

**AGENDA**  
**COMMITTEE OF MANAGEMENT FOR HURON LODGE**

Meeting held Wednesday, December 8, 2021  
at 10:00 a.m. via Zoom video conference

**1. Call to Order**

**2. Disclosure of Interest**

**3. Minutes**

Adoption of the minutes of the meeting held October 21, 2021 – ***attached***

**4. In Camera**

Subject – Personal matter(s) about an identifiable individual – s. 239 (2) (b)

**5. Business Items**

**5.1 Administrator's Report**

The Administrator's Report dated December 1, 2021 – ***attached***

**5.2 CR496/2021**

Windsor City Council, at its meeting held November 1, 2021 adopted the following resolution:

Decision Number: CR496/2021 CSPS 163

*That the report of the Senior Manager of Facilities dated May 13, 2021 entitled "CQ 4-2021 - Proposal for Council consideration to provide menstrual hygiene products in select municipal buildings free of charge" BE RECEIVED for information; and,*

*That Council APPROVE a 1-year pilot program-Option C as outlined in the administrative report, to provide free menstrual products in public women's, men's, universal and family washrooms at the locations listed below:*

*WFCU Centre*

*Windsor Water World*

*Windsor International Aquatic and Training Centre*

*Capri Pizzeria Recreation Complex  
350 City Hall Square W.  
400 City Hall Square E; and,*

*That the estimated cost of \$19,000 plus HST BE FUNDED from the City's Budget Stabilization Reserve (BSR) Fund; and further,*

*That the City's Advisory Committees, Boards and Commissions (ABC's) BE MADE AWARE of the pilot program and BE REQUESTED to adopt a similar program at their facilities where applicable; and,*

*That Administration REPORT BACK to Council with a six month interim report to provide a status update, and after one year with the results of the pilot program to request annual operating funds through the 2023 budget process.*

*Carried.*

**6. Date of Next Meeting**

To be determined.

**7. Adjournment**

## **Committee of Management for Huron Lodge**

Meeting held October 21, 2021

A meeting of the Committee of Management for Huron Lodge is held this day commencing at 10:00 o'clock a.m. via Zoom video conference, there being present the following members:

Councillor Ed Sleiman, Chair  
Councillor Jeewen Gill  
Councillor Gary Kaschak

***Also present are the following resource personnel:***

Jelena Payne, Community Development & Health Services Commissioner  
Alina Sirbu, Executive Director of LTD Administration Huron Lodge  
Karen Kadour, Committee Coordinator

**1. Call to Order**

The Chair calls the meeting to order at 10:01 o'clock a.m. and the Committee of Management considers the Agenda being Schedule A attached hereto, matters which are dealt with as follows:

**2. Disclosures of Interest**

None disclosed.

**3. Minutes**

Moved by Councillor Kaschak, seconded by Councillor Gill,  
That the minutes of the meeting of the Committee of Management for Huron Lodge held August 5, 2021 **BE ADOPTED** as presented.  
Carried.

**4. In Camera**

No In Camera session is held.

## 5. Business Items

### 5.1 Administrator's Report

The Chair refers to the MLTC announcement of increased funding for an additional \$440,000. in annualized funding for the 2021/22 year.

A. Sirbu advises that an Infection Control Lead will be brought in to ensure safety and well-being for the staff and residents and notes that additional staff will be hired.

The Chair asks Administration to comment on wounds, restraints and pain management.

A. Sirbu states that many residents arrive with wounds and adds that at one time, Huron Lodge had access to a nurse specializing in wounds, however, this program no longer exists. In terms of restraints, i.e. bars on the beds that prevent the resident from rolling, they can become an obstacle to the well-being of residents. She adds that Huron Lodge is working towards a zero restraint environment. Pain management is a clear indication of how our medication and non-medication is working and it is a matter of finding the balance between pain medication that is scheduled versus pain medication that is used when the resident requests it. This is done through the physician, pharmacist and the nursing staff.

The Chair asks if there are any new directions from the Ministry regarding anti-psychotic use of medications.

A. Sirbu responds that the indicator and medication for anti-psychotic medications without psychosis can be used for extreme agitation and anxiety as needed. She adds that she is happy to report that medication is not the only avenue and are looking at complimentary therapies, some of which are non-pharmacological.

Moved by Councillor Kaschak, seconded by Councillor Gill,

That the report from the Administrator from Huron Lodge providing the Committee of Management with an update on issues related to resident care, the Ministry of Long-Term Care, the Local Health Integration Network and other initiatives that impact the Long Term Care sector **BE RECEIVED** for information and approved for the period of July to October 2021.

Carried.

Councillor Gill advises that he along with Mayor Dilkens participated in the CARP Advocacy Walk to raise awareness of issues in long-term care for seniors held on September 25, 2021. He adds that members of CARP would like to tour Huron Lodge.

J. Payne noted that municipal homes seem to be of interest and not privately owned homes.

A. Sirbu adds that organizing a tour at this time would not fall under the current mandate in regards to essential support workers and caregivers. The Committee of Management are classified as “essential support workers” because they provide a service and oversee Huron Lodge. Other members of the public are not care givers, general visitors associated with a resident or any type of a support worker and do not provide any type of service.

J. Payne indicates that this matter will be discussed with Mayor Dilkens. She notes that a meeting could be held with the three members of CARP to discuss this matter.

## **5.2 Per Diem Funding in Long Term Care Homes**

J. Payne reports that Councillor Gignac and Councillor Francis (previous members of the Committee of Management) had inquired about the level of funding relating to per diems, particularly food costs for other institutional organizations that are funded by the Provincial Government as food costs were rising. Unfortunately, at that time the province did not disclose this information.

A. Sirbu states that funding for Huron Lodge is divided into four envelopes – nursing and personal care, program and support services, raw food and other accommodations. There are very strict guidelines on how the funding can be used, and what the percentages are. The raw food is clearly funded between the food that is served and the therapeutic supplements.

Moved by Councillor Kaschak, seconded by Councillor Gill,  
That the update regarding the per diem funding in long term care homes **BE RECEIVED.**  
Carried.

## **6. Date of Next Meeting**

The next meeting will be held at the call of the Chair.

## **7. Adjournment**

There being no further business, the meeting is adjourned at 10:48 o'clock a.m.

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**CHAIR**

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**COMMITTEE COORDINATOR**

**Subject: Huron Lodge Long Term Care Home – Administrator’s Report to the Committee of Management – City Wide**

**Reference: Committee of Management Report**

Date to Committee: December 8, 2021

Author: Alina Sirbu

Report Date: December 1, 2021

Clerk’s File #:

**To:** Huron Lodge Committee of Management

**Recommendation:**

THAT the report from the Administrator of Huron Lodge providing the Committee of Management with an update on issues related to resident care; the Ministry of Long-Term Care (MLTC); the Local Health Integration Network (LHIN); and other initiatives that impact the Long Term-Care sector **BE RECEIVED** for information and **APPROVED** for the period of November 2021.

**Background:**

This Committee of Management report serves as the Administrator of Huron Lodge’s updates and official record for the Committee of Management for the period prior to end November 30, 2021. Not all items within this report are COVID related. It is critical to note that while nearly every aspect of operations are impacted by the pandemic, Huron Lodge is legislated to deliver services and that mandate has not changed.

**In Camera Report**

“Resident matters” – Section 239(2) (b) Municipal Act – Personal matters about an identifiable individual, including municipal or local board employees.

**Discussion:**

**Ministry of Long-Term Care (MLTC)**

On October 28, 2021, the Ontario government announced a substantial overhaul of the long-term care sector in Ontario following on the report of the Long-Term Care Commission. If the bill is passed, Fixing Long-Term Care Act, 2021 would replace the Long-Term Care Homes Act, 2007 (LTCHA).

Measures under this Bill would fall under the three pillars of the government's plan to ensure Ontario's seniors get the quality of care they need and deserve both now and in the future:

- improving staffing and care
- protecting residents through better accountability; enforcement and transparency
- building modern, safe, comfortable homes for our seniors.

On enforcement, the legislation would:

- eliminate the Voluntary Plan of Correction (VPC)
- give the Director and inspectors the authority to issue an Administrative Monetary Penalty where the Director or inspector is of the opinion that the licensee has not complied with a requirement under the Act
- expand the grounds under which a temporary manager can be brought in to assist with the operating of a long-term care home. It would clarify that a manager may be ordered to manage on a temporary basis the entire operations of the long-term care home or a specific issue (such as infection prevention and control, financial or clinical operations)
- give the Director and Minister the authority to suspend a licence and take over a long-term care home without having to revoke the licence and close the home. This change would allow a long-term care home supervisor to be appointed, who would be required to allow the ministry full control of the home, until the suspension is lifted, the licence expires or is revoked, or another solution is found
- double the fines on the conviction of an offence for individuals (up 100 per cent to \$200,000 for first offence, \$400,000 for second offence) and corporations (up 150 per cent to \$500,000 for first offence, \$1,000,000 for second offence). These fines, as financial deterrents for non-compliance, would align with or exceed enforcement rules in other provinces.

**a) Hotel-Dieu Grace Healthcare (HDGH) Partnership**

No further information

**b) Ministry of Long-Term Care Inspections**

Complaint Inspection 2021\_533115\_0003 and Complaint Inspection 2021\_533115\_0004 were conducted on October 21, 2021. During the course of the inspections, Non-Compliances were issued. **Attached**

**Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation**

An upgrade to the Customer Connect platform is expected to occur later this year.



## **Other Business:**

### **1. Financial**

#### ***a. MLTC Funding***

Memo re: Investments to Increase Direct Care Time for Residents and Support Education and Training Staff in LTC Homes received dated October 15, 2021. Huron Lodge administration is working closely with Finance to delineate all facets of this funding and its application. ***Attached***

#### ***b. Government of Canada Grant***

Received notification of Upcoming New Horizons for Seniors Program (NHSP) 2021-2022 Call for Proposals for Community based Projects. Huron Lodge will apply once again in an effort to augment available funding streams for the Chrysalis project.

### **2. Qualify Indicator Performance Report**

Canadian Institute for Health Information (CIHI's) Health System Performance indicators, will be available on December 9, 2021 and homes have the opportunity to review the facility's results, ask questions and flag any potential issues prior to the public release. The data preview period for the LTC quality indicators included in the December release will take place from October 8 to 22.

### **3. Public Health Unit Inspections**

No further updates.

### **4. Chrysalis Program**

Poplar Families were invited to a Zoom Conference information session held by Resident Services on November 23<sup>rd</sup> to learn more about the Chrysalis project and goals. The families in attendance expressed interest in the project and provided great input and support.

### **5. Advantage – Ontario LTC Commission Report**

No further updates.

Respectfully submitting this report for your information.

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**Alina Sirbu**  
**Executive Director of Long Term Care**  
**/Administrator of Huron Lodge**

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**Jelena Payne**  
**Commissioner, Human and Health Services**

AS/ja

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue duree****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des operations relatives aux  
soins de longue duree  
Inspection de soins de longue duree**London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300Bureau regional de services de  
London  
130, avenue Dufferin 4eme etage  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Telecopieur: (519) 873-1300**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No/ No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 21, 2021	2021_533115_0003	011480-21	Complaint

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**Licensee/Titulaire de permis**Corporation of the City of Windsor  
1881 Cabana Road West Windsor ON N9G 1C7**Long-Term Care Home/Foyer de soins de longue duree**Huron Lodge Long Term Care Home  
1881 Cabana Road West Windsor ON N9G 1C7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TERRI DALY (115)

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**Inspection Summary/Resume de l'inspection**

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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 28, 29, October 1 & 4, 2021.

This complaint inspection was completed in relation to a fall and Critical Incident #M631-000005-21 an incident which results in significant change.

An Infection Prevention and Control (IPAC) inspection was also completed as part of this inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care (DOC), the Physiotherapist, a Registered Nurse (**RN**), Registered Practical Nurses (RPN), a Housekeeper, Personal Support Workers (PSW), a Public Health Inspector, Hospital IPAC support, and residents.

The inspector also observed resident rooms and common areas, observed **IPAC** practices within the home, observed residents and the care provided to them, and reviewed a health care record and plan of care for an identified resident.

The following Inspection Protocols were used during this inspection:

Falls Prevention

Infection Prevention and Control

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**

**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

**Legend**

WN - Written Notification  
 VPC - Voluntary Plan of Correction  
 DR - Director Referral  
 CO - Compliance Order  
 WAO - Work and Activity Order

**Legende**

WN - Avis ecrit  
 VPC - Plan de redressement volontaire  
 DR - Aiguillage au directeur  
 CO - Ordre de conformite  
 WAO - Ordres: travaux et activites

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 bsection 2(1) of the LTCHA).

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue duree (LFSLD) a ete constate. (une exigence de la loi comprend les exigences qui font partie des elements enumeres dans la definition de « exigence prevue par la presente loi », au paragraphe 2(1) de la LFSLD.

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Ce qui suit constitue un avis ecrit de non respect aux termes du paragraphe 1 de !'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care**

**Specifically failed to comply with the following:**

- s. 6. (1) Every licensee of a long-term care home shall ensure that there is a written plan of care for each resident that sets out,**
- (a) the planned care for the resident; 2007, c. 8, s. 6 (1).**
  - (b) the goals the care is intended to achieve; and 2007, c. 8, s. 6 (1).**
  - (c) clear directions to staff and others who provide direct care to the resident. t 07, c. 8, s. 6 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the care plan for a resident set out clear directions to staff.

During interviews the Clinical Care Supervisor an RN, a PSW and a family member identified that the resident was using a specific means of transportation for outings and to transfer from their room to the dining room.

A review of the resident's care plan did not include the specific mode of transportation.

During an interview, the Director of Care acknowledged that there were no interventions in the resident's care plan related to resident's use or need for this specific means of transportation and therefore the care plan did not set out clear directions for staff.

Sources: progress notes, and care plan for a specific resident, interviews with the Clinical Care Supervisor, an RN, the Physiotherapist, a PSW and the DOC. [s. 6. (1) (c)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the written plan of care sets out clear directions to staff and others who provide direct care to the resident, to be implemented voluntarily.***

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Ministry of Long-Term  
Care

Ministere des Soins de longue  
duree

Inspection Report under  
the Long-Term Care  
Homes Act, 2007

Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue duree

Issued on this 1st day of November, 2021

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007****Rapport d'inspection en vertu de  
la Loi de 2007 sur les foyers de  
soins de longue duree****Long-Term Care Operations Division  
Long-Term Care Inspections Branch****Division des operations relatives aux  
soins de longue duree  
Inspection de soins de longue duree**London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300Bureau regional de services de  
London  
130, avenue Dufferin 4<sup>e</sup> me etage  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Telecopieur: (519) 873-1300**Public Copy/Copie du rapport public**

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<b>Report Date(s) / Date(s) du Rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log #/ No de registre</b>	<b>Type of Inspection / Genre d'inspection</b>
Oct 21, 2021	2021_533115_0004	012793-21	Complaint

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**Licensee/Titulaire de permis**Corporation of the City of Windsor  
1881 Cabana Road West Windsor ON N9G 1C7**Long-Term Care Home/Foyer de soins de longue duree**Huron Lodge Long Term Care Home  
1881 Cabana Road West Windsor ON N9G 1C7**Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

TERRI DALY (115)

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**Inspection Summary/Resume de l'inspection**

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The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): September 28, 29, October 1 & 4, 2021.

This complaint inspection was completed in relation to reporting complaints.

An Infection Prevention and Control (**IPAC**) inspection was also completed concurrently with this inspection, see inspection report #2021\_533115\_0003.

During the course of the inspection, the inspector(s) spoke with the Administrator and a resident.

The inspector also reviewed health records, the homes verbal/written complaint policy and procedure, and the homes complaint log.

The following Inspection Protocols were used during this inspection:  
Reporting and Complaints

During the course of this inspection, Non-Compliances were issued.

**1 WN(s)**

**1 VPC(s)**

**0 CO(s)**

**0 DR(s)**

**0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

<p>Legend</p> <p>WN - Written Notification  VPC - Voluntary Plan of Correction  DR - Director Referral  CO - Compliance Order  WAO-Work and Activity Order</p>	<p>Legende</p> <p>WN - Avis ecrit  VPC - Plan de redressement volontaire  DR - Aiguillage au directeur  CO - Ordre de conformite  WAO - Ordres : travaux et activites</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 section 2(1) of the LTCHA).</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p>	<p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue duree (LFSLD) a ete constate. (une exigence de la loi comprend Jes exigences qui font partie des elements enumeres dans la definition de « exigence prevue par la presente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis ecrit de non respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p>

**WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 22. Licensee to forward complaints**

**Specifically failed to comply with the following:**

**s. 22. (1) Every licensee of a long-term care home who receives a written complaint concerning the care of a resident or the operation of the long-term care home shall immediately forward it to the Director. 2007, c. 8, s. 22 (1).**

**Findings/Faits saillants :**

1. The licensee has failed to ensure that the written complaint from a resident concerning their care was immediately forwarded to the Director.

On a specific date, a staff member brought forward concerns to the home related to an incident that occurred between another staff member and a resident. The staff member reported that the resident told them that an incident had occurred between them and a Personal Support Worker (PSW).

The communication/concern form completed by the Administrator documented that the concern was investigated, the resident was monitored for physical and social well being, that there was follow up with staff and that the concern was resolved.

A written letter from the resident was also found in the complaint log dated several months after the first incident. The complainant reiterated the concern, and asked if their concern had been reported to the ministry.

There was no further documentation found in relation to this written complaint.

A review of the home's current policy - Complaints, Verbal or Written indicates under Procedure:

4. All written complaints will be reported following the provincial reporting requirement and an investigation will begin immediately. Once a written complaint is received it will be forwarded to the Director as per the Long Term Care Homes Act.

An interview with the Administrator, they stated that they believed the issue had been resolved after the initial investigation, and that when they received the written complaint from the resident that it was filed in the complaint log with the complaint documents. The Administrator acknowledged that this written complaint should have been forwarded to the Director.

Sources: the home's investigation notes including the complaint log and communication/concern form; the written complaint from a resident, the home's policy and procedures and an interview with Administrator #100. [s. 22. (1)]

Ontario)

Ministry of Long-Term  
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Ministere des Soins de longue  
duree

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the Long-Term Care  
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la Loi de 2007 sur les foyers de  
soins de longue duree

*Additional Required Actions:*

*VPC- pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all written complaints concerning the care of a resident or the operation of the long-term care home shall immediately be forwarded to the Director, to be implemented voluntarily.*

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Issued on this 1st day of November, 2021

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.

**Ministry of Long-Term Care**

Assistant Deputy Minister  
Long-Term Care Policy Division

6th Floor, 400 University Avenue  
Toronto ON M5G 1S5  
Tel.: (416) 629-3599

**Ministère des Soins de longue durée**

Sous-ministre adjointe  
Division de la politique de soins de longue  
durée

400, avenue Universitaire, 6e étage  
Toronto ON M5G 1S5  
Telephone: (416) 629-3599

**Ministry of Long-Term Care**

Assistant Deputy Minister  
Long-Term Care Operations Division

11th Floor, 1075 Bay Street,  
Toronto ON M5S 2R1  
Tel.: (416) 327-7461

**Ministère des Soins de longue durée**

Sous-ministre adjointe  
Operations relatives aux soins de longue  
durée

1075, rue Bay, 11e étage  
Toronto ON M5S 2R1

eApprove-179-2021-166

October 15, 2021

**MEMORANDUM TO:** Long-Term Care (LTC) Home Licensees

**FROM:** Erin Hannah, Assistant Deputy Minister, Long-Term Care Policy Division

Sheila Bristo, Assistant Deputy Minister, Long-Term Care Operations Division

**RE:** Investments to Increase Direct Care Time for Residents and Support Education and Training Staff in LTC Homes

This letter is further to the recent letter from the Honourable Rod Phillips, Minister of Long-Term Care, informing you that the Ministry of Long-Term Care ("the Ministry") will be providing three new funding investments in the 2021-22 fiscal year as part of the government's priority to fix long-term care. This funding supports commitments outlined in "[A better place to live, a better place to work: Ontario's long-term care staffing plan](#)" (Staffing Plan), released in December 2020 as follows:

- a) Up to **\$227,187,500** in base funding for this fiscal year to increase the average hours of direct care provided by registered nurses (RNs), registered practical nurses (RPNs) and personal support workers (PSWs) from the system-level daily average of two hours and 45 minutes per resident, per day (based on 2018 data) to a system-level average of three hours per resident, per day. This investment is part of the commitment to increasing the average hours of daily direct care to four hours over four years and would be administered in accordance with the *Long-Term Care Staffing Increase Funding Policy* and applicable agreements (see **Appendix A**).
- b) Up to **\$42,802,600** in base funding for this fiscal year to increase the average worked hours by Allied Health Care Professionals such as physiotherapist and social workers from the system level daily average of 30 minutes (based on 2018 data) to an average of 33 minutes per resident, per day. This investment is part of the commitment to increasing the system-level average worked hours to 36 minutes (by 20 per cent) over the next two years and would be administered in accordance with the *Long-Term Care Staffing Increase Funding Policy* and applicable agreements (see **Appendix A**).
- c) Up to **\$10,000,000** in annual base funding effective fiscal 2021-22 to support education and training of staff in LTC homes. This funding is intended to supplement investments in education and training made through Level of Care funding and will be administered in accordance with the *Supporting Professional Growth Fund Funding Policy* (see **Appendix B**).

## ***Funding Approach***

### **Increasing Staffing Levels (RN, RPNs, PSWs and Allied Health professionals)**

Funding will be allocated on a per bed per month basis based on the number of operational beds at the start of the program, subject to terms and conditions set out in the *Long-Term Care Staffing Increase Funding Policy*. Funding will not be adjusted for occupancy throughout the year or at the time of reconciliation. The funding for the entire fiscal period will flow to LTC home licensees starting November 1, 2021 through monthly instalments. The entire amount for the year one funding period will be evenly distributed over the remainder of the fiscal period from November 2021 to March 31, 2022. This funding is not eligible for any retroactive expenses related to the recruitment cost and salaries for the period prior to November 1, 2021.

To ensure that the funding is solely used for the purpose of increasing resident direct care, the new fund will flow through two new distinct protected lines and based on the daily rate noted below:

- RN, RPN, and PSW Staffing Supplement: \$599.49 per bed, per month
- Allied Health Professionals Staffing Supplement: \$112.94 per bed, per month

The government has further committed to an investment of \$673 million, \$1.25 billion, and \$1.82 billion for staffing increases in the 2022-23, 2023-24, and 2024-25 fiscal years, respectively. Please note that these amounts are subject to budgetary approvals and appropriations. The notional out-year range that will be allocated in relation to these investments are provided in the *Long-Term Care Staffing Increase Funding Policy*. While the yearly home-level allocations will be subject to several factors including but not limited to, occupancy, current bed count (excluding beds in abeyance), scheduled new beds expected to come online and staffing data results, these projected amounts will provide an indication of future funding to enable ongoing planning of staffing strategies to support resident care.

### **Supporting Professional Growth Fund**

Funding will be allocated on a per bed per month basis, based on the number of operational beds at the start of the program, subject to terms and conditions set out in the *Supporting Professional Growth Fund Funding Policy*. Funding will not be adjusted for occupancy throughout the year or at the time of reconciliation. The per bed allocation for November 1, 2021 to March 31, 2022 is as follows:

- Supporting Professional Growth Fund: \$26.82 per bed, per month

Funding will be flowed monthly as part of regular disbursements beginning November 2021 and cannot be used for any retroactive expenditures made prior to November 1, 2021.

## ***Expenditure Eligibility Criteria***

### **Increasing Staffing Levels (RN, RPNs, PSWs and Allied Health professionals)**

The funding provided for this program shall be restricted for the purpose of retaining and/or recruiting of eligible staff to accomplish the system-level increases in direct resident care time outlined in the Staffing Plan. LTC home licensees shall comply with the eligibility criteria set out in the *Long-Term Care Staffing Increase Funding Policy*.

### **Supporting Professional Growth Fund**

The funding provided for this program shall be restricted for the purpose of education and training of eligible LTC staff. LTC home licensees shall comply with the eligibility criteria set out in the *Supporting Professional Growth Fund Funding Policy*.

**Eligibility, Reporting and Accountability (applicable to all programs)**

LTC home operators licensed and/or approved to operate a LTC home under the *Long-Term Care Homes Act, 2007* ("Act") and *Ontario Regulation 79110* ("Regulation") and whose licensee is party to a Letter of Agreement for Ministry Direct Funding to Long-Term Care Homes (DFA) with the ministry are eligible to receive this funding. This letter sets out the applicable ministry policy for these new transfer payment funding programs under Schedule A of the DFA. All other terms and conditions contained in the DFA will remain in full force and effect.

The following types of beds are ineligible for this funding:

- The Elder Care Capital Assistance Program (EldCap) beds;
- Convalescent care beds that are funded by Ontario Health (**Note:** Convalescent care beds funded in full or in part by the ministry are eligible for this funding)
- Beds with a Temporary License operated only as "interim beds" as defined in the Regulation that are funded by Ontario Health under the applicable Accountability Agreement;
- Beds in abeyance; and
- Beds classified as 3rd or above beds in ward rooms that are not occupied as reported by the LTC home licensees as of September 2021.

LTC home Licensees must report expenditures pertaining to these new funding expenses on three separate lines in the licensee's audited Long-Term Care Home Annual Report for a defined 5-month period, in accordance with the form and manner set out in the Long-Term Care Home Annual Report Technical Instructions and Guidelines and the relevant policies specified in this letter.

In addition, LTC home licensees are required to complete the mandatory quarterly staffing data launched on July 22, 2021 to support the implementation and progress tracking of the Staffing Plan.

Further details of the funding approach, the eligibility requirements, as well as the terms, conditions and accountability requirements are outlined in the associated *Long-Term Care Staffing Increase Funding Policy and Supporting Professional Growth Fund Funding Policy*. In case of an inconsistency between any documentation, including this letter, and the policies, the terms of the policies shall be authoritative.

Thank you for your continued dedication and commitment to improving the quality of LTC in Ontario.

If you have any questions or require further information, please contact the ministry by e-mail at [LTC.Info@ontario.ca](mailto:LTC.Info@ontario.ca).

Sincerely,



Erin Hannah  
Assistant Deputy Minister  
Long-Term Care Policy Division



Sheila Bristo  
Assistant Deputy Minister  
Long-Term Care Operations Division

Enclosures:

- Appendix A: Long-Term Care Staffing Increase Funding Policy
- Appendix B: Long-Term Care Staffing Increase Funding Policy

c:

Lisa Levin, Chief Executive Officer, AdvantAge Ontario

Donna Duncan, Chief Executive Officer, Ontario Long Term Care Home Association

Connie Lacy, Chair, Board of Directors, AdvantAge Ontario

Brent Gingerich, Chair, Board of Directors, Ontario Long Term Care Home Association

Monika Turner, Director of Policy, Associations of Municipalities of Ontario

Michael Jacek, Senior Advisor, Associations of Municipalities of Ontario

Nancy Matthews, Deputy Minister, Ministry of Long-Term Care

Brian Pollard, Assistant Deputy Minister, Long-Term Care Capital Development Division, Ministry of Long-Term Care

Susan Flanagan, Assistant Deputy Minister and Chief Administrative Officer, Corporate Services Division, Ministry of Health

Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, Ministry of Health

Jim Yuill, Director, Financial Management Branch, Ministry of Health

Adriana Iburguchi, Director, Strategic Initiatives Branch, Long-Term Care Policy Division, Ministry of Long-Term Care

Abby Dwosh, Director, Funding and Programs Branch, Ministry of Long-Term Care

**Hello Alina, Sirbu,**

As referenced in the Assistant Deputy Ministers’ letter on the ***Investments to Increase Direct Care Time for Residents and the launch of the Supporting Professional Growth Fund for LTC Homes***, this letter provides additional information on the home level allocations for Huron Lodge for this fiscal year, as well as applicable projected out-year allocations.

**Section A: RN, RPN, and PSW Staffing Supplement**

The chart below provides the detailed home level allocation for year one to increase the average hours of direct care provided by registered nurses (RNs), registered practical nurses (RPNs), and personal support workers (PSWs) from the system-level daily average of two hours and 45 minutes per resident, per day (based on 2018 data) to a system-level average of three hours per resident, per day by the end of this fiscal year. Also included is the notional out-year amount that will be allocated for your LTC home in **relation to these investments.**

<b>Home Name</b>	Huron Lodge
<b>Per bed, per month for the RN, RPN, and PSW Staffing Supplement</b> (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$599.49
<b>Monthly RN, RPN, and PSW Staffing Supplement (rounded to the nearest \$100)</b> (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$134,300
<b>2021-22 RN, RPN, and PSW Staffing Supplement from November 2021 to March 31, 2022</b>	\$671,430

<b>Out-Year-Notional Annual Allocations</b> Note these amounts are subject to change based on several factors including but not limited to, budgetary approvals, occupancy, current bed count (excluding beds in abeyance), scheduled new beds expected to come online, and staffing data results.	
<b>2022-23</b>	\$1,613,736 - \$1,643,844
<b>2023-24</b>	\$2,851,752 - \$3,107,496
<b>2024-25</b>	\$3,692,316 - \$4,489,476

**Section B: Allied Health Professionals Staffing Supplement**



The chart below provides the detailed home level allocation for year one to increase the average worked hours by Allied Health Care Professionals from the system-level daily average of 30 minutes (based on 2018 data) to an average of 33 minutes per resident, per day by the end of this fiscal year. Also included is the notional out-year amount that will be allocated for your LTC home in relation to these investments.

<b>Home Name</b>	Huron Lodge
<b>Per bed, per month for the Allied Health Professionals Staffing Supplement</b> (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$112.94
<b>Monthly Allied Health Professionals Staffing Supplement (rounded to the nearest \$100)</b> (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$25,300
<b>2021-22 Allied Health Professionals Staffing Supplement Allocation from November 2021 to March 31, 2022</b>	\$126,495

<b>Out-Year-Notional Annual Allocations</b> (Note these amounts are subject to change based on several factors including but not limited to, budgetary approvals, occupancy, current bed count (excluding beds in abeyance), scheduled new beds expected to come online, and staffing data results.)	
<b>2022-23</b>	\$304,044 - \$309,708
<b>2023-24</b>	\$346,908 - \$380,136
<b>2024-25</b>	\$326,832 - \$397,596

**Section C: Supporting Professional Growth Fund**

The chart below provides the detailed home level allocation to support education and training of staff in LTC homes.

<b>Home Name</b>	Huron Lodge
<b>Per bed, per month for the Supporting Professional Growth Fund</b> (Applicable for 5 months November 1, 2021- March 31, 2022 period)	\$26.82
<b>Monthly Supporting Professional Growth</b>	\$6,000

<b>Fund (rounded to the nearest \$100)</b>	
<b>2021-22 Supporting Professional Growth Allocation from November 2021 to March 31, 2022</b>	\$30,040

Thank you for your continued dedication and commitment to improving the quality of LTC in Ontario.

Sincerely,

**Strategic Initiatives Branch**  
Ministry of Long-Term Care  
[Ltc.info@ontario.ca](mailto:Ltc.info@ontario.ca)