <li>- Identifying complex vulnerable patients;</li> <li>- Implementing and maintaining Coordinated Care Plans (CCPs) which: <ul style="list-style-type: none"> <li>• Are developed with the patient and caregiver;</li> <li>• Involve two or more health care professionals, with one being from outside the HSP; and,</li> <li>• Contain an action plan for one or more health concerns identified by the patient and/or caregiver.</li> </ul> </li> <li>- Ensuring patient transitions are coordinated and seamless throughout the health care system; and</li> <li>- Supporting the work of the Coordinated Care Working Group of the Planning Table within the sub-region.</li> </ul>	N/A	N/A	<p>HSPs are required to participate in activities that support the work of the Coordinated Care Working Group of the Planning Table within the sub-region as required.</p>
<p>5. Sub-region Planning:</p> <ul style="list-style-type: none"> <li>- HSPs will support the Central East LHIN’s sub-region planning mandate by: <ul style="list-style-type: none"> <li>• Updating and maintaining Healthline profiles;</li> <li>• Identifying and tracking clients by sub-region; and</li> <li>• Collaborating with the LHIN and sub-region stakeholders to address needs, identify gaps, and implement strategies to improve patient experience and outcomes.</li> </ul> </li> </ul>	N/A	N/A	<p>HSPs are required to participate in sub-region initiatives and activities as required.</p>

## Schedule E – Form of Compliance Declaration

### DECLARATION OF COMPLIANCE

Issued pursuant to the Long Term Care Service Accountability Agreement

**To:** The Board of Directors of the [insert name of LHIN] Local Health Integration Network (the “LHIN”). Attn: Board Chair.

**From:** The Board of Directors (the “Board”) of the [insert name of License Holder] (the “HSP”)

**For:** [insert name of Home] (the “Home”)

**Date:** [insert date]

**Re:** January 1, 2019 – December 31, 2019 (the “Applicable Period”)

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The Board has authorized me, by resolution dated [insert date], to declare to you as follows:

After making inquiries of the [insert name and position of person responsible for managing the Home on a day to day basis, e.g. the Chief Executive Office or the Executive Director] and other appropriate officers of the HSP and subject to any exceptions identified on Appendix 1 to this Declaration of Compliance, to the best of the Board’s knowledge and belief, the HSP has fulfilled, its obligations under the long-term care service accountability agreement (the “Agreement”) in effect during the Applicable Period.

Without limiting the generality of the foregoing, the HSP confirms that

- (i) it has complied with the provisions of the *Local Health System Integration Act, 2006* and with any compensation restraint legislation which applies to the HSP; and
- (ii) every Report submitted by the HSP is accurate in all respects and in full compliance with the terms of the Agreement;

Unless otherwise defined in this declaration, capitalized terms have the same meaning as set out in the Agreement between the LHIN and the HSP effective April 1, 2019.

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[insert name of individual authorized by the Board to make the Declaration on the Board’s behalf],  
[insert title]

## **Schedule E – Form of Compliance Declaration Cont'd.**

### **Appendix 1 - Exceptions**

[Please identify each obligation under the LSAA that the HSP did not meet during the Applicable Period, together with an explanation as to why the obligation was not met and an estimated date by which the HSP expects to be in compliance.]