



Grandview Lodge Annual Report 2016

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GRANDVIEW LODGE MISSION STATEMENT:

“The Grandview Lodge Team provides a meaningful life for Residents with comfort, compassion and care.”

GRANDVIEW LODGE VALUES AND VISION:

“This Home believes in the inherent dignity and worth of the individual and of all people who abide here, to live their lives to the fullest extent possible.

To engage Residents to play a more active role in their daily living – making the Home their Home – building new relationships with each other and promoting a family concept.

We believe in offering an environment and atmosphere that promotes physical and psychological well being, including professional services, social activities, safety and security, proper nutrition and spiritual comfort.

As an integral part of the community, we promote outreach services, work in cooperation with other community agencies, encourage and enlist volunteers, and promote the positive values of the Residents.

We believe in the value of the family and in the necessity for the active participation of family members in the Resident’s life and care.

We believe that quality of care can be provided by knowledgeable, skilled and caring staff that promotes the Home’s philosophy of care through education and team work.”

Introduction

This document has been prepared to provide the reader with an overview of the operations of Grandview Lodge and includes the highlights that have occurred at the Home during 2016. The data found in this report is for a 3-year period so it can continue to act as a foundation for comparative analysis with respect to the Home's operations for future years.

The provision of 24-hour, 7-days a week long-term care services in a Home such as Grandview Lodge, is a complex task and it takes a large number of people to carry out these tasks on a daily basis, not to mention the many unforeseen challenges that occur regularly. As the Administrator of the Home, I acknowledge that the work can only be achieved through a team effort involving many different players.

Appreciation is extended to many different individuals as well as groups of people that make Grandview Lodge "a place for Residents to live in comfort with respect and dignity and to create an atmosphere that is less institutional and more like home." Staff of the Home are our greatest asset and they are a testament to how great the Home is. Without their excellent care, their dedication and their commitment, Grandview Lodge would not be able to strive to achieve the best care for all the Residents and to provide the support for the family members. During 2016 there were a number of families that came forth and shared their gratitude with me and the supervisors on what a difference the staff made for their relative being in the Home. I share with you one family member's letter of great appreciation (Appendix A). The staff are supported by each other, management, committees to improve work life and as well volunteers to make their goals achievable.

The following are some of the others that need to be recognized:

- Volunteers on all levels that provide endless hours of support to Residents as well as to staff.
- Dr. Rhonda Collins, the Medical Director who supported the team to continue to provide direction for medical care improvements.
- Family members and friends who are ever present in the Home; their support and involvement with the Residents is greatly welcomed.
- Numerous committees that the staff, Residents and families are part of to make the work life and home life of the Residents successful.
- Union labour management committees that work diligently to improve the quality of the employee working life.

- Contracted services for providing additional services for Residents to maintain their care.

I am fortunate to have a management team and administrative support team that work hard and are not afraid to challenge themselves to improve the care for the residents and daily lives of the staff; I thank them for their continued commitment. I also would like to thank the staff from other divisions within Haldimand County who support Grandview Lodge by providing their expertise to Grandview Lodge's operations. Particularly, Human Resources who provided in 2016 a support staff member two days/week to assist with any HR concerns. I would like to thank my manager, Hugh Hanly, who continues to support myself in improving service for the residents and staff. And, lastly, I would be remiss if I didn't thank the Residents who through their suggestions and participation continue to work hard at making their Home a better place to enjoy life.

On behalf of Residents and staff of Grandview Lodge, I wish to thank members of Haldimand County Council for their support and interest in the operation of Haldimand County's Long-Term Care Home, Grandview Lodge.

Joanne Jackson, Administrator

Background

Grandview Lodge is a not-for-profit Long-Term Care Accredited unionized Home; operated by the Municipality of Haldimand County in partnership with the Ontario Ministry of Health and Long-Term Care (MOHLTC) and the Hamilton Niagara Haldimand Brant Local Health Integrated Network (HNHB LHIN).

The Home continues to provide leased space for Senior Support Services administration staff, Day Away Senior Services and the Listen UP Hearing Clinic. In addition, there is leased space for Capability Support Services (formerly Halton Cheshire Independent Living Services) who provides a 21-bed senior supportive housing service which Grandview Lodge provides at cost, dietary services to these clients.

Grandview Lodge has also opened its doors to welcome and provided the auditorium as a place for seniors, family and friends from Grandview Lodge and our community. It has become a place of enjoyment, entertainment for numerous occasions, including: memorial services, funeral receptions, family gatherings, numerous educational workshops, Alzheimer programs, lioness' meetings and resident parties and other activities throughout the year. It is also a place where Personal Support Worker students attend Niagara College classes two days/week.

Management and Resident services provided at Grandview Lodge are required to work within a multitude of many guidelines, contracts, standards and legislation that must be followed in providing Long-Term Care services and in operating Grandview Lodge. These include but are not limited to: MOHLTC (Compliance Standards, Guidelines for Pandemic Planning, Family and Residents' Councils, Bill 140, High Intensity Funding), Ontario Fire Code, Public Health regulations, Building Code, WHMIS, College of Nurses of Ontario, Ministry of Labour, ONA and UFCW union contracts, Registered Nurse Association of Ontario (Best Practice Guidelines), Accreditation Canada, OANHSS – Ontario Association of Non-Profit Homes and Services for Seniors (information sharing, collaboration with other Homes, lobbying for services/money and changes to the Long-Term Care legislation).

The management team operates in accordance with the above referenced guidelines and legislation and in keeping with Haldimand County municipal policies and procedures. As operational changes are required, the Grandview Lodge management team often makes these changes by working together with several other staff team members and through various committees.

Strategic Plan

The second year of the four-year strategic plan was implemented in 2016. The following achievements were accomplished:

- Developed a plan based on staff feedback to improve leadership training for all registered staff working directly with front line staff. The Human Resources team assisted with the development and implementation of this training.
- Developed a plan for Residents to choose healthier food choices when they are at greater health risk.
- Developed a plan that continues to evaluate the use of restraints, with emphasis on trunk restraints used for Residents in wheelchairs.
- Implemented in service training for staff to improve their understanding on a number of disease processes.
- Developed a plan that would have more Residents using shaded outdoor spaces in their home areas, to be fully implemented in 2017.
- Reviewed and implemented an enhanced communication system that would improve admission processes, wayfinding, information about Grandview Lodge services and communication processes for staff, Residents and their families.
- Created a falls audit assessment program that would assist in reducing falls for Residents.

In 2016 we had several accomplishments and achievements. Here are a few highlights:

- Grandview Lodge received an annual audit from the Ministry of Health and Long Term Care with good results, there were no written orders, and only 5 written notifications (all notifications were resolved immediately).
- Grandview Lodge entered into a contract with a new Medical Director who has assisted the team with developing policies to improve Resident care.
- Grandview Lodge continued to provide tours to staff from other long-term care facilities as well as the Director of Compliance from the Ministry of Health and Long Term Care, Regional 4 Family Council members and students, all who were interested in looking at the environment of our Home and/or in developing the Montessori programming in their own facilities.
- Annual satisfaction surveys were offered to Residents and families with an 18% return from residents and 45% return rate from families. Although a

low % of returns from Residents overall there was a high satisfaction with the standard of care that is provided at the Home.

- A Men's Shed Room was introduced in Hillview where an underutilized lounge space was converted into a shed for male oriented activities.
- For the entire year in 2016 there was greater emphasis on initiated positive changes in the way we provide care to the Residents afflicted with dementia. A plan was developed to create a "home like" atmosphere within the DementiaAbility unit. One of the initiatives was to create a face lift for the Resident doors by having doors of various colors. Some residents have been successful with being able to locate their room with the colored doors. We have worked to achieve improved person-to-person interactions with residents and staff. We have also seen a noticeable improvement with Resident engagement with these person centered interactions.



- Management continued in 2016 to focus on training needs for staff including: leadership training for Registered staff, CPR re-certification for Registered staff, appropriate use of anti-psychotics medication training for Personal Support Workers, fracture fall prevention, public health training for Dietary Aides and as well the Director of Nursing was successful in completing the Administrator program offered by OANHSS.

- Management and front line staff welcomed many students from the college level registered in the recreation and physiotherapy program and as well high school students received their volunteer and co-op hours at Grandview Lodge. Students have never been disappointed with their placements at Grandview Lodge.
- In partnership with Niagara College a formal agreement was initiated to offer the 8 month Personal Support Worker course to begin in January. 13 students registered. All students will have the opportunity to have their placement hours at Grandview Lodge and if they choose to work in long term care they have the opportunity to apply for a position upon successful completion of the program.
- The UFCW employees and Grandview Lodge were successful to negotiate a four-year contract. This agreement has improved scheduling language to assist with staffing the home each day at Grandview Lodge.
- Residents worked on their gardening skills producing food for their own tables and also hosting a farmers market where staff and families purchased some of their produce.



Throughout the year we held a number of special events. Here are some highlights in pictures to showcase these events:



A Resident bonding with a kangaroo during a visit from Exotic Pets.



Cosmetology Class from the highschool came into the Home and did the Residents hair and nails for the Christmas glamour photos.

Below, a Resident smiling for her glamour photo.



A college student working with a Resident to build a birdhouse to be utilized in our outdoor space.

Judy O'Neill, Recreationist, preparing the outdoor garden with a Resident.



Residents benefit from pet therapy during a visit to the Whispering Hearts Horse Rescue Centre.



Residents are starting to prepare for Canada's 150th Birthday Celebration. The men in the Men Shed program made maple leaf plaques to be used for decorations.



The staff and Residents celebrating 10 years in the new building.



Resident cleaning eye glasses as a worthwhile pastime.



Staff and Residents' families bring in their children who are adored by the Residents.



1st year celebrations of our new revamped Grandview Lodge Palliative Care team.

In 2016 we were met with a few challenges:

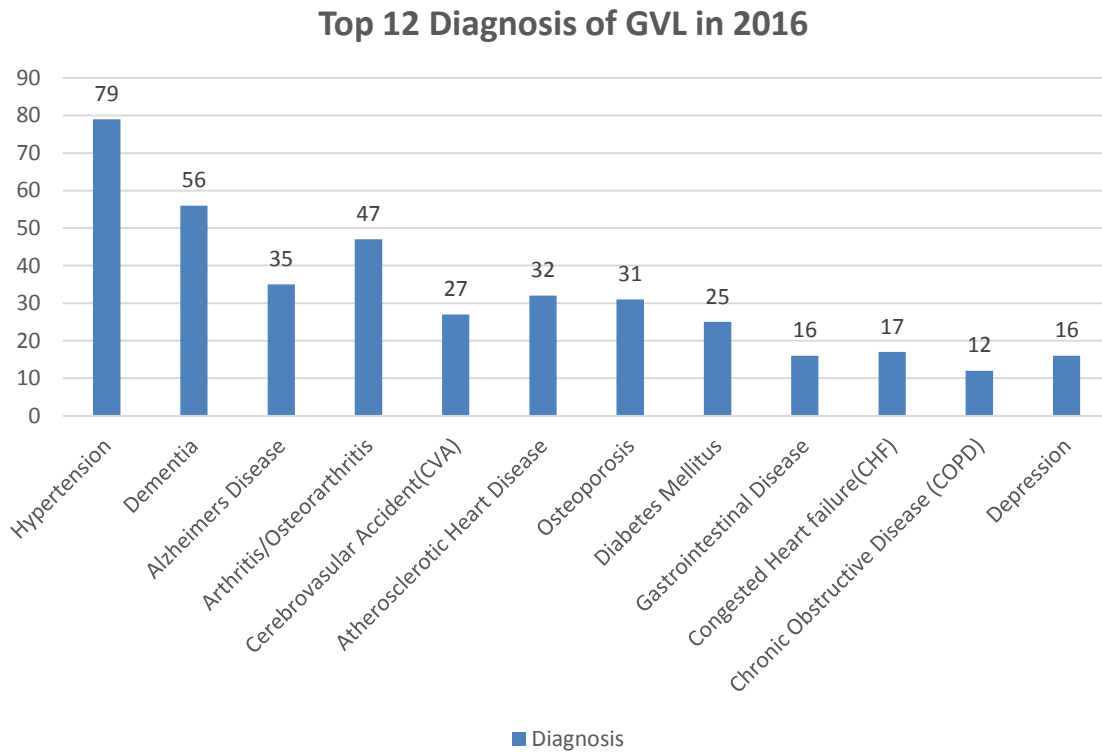
- An evaluation that is required each year of the Quality Improvement Plan reviews residents falls, wounds and use of restraints that compare Grandview Lodge with the provincial averages. We remain high in the falls and the restraints and will continue to make improvements to try and meet provincial levels.
- Staffing to full complement was a challenge in the Nursing, Dietary and Housekeeping departments. There were many days throughout the year that we experienced not having full complement. There were many staff off from all these departments due to personal illness or maternity leave and administration found it difficult to recruit for these shifts.
- There were a few difficult admissions at Grandview Lodge that were not appropriate placements for long term care. The workload increased for all staff to try and integrate these Residents into Grandview Lodge. Administration will continue to work with CCAC to ensure that future placements into Grandview Lodge are more appropriate.

Resident Focus

Each Resident’s needs are assessed and recorded in their personal charts. All charting focuses on what the Resident can do independently when the correct services are provided. It centers on the Resident’s strengths, abilities, preferences and recognizes additional elements of care that can improve the Resident’s quality of life.

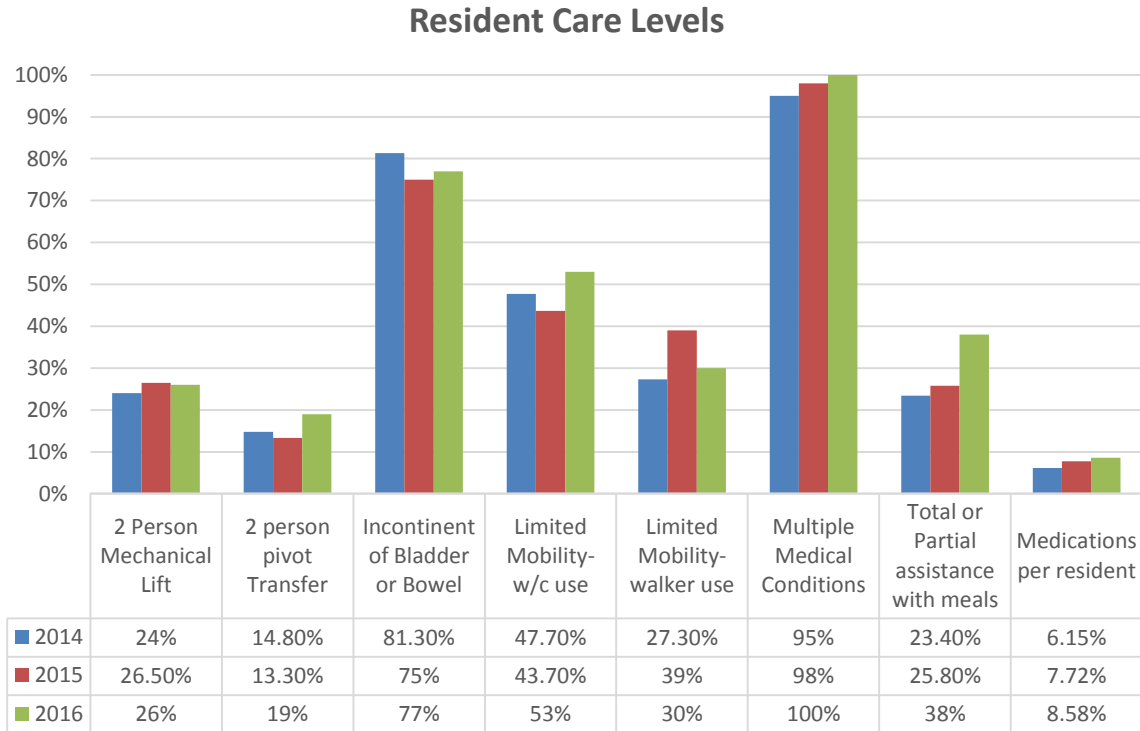
On average, 71% of Grandview’s Residents have been diagnosed with dementia and/or Alzheimer’s disease.

Here are the top 12 diagnosis of Grandview Lodge Residents for 2016:



Resident Care Levels

The following graph shows a snapshot of the percentage of the various care needs required for Residents at Grandview Lodge over the last 3 year period:



Please note that care has slightly increased in some of the aspects of the Residents’ care, two person transfers, limited mobility, multiple medical conditions and more assistance required at meal service. One of the areas the Home has managed well is the continued low level of medications that is required for each Residents’ care.

The provincial average for Residents over 65 in Ontario is 12 and the average at Grandview Lodge is 8.58 medications/Resident/day, an increase from 2013 however still below the provincial average. One of the biggest concerns families have when admitting Residents into long-term care is the amount of medication that a Resident is receiving. The medical team closely monitor this and ensure the Residents are not over-medicated, so Residents can live a quality life, ensuring falls are reduced, infection rates are down and Residents are able to maintain their cognitive abilities.

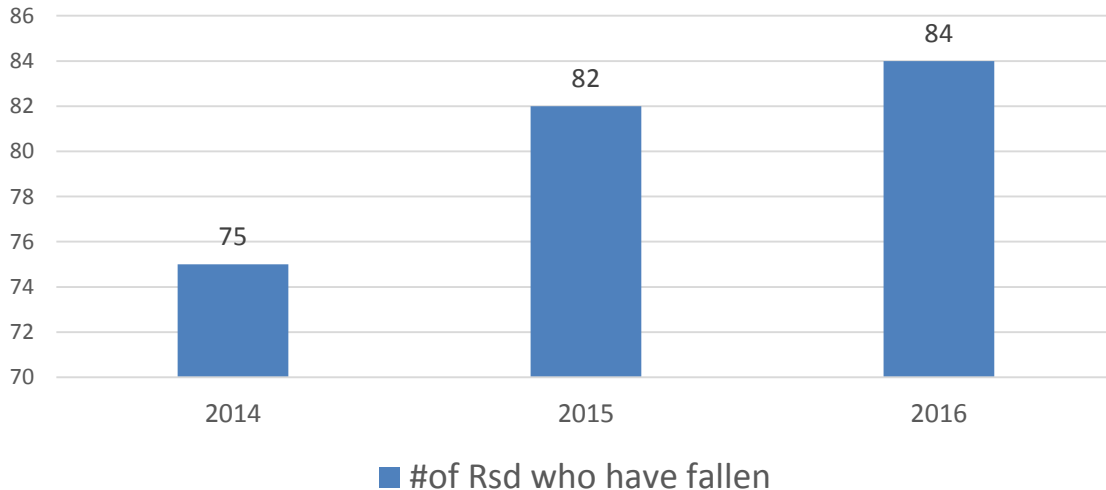
Number of Resident Falls in 2014, 2015, 2016

One of the main areas of concern the MOHLTC monitor, are the number of falls and life altering injuries that Residents have in long-term care homes.

The following are falls statistics for the past 3 years. Senior Residents are at a greater risk of falling for numerous reasons (i.e.: types of medication or over medication; confusion/dementia/cognitive impairment; deterioration in health status and/or trying to maintain independence). This can cause severe side effects such as fractures, immobility, heavier care requirements, pneumonia and in some cases death. A definition of a fall that must be charted includes any unintentional change in position where the Resident ends up on the floor, ground or at a lower level with or without injury.

The goal at Grandview Lodge and in the long-term care sector is to reduce risk of falls. A Falls Committee consisting of direct care staff and physiotherapy staff, meet monthly to problem solve solutions to this ongoing concern.

Total # of Resident who have fallen at least once in 2016



2014 Falls

- There were 75 Residents who have fallen at least once in 2014
- There were 3 falls that resulted in hip fractures

2015 Falls

- There were 82 Residents who have fallen at least once in 2015
- There were 7 falls that resulted in hip fractures

2016 Falls

- There were 84 Residents who have fallen at least once in 2016
- There were 7 hip fractures, 1 shoulder and 1 Resident with a fractured humerus bone.

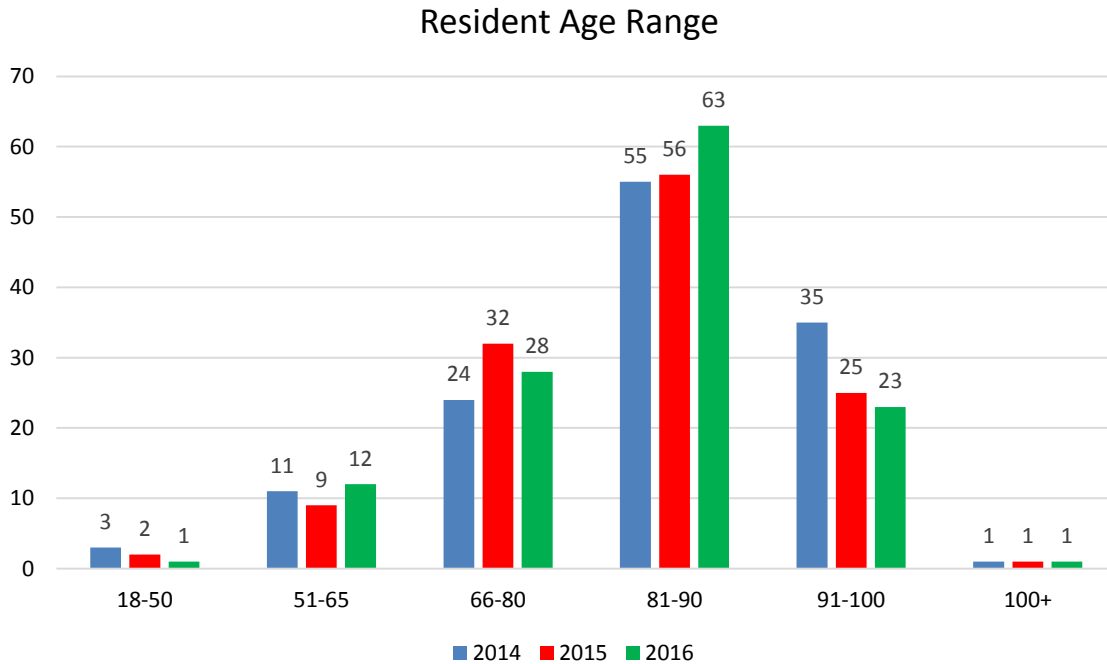
The amount of falls has relatively stayed the same in the past 3 years however the frailty of Residents upon admission has shown that a fall can have more serious implications with serious injuries than in previous years. Grandview Lodge has purchased low to floor electric beds that have proven safer for Residents. Many Residents who are identified as a risk to fall have their bed put to the floor (1 foot off from the floor) when in their beds to prevent serious injury from falling out of bed.

The majority of these falls happen at the bedside with the most falls happening between 7:00 am – 8:00 am and between 7:00 pm – 9:00 pm during the busiest times for staff.

Grandview Lodge also has a designated 32-bed unit referred to as the DementiAbility unit where Residents who are afflicted with dementia/Alzheimer's are predominately at greater risk for falls due to increases in their medications, i.e.: psychotropic medications.

Resident Age Range:

In 2016 the youngest Resident at Grandview Lodge was 43 and the oldest Resident was 104 years of age. The average age of women was 82 and the average age of men was 77 with 10% of the Residents (male and female) under 65. Below is a breakdown of the number of Residents in each age category for the years 2014, 2015, 2016.

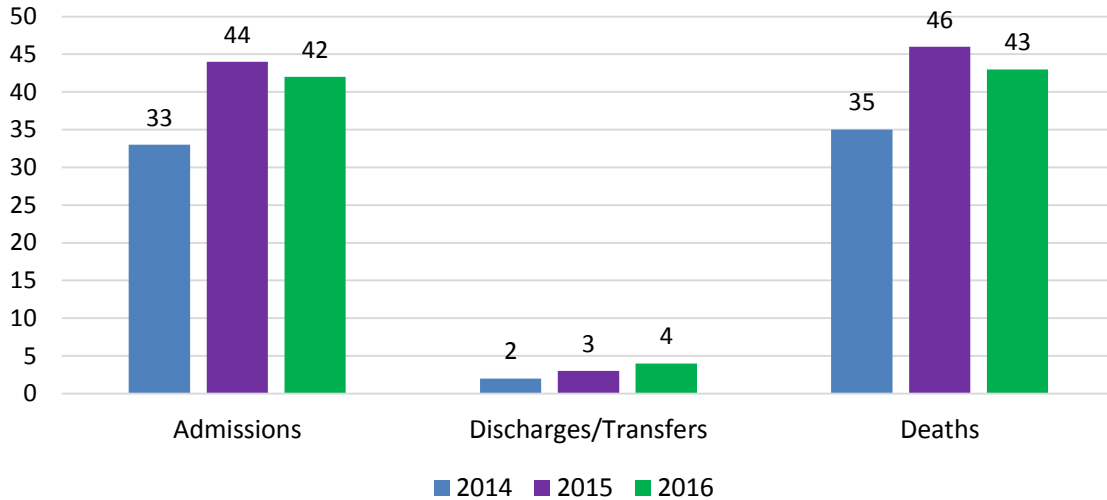


Grandview Lodge’s resident that has lived at Grandview Lodge the longest has been with here since 1993 and he is presently 88 years of age.

Resident Turnover at Grandview Lodge:

The following graph illustrates the number of Residents who were admitted, discharged or died over the past 3 years.

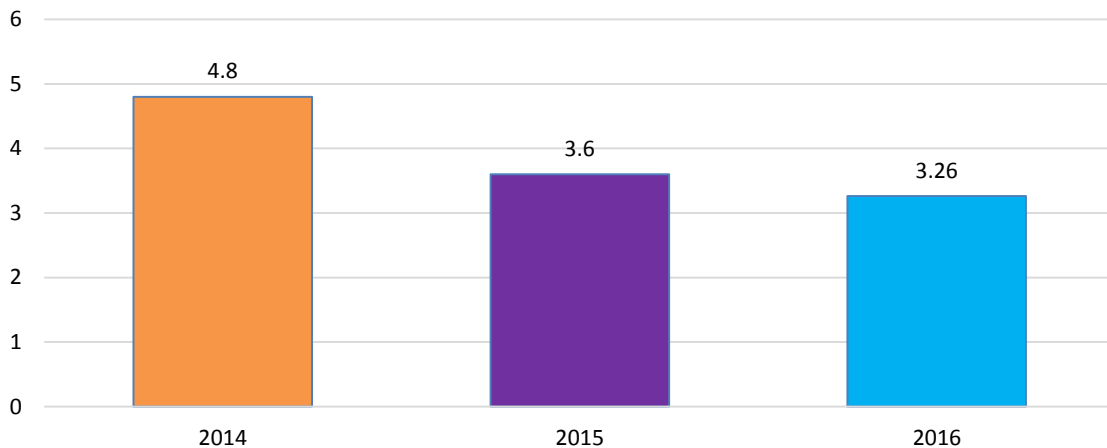
Resident Turnover



Resident turnover impacts staff workload because with every admission there is an increase in workload for a number of the departments which includes; completing admission agreements, financially discharging Residents, assessing the needs of Residents by direct support staff including nursing, dietary and recreational staff, providing tours of the Home, and providing end-of-life care to residents that require additional human resources. For every person that leaves the Home there is also an increase in staff workload that includes, discharge paper work, cleaning and completing repairs/painting of the rooms.

When reviewing the turnover for resident population the chart below shows the average stay of a Resident for the past 3 years:

Resident's Average Stay (Years)



Infection Control:

The following graph shows a 3-year review of the number of days that Grandview Lodge found themselves in Respiratory, Influenza, and Enteric Outbreaks.

Respiratory and Influenza:

2014: No outbreaks

2015: Total of 3 different outbreaks, for a total of 45 days

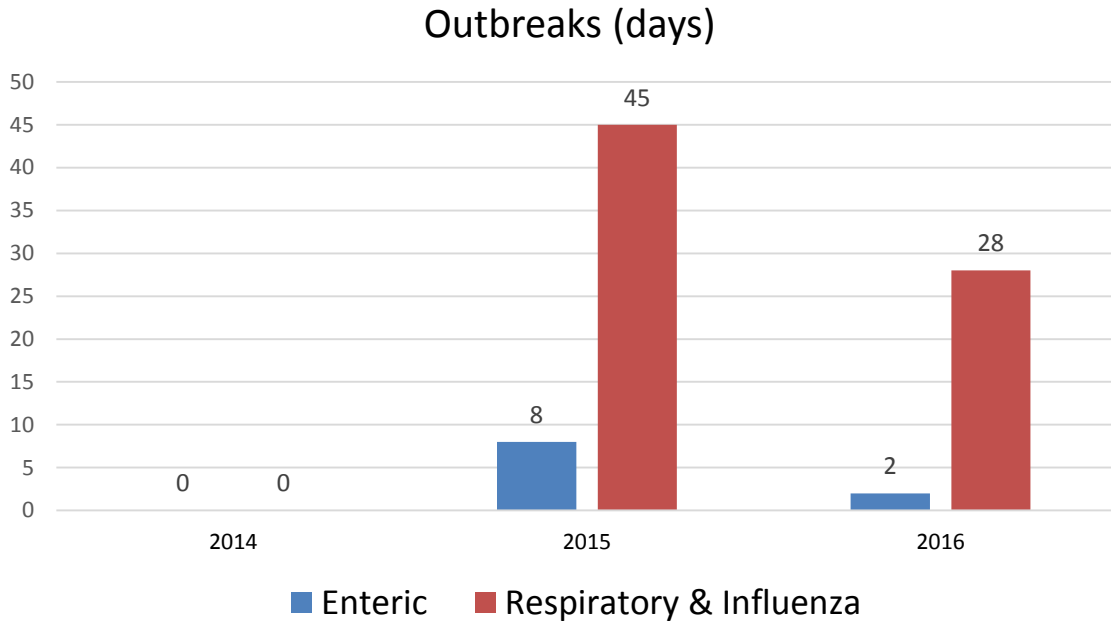
2016: Total of 2 different outbreaks, for a total of 28 days

Enteric:

2014: No outbreaks

2015: 1 outbreak for a total of 8 days

2016: 1 outbreak began for the last 2 days of the year and went into January



Staffing Focus:

The operation of the Home requires staff working in many different departments with various degrees of education and professionalism.

The following is a breakdown of staff numbers on December 31st for each departmental area:

DEPARTMENT	2014		2015		2016	
	# of Full-Time Staff	# of Part-Time Staff	# of Full-Time Staff	# of Part-Time & Casual Staff	# of Full-Time Staff	# of Part-Time & Casual Staff
Registered Nurse	3	7	3	6	3	7
Personal Support Worker	20	42	25	42	25	44
Registered Practical Nurse	8	11	9	10	9	13
Housekeeping	4	8	4	9	4	9
Laundry	2	2	2	2	2	2
Maintenance	2	2	2	2	2	2
Recreation	4	3	4	2	4	4
Dietary	Includes cooks 6	16	Includes cook 6	17	Includes cook 6	15
Administration	9	3	9	3	9	3
TOTAL STAFF	58	93	64	93	64	99

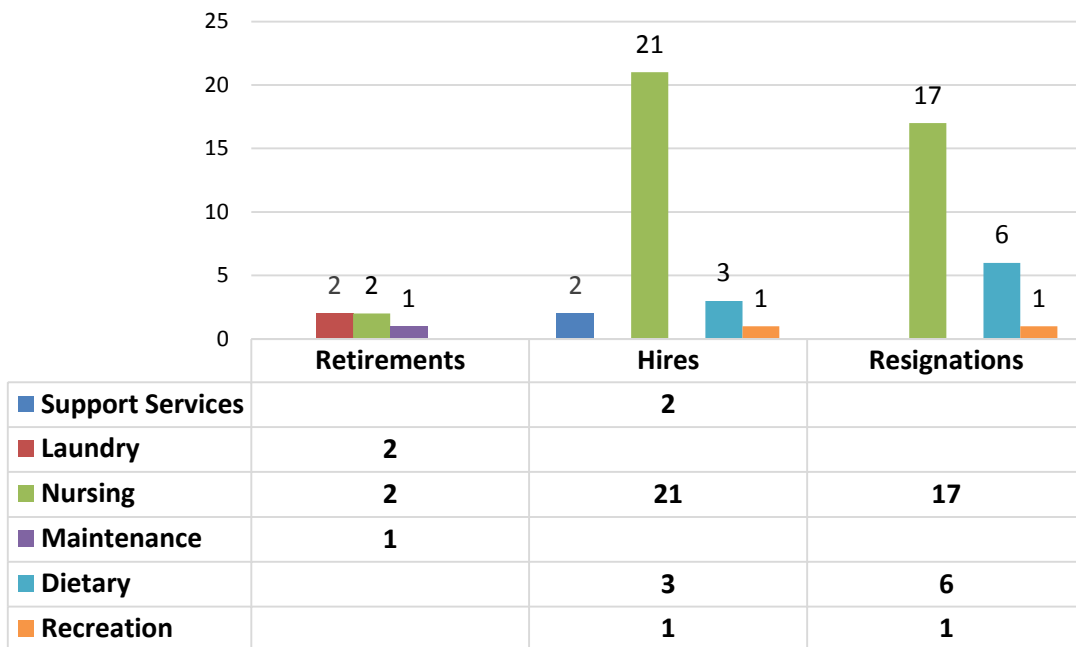
The average age of all staff working at Grandview is 44 years old.

Staff Updates:

In 2016 the following took place:

- 5 employees retired (2 laundry, 2 nursing and 1 maintenance);
- 27 employees were hired (4 RN's, 3 RPN's, 14 PSWs, 2 Housekeepers, 3 Dietary Aides and 1 Recreationist);
- 24 employees resigned (3 RN's, 3 RPN, 11 PSW's, 6 Dietary Aides and 1 Recreationist).

Employee Turnover



Some of the reasons identified for leaving Grandview Lodge were as follows:

- Scheduling conflict with other jobs;
- Job offer closer to their living arrangements;
- Long term illness;
- Job offer with more hours;
- Leaving long-term care.

Attendance Support Program:

The attendance support program was introduced to the staff at Grandview Lodge in the fall of 2013. This program provides supervisors and employees with guidelines for clarifying expectations and reviewing attendance, as well as addressing issues and problems which may be affecting an employee's ability to attend work on a regular basis. The program ensures that absenteeism is managed through consistent and positive non-disciplinary intervention strategies by all departments at Grandview Lodge.

The average sick time usage for the 63 full-time staff (union and non-union) during 2016 was 14.5 days, in comparison to 13 days in 2015 and 14 days in 2014. Full-time employees receive sick time entitlement of 1-day/month.

The average sick time usage for the 91 part-time staff (union and non-union) during 2016 was 8.5 days/employee and in 2015 it was 8 days/employee. There was no consistent tracking prior to 2015. Part-time staff do not accumulate a sick bank entitlement.

Administration continues to work with Human Resources to look at strategies to ensure staff come to work on a regular basis.

One of the biggest challenges facing Grandview Lodge is the ability to fill vacant shifts when staff are unable to work a shift. These shifts vary from the length of hours to weekends, evenings and night shifts. There were 1,007 shifts not filled in 2016 in the nursing department.

Staff Recruitment and Retention:

In 2016 administration continued to experience shortages in staffing for all nursing positions as well as housekeeping and dietary positions. Other homes in rural areas across Ontario are now experiencing the same concerns as Grandview Lodge with attracting and retaining front line staff in a rural area. Administration has been working with the Human Resources division to review different recruitment options. An open house was held in the summer for registered staff which administration feels was successful as we were able to recruit and retain 2 part time Registered Nurses.

Agency staffing is being used for registered staff, particularly for Registered Nurses (RN's) during times when an RN on staff is not available to attend work, as MOHLTC require an RN in the building 24 hours/day.

Additionally, in 2016 staffing shortages began to be a problem in both the Housekeeping and Dietary departments. These are smaller departments with fewer staff and fewer hours to offer and to work in the Dietary department employees must complete the Food Service Worker Certificate Program, (a 6 module college certificate program).

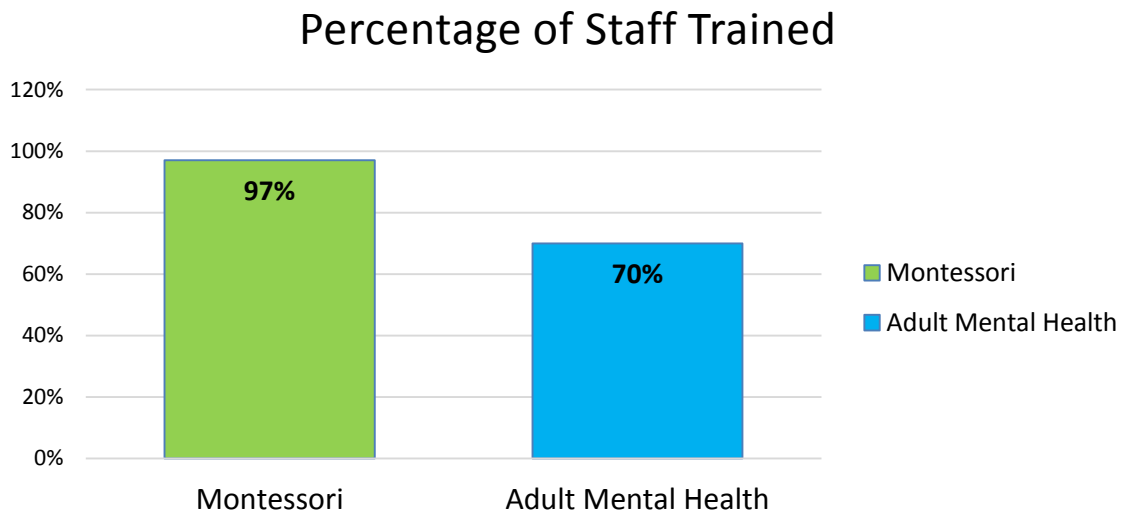
Administration continues to review recruiting strategies for all departments of the Home.

Staff Training in 2016

Staff training is not only mandated by the MOHLTC as well as Accreditation Canada and the Ministry of Labour but has also been made a priority by Administration at Grandview Lodge. Educating staff will improve care, improve morale and give staff more knowledge to complete the job expected of them more independently. Staff are recognized as our greatest resource and we are aware this improvement can only be made when staff are better educated.

One day annual training is offered to all employees of the Home. This training consists of MOHLTC requirements that must be completed annually. Additionally, our goal is to ensure that all staff working at Grandview Lodge receive the Montessori Training which focuses on reviewing the needs of the whole person, rather than focusing on the tasks. The Adult Mental Health Training benefits all staff as there are many Residents that have been admitted with severe mental challenges and require a different approach to care.

The graphs below show what percentage of staff completed this training by December 31st.



Employee Health & Safety

The Joint Health & Safety Committee (JHSC) of Grandview Lodge, with the support of the Human Resources Division, has continued to work diligently in 2016. The committee representing management and union members has worked toward the difficult challenge of reducing health and safety incidents. There were 8 active members on the Grandview Lodge JHSC Committee in 2016. Currently, 6 employees are certified on the committee. The committee is responsible to review incidents/accidents, review and assist in the development of the policies, work place hazardous analysis, and review educational requirements for the staff while always ensuring that legislation is being followed. The committee meets monthly to complete tasks assigned to them.

In 2016 staff began formally reporting Resident action/incidents to their supervisors and Health and Safety Committee. Administration recognized that there were more challenging Resident behaviors that could lead to injury to staff or other Residents and that a way to prevent an incident was to evaluate the circumstances in which the incident occurred. As a result of more thorough reviews of these incidents the physician became involved in these cases and on occasion there were some significant changes that were required to care for the Resident.

In 2016 there was 1 lost claim where staff had injured themselves while at work and were unable to come back to work immediately. Modified work is offered to all staff that become injured and cannot return to their full duties. This Return to Work Program has significantly reduced lost time at work due to injury by enabling injured employees to return back to work with medical restrictions as early and safely as possible. Data has proven that a quick return to work for an injured employee on a modified work program allows for a quicker recovery to regular job duties. There has been a significant improvement in the amount of staff injured at work over the past few years. It appears that there may be a relationship between the amount of PSW's working and the impact on their health and safety. In mid 2015 32 PSW hours were added to the day shifts, establishing the ratio of staff to Resident at 1:8. With this extra staffing and the reduction of injuries and lost claims it appears that there maybe a correlation between these two.

Lost claim hours:

2014	2015	2016
7 claims	2 claims	1 claim

Modified work hours:

2014	2015	2016
3703.5 hours	908.75 hours	195 hours

In 2016 we were able to meet Ministry of Labour compliance standards by ensuring all staff be fit tested for the proper mask to wear should there be another SARS or other outbreak. With assistance from the Haldimand County H&S Coordinator, we initiated a plan that will continue to allow Grandview Lodge to maintain compliance.

Labour Relations:

In March 2016, the union contract for the Ontario Nurses' Association (ONA), who represents full and part-time/casual Registered Nurses, expired. The teams continued to work towards a new collective agreement but as of the end of 2016 no contract was ratified.

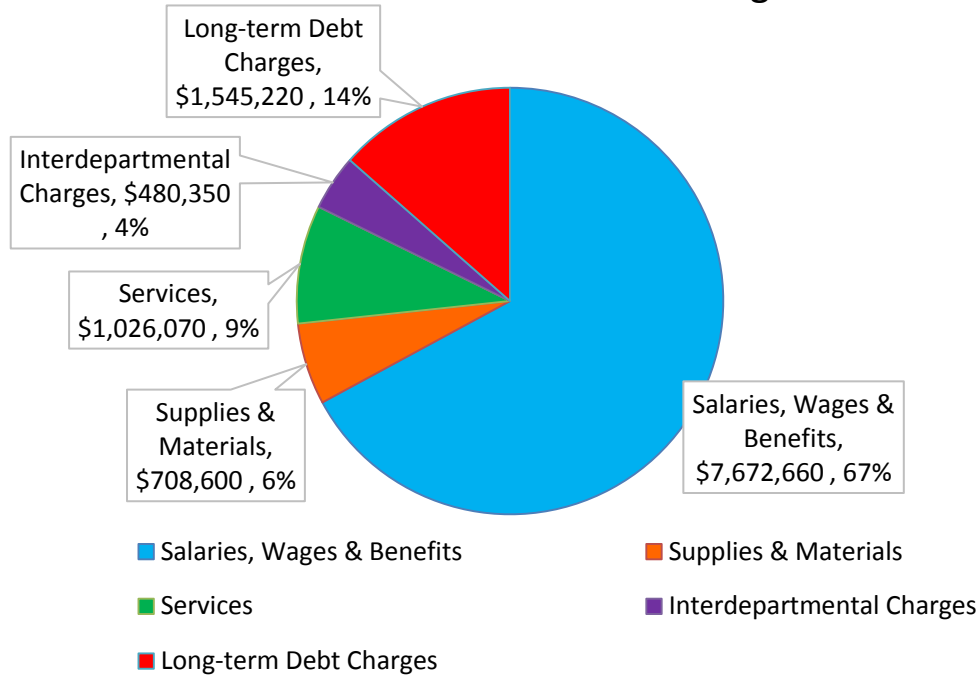
Management and UFCW ratified their contract for a 4 year term (Jan 2016 – Dec 2019). Improvement on scheduling language was the main focus and some other changes in the contract language.

In 2016, there were 3 grievances from the UFCW employees plus 1 grievance outstanding from 2015. Two of the grievances were resolved and 2 continued into 2017.

There were 3 grievances from the ONA employees, all were not resolved by the end of 2016 and 1 is pending arbitration for 2017.

Budget

2016 Grandview Lodge Revised Budget



The operating budget for Grandview Lodge in 2016 was \$9,887,680 and the long-term debt charges were \$1,545,220. The MOHLTC provides funding to the Local Health Integration Network (LHIN) who in turn provides the Home funding under four envelopes: Raw Food, Programs and Support Services, Nursing and Personal Care, and Accommodation.

Of the 128 beds at Grandview Lodge, 16 beds are private, the remaining beds are standard. The 16 private beds generate approximately \$127,000 dollars annually in revenue if fully occupied. These beds were considered to be occupied during 2016 (although there were a few lost days due to Resident turnover), thus the Home received the maximum revenue possible.

The Nursing and Personal Care funding envelope supports care levels for the Home. These care levels are determined solely on the charting that the registered staff is required to complete. The funding for Grandview Lodge is determined by the assessments submitted every 3 months and then averaged for the year. The other three funding envelopes are solely based on the number of Resident days of care provided by the Home.

Our Home must maintain a 97% occupancy rate on a quarterly basis, to receive 100% funding for these four envelopes. Occupancy has never been a problem at Grandview Lodge and it was always met in 2016.

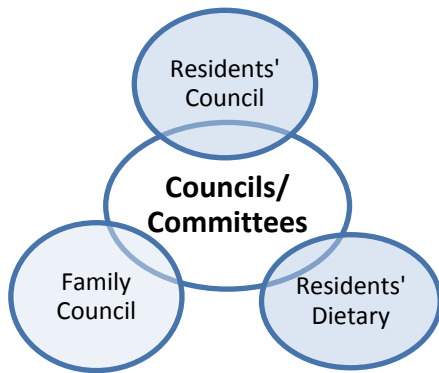
The following chart outlines the funding received per Resident per day for each envelope:

2016 ENVELOPE	Jan – Mar per Resident per day	Apr – Jun per Resident per day	Jul – Aug per Resident per day	Sept – Dec per Resident per day
Nursing & Personal Care	\$88.19	\$86.28	\$86.28	\$86.28
Raw Food	\$8.03	\$8.03	\$8.33	\$8.33
Accommodation	\$53.93	\$53.93	\$54.52	\$54.52
Program & Support Services	\$9.23	\$9.41	\$9.41	\$9.41
Accreditation	.33	.33	.33	.33

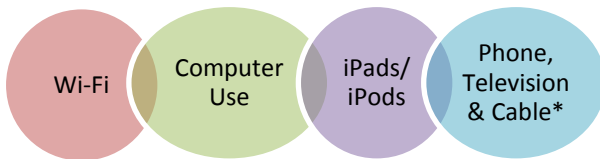
Services Provided at Grandview Lodge

There are a number of services in addition to nursing care offered to the Residents' and their families at Grandview Lodge. These services are an essential component of daily living for Residents and greatly improve their quality of life. These programs are important to persons seeking a place in long-term care, they have helped to market the Home and attract new Residents.

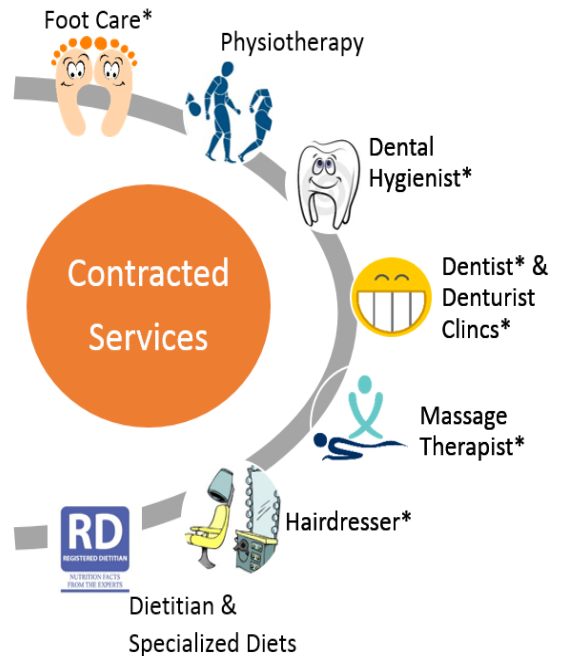
The following diagrams display the various services offered on-site to our Residents. Services with an (*) are paid directly by the Resident:



Technology



Other Grandview Lodge Services



Ministry of Health and Long-Term Care Reviews

The MOHLTC requires each long-term care home to abide by provincial legislation, regulations, standards and policies (over 500 Standards) to ensure Residents receive the best possible care. The Ministry will inspect every LTC home to verify that they are in compliance with the Ministry's requirements. The Ministry will also inspect a Home for complaints as well as any Critical Incidents that may require further investigation. The Ministry may impose orders on a LTC home in a variety of circumstances, including but not limited to (i) recurring or ongoing non-compliance; and (ii) presence of severe problems that put Residents at risk.

In 2016 the Ministry of Health completed their annual inspection consisting of 3 inspectors over a period of 8 days. They cited no written orders and 5 Written Notifications.

In November the MOHLTC inspector came to the Home as a result of a critical incident. The inspector cited a written order as a result of the bed rail restraint policy. A follow-up plan of action was completed by management for this order.

Ministry of Labour

The Ministry of Labour made no visits to Grandview Lodge in 2016.

Volunteer Services

Volunteers assist in various programs for Residents as well as provide one-on-one support to Residents. Some of the regular programs that the volunteers are involved with are the operation of the Tuck Shop, providing song and music programs, providing pet therapy services, as well as numerous one-on-one visits. In 2016 there were 3,228 registered hours of volunteer service.

Community Partnerships

To ensure that Grandview Lodge and its Residents continue to be recognized as part of Haldimand County, a concerted effort by Administration and Program staff has been encouraging and supporting various groups, organizations and individual volunteers to become involved in the Home's activities. Many provide ongoing volunteer support or provide one-time events. These partnerships/ linkages are especially important for Residents of the Home to help them maintain contact with their community and not become lost and forgotten members of Haldimand County. The following is a list of organizations that have in some way supported Grandview Lodge:

- Joint Pastoral Care Team comprised of a number of ministerial groups
- Local schools, volunteering time as well as completing their co-op placements
- Co-op placements with Niagara and Mohawk College for Registered Practical Nurses and Recreational Programmers
- Rotary Club
- Lions & Lioness Club
- Interlink Program
- Royal Canadian Legion
- Alzheimer's Society (Walk For Memories)
- Brain Injury Services
- Haldimand Abilities Centre (Sit to Be Fit and Brain Fit Programs)
- Behavior Support Ontario (BSO)
- Monthly Senior Socials (organized by Diane Scott), using the auditorium and include Grandview Lodge Residents (shuffleboard, games, cards, Warm Up Haldimand making "sleep mats," and social time)
- Region 4 Family Council annual meetings

Grandview Lodge is a member of the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS). Administration staff participates in its Niagara Regional Group meetings and the Administrator is the Chair for the Administrator's group that meet monthly. Through sharing operational issues and concerns, solutions are often identified that can be of help to individual Homes or all Homes across Ontario. This association has been successful in working with the MOHLTC to speak on behalf of the Homes with respect to their concerns and issues in long-term care. The Ontario Association works closely with the MOHLTC and it plays a significant role in shaping the Long-Term Care services in Ontario.

Grandview Lodge Family Council actively participates in the Regional Family 4 Council Group, which is representative of over 88 Long-Term Care Homes (equal

to 10,000 Long-Term Care Residents). These meetings are held three times a year at various Homes. Again, we had the honor of acting as the host Home in October and we facilitated tours of the Home, especially Creek View (DementiAbility unit). These meetings are very beneficial for not only networking, but they provide an educational element regarding relevant issues in Long-Term Care.

Summary

In conclusion, although many challenges including staffing shortages, recruitment challenges, difficult admissions administration was still able to maintain high standards from the Ministry of Health regulations at the annual inspection.

Administration looks forward in 2017 to assist Residents in celebrating Canada's 150 birthday at Grandview Lodge. We will also continue to recruit for additional PSW staffing as well as working towards recruiting for a 2nd physician for the Residents of Grandview Lodge.

Appendix A

JSANNE'S STAFF

WE CANNOT EXPRESS HOW
 THANKFUL WE ARE FOR THE
 LOVE, CARING, COMPASSION +
 UNDERSTANDING YOU ALL SHOWED
 WHILE OUR MOTHER WAS LIVING
 AT GRANDVIEW. YOU CAN BE
 PROUD WHAT WONDERFUL NURSING
 STAFF YOU HAVE IN CREEKVIEW
 + STAFF FROM OTHER AREAS WHO
 WERE WORKING IN GREENVIEW
 WE ARE EVER SO THANKFUL
 FOR THE LODGE, WE WOULD
 CHOOSE GRANDVIEW AGAIN. WE
 HAVE NO NEGATIVE THINGS TO
 SAY ABOUT ANYONE OR THE
 LODGE.

SINCERELY
 THE FAMILY OF
 COLLEEN SORGE