



## **Committee of Management for the Elliott Meeting Agenda**

**Tuesday, September 5, 2017 – 1:30 p.m.  
Council Chambers, Guelph City Hall, 1 Carden Street**

Please turn off or place on non-audible all electronic devices during the meeting.

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**Call to Order – Chair Downer**

**Disclosure of Pecuniary Interest and General Nature Thereof**

**Confirmation of Minutes** – June 6, 2017 open meeting minutes

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**Consent Agenda**

**CME-2017.3 The Elliott Long-Term Care Residence Quarterly Report  
2017-Q2**

**Recommendation:**

That the 2017-Q2 quarterly report on the operations of The Elliott Long-Term Care Residence, be received.

**Adjournment**



**Minutes of Committee of Management for the Elliott  
Held in the Council Chambers, Guelph City Hall on  
June 6, 2017 at 1:30 p.m.**

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**Attendance**

Council: Chair C. Downer  
Mayor Guthrie  
Councillor C. Billings  
Councillor J. Gordon  
Councillor A. Van Hellemond

Staff: Mr. S. Stewart, Deputy CAO, Infrastructure, Development and Enterprise  
Ms. C. Clack, Interim Deputy CAO, Corporate Services  
Ms. T. Baker, General Manager, Finance / City Treasurer  
Mr. S. O'Brien, City Clerk  
Mr. D. McMahon, Council Committee Coordinator

Others Present: Mr. T. Lee, Chief Executive Officer, The Elliott Community

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**Call to Order**

Chair Downer called the meeting to order.

**Disclosure of Pecuniary Interest and General Nature Thereof**

There were no disclosures.

**Confirmation of Minutes**

1. Moved by Councillor Van Hellemond  
Seconded by Councillor Billings

That the open meeting minutes of the Committee of Management for the Elliott held on March 6, 2017, be confirmed as recorded.

**Voting in Favour:** Councillors Billings, Downer, Gordon, and Van Hellemond (4)  
**Voting Against:** (0)

Carried

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**Items for Discussion**

**CME-2017.2 The Elliott Long-Term Care Residence Quarterly Report 2017-Q1**

Mayor Guthrie arrived at 1:33 pm.

Trevor Lee, Chief Executive Officer, The Elliott Community, responded to questions regarding the Elliott Long-Term Care Residence Quarterly Report 2017-Q1.

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2. Moved by Councillor Billings  
Seconded by Councillor van Hellemond

That the 2017-Q1 quarterly report on the operations of the Elliott Long-Term Care Residence, be received.

**Voting in Favour:** Mayor Guthrie, Councillors Billings, Downer, Gordon, and Van Hellemond  
(5)

**Voting Against:** (0)

Carried

**Adjournment** (1:37 p.m.)

3. Moved by Councillor Billings  
Seconded by Councillor Gordon

That the meeting be adjourned.

Carried

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Dylan McMahon  
Council Committee Coordinator



# The Elliott Long-Term Care Residence Report

**TO: Committee of Management**  
**DATE: August 22, 2017**  
**SUBJECT: The Elliott Long-Term Care Residence Quarterly Report 2017-Q2**

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## RECOMMENDATION

That the 2017-Q2 quarterly report on the operations of the Elliott Long-Term Care Residence, be received.

## BACKGROUND

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

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

## REPORT

In accordance with the provisions within the Services Agreement:

### Attestation of the Responsibilities of The Elliott

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

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

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## **Overview of the Operations**

For the period April to June 2017, the following activities / actions were reported to the Board of Trustees as they relate to the ELTCR:

- A celebration was held on June 29, 2017 for the completion of The Veterans Tribute and Pollinator Garden. The 150<sup>th</sup> event was one of the largest events in Elliott history. Over 200 guests attended and guest speakers included Mayor Cam Guthrie, Mike Greer (Rick Hansen Foundation), and Paul Brydges (Brydges Landscape Architecture Inc.). The event was very well received by both staff, guests and residents. The Elliott Community now has a community garden dedicated to our veterans with accessibility at its heart.
- The Collaborative Agreement with Synexis Canada Ltd. ended in April. After much consideration, the decision was made to enter into a second agreement that will extend the service until May 2018.
- The Seniors Community Grant Program supports initiatives by not for profit community groups that help seniors stay connected, active and involved in their community by encouraging greater social inclusion, volunteerism, and community engagement.

The Elliott Community was successful in securing a \$3,000 grant that will be allocated towards Elder Abuse Awareness. Guest presenters will be John Keating from Keating Senior Safety Consulting and The Elder Abuse Response Team (EART). This event is open to the public and will take place on Tuesday, September 26, from 1:00pm - 4:00pm.

- Significant capital improvements continue to be made in all areas of the facility.
- In 2015 the Ministry of Health introduced "The Attending Nurse Practitioners in Long-Term Care Homes (Attending NPs in LTCHs) Initiative" as part of the government's plan to build a better Ontario through its Patients First: Action Plan for Health Care. The initiative will deliver base funding for 75 Attending Nurse Practitioner (NP) full-time equivalents (FTEs) over three years to provide services in Ontario's LTCHs.

The approach involves collaboration between the Local Health Integration Networks (LHINs) and the ministry to select LTCHs that could benefit most from the position. The selection criteria is as follows:

- Demonstrate gaps in access to onsite comprehensive care for residents;
- Identified need for quality improvement, based on the LTCH's reporting history and Quality Improvement Plan;
- The LTCH's readiness to implement an Attending NP based on its human resource capacity, infrastructure, recruitment and integration plan, and leadership support for the role; and
- Recommended caseload of up to 175 residents.

In partnership with Parkwood Mennonite Home a proposal was submitted and in April, 2017 we received notice that our proposal was granted and we would receive annual base funding of \$122,853 to support a full time Nurse Practitioner. This funding to support a Nurse Practitioner is intended to improve the quality and safety

of Long-Term Care residents and to improve the performance of Quality Improvement initiatives within the home.

- Our newest Board member received her Board Orientation from the CEO and Board Chair and joined her first Board meeting on April 27<sup>th</sup>.

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

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

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

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

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

**Complaints / Concerns**

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

#	Details of Complaint / Concern	Response from Management	Resolved within The Elliott	Reported to the MOHLTC

There were no complaints for the period of April to June 2017.

**Critical Incident Report**

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

#	Details of Critical Incident Report submitted to MOHLTC	Response from Management	Resolved within The Elliott	MOHLTC Completed Inspection
1.	Incident that causes an injury to a resident for which the resident is hospitalized.	A resident sustained an injury as a result of a fall.	✓	



## The Elliott Long-Term Care Residence Report

2.	Abuse / Neglect	This incident involved staff to resident "emotional" abuse. Following a thorough internal investigation it was determine that this employee was in violation of The Elliott Community's Abuse Policy and was terminated with cause.	✓	
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### Resident Quality Inspection

<b>Legend</b> WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).	
<b>Non-Compliance Finding</b>	<b>As Evidenced By</b>	<b>The Elliott's Response</b>
Our Resident Quality Inspection (RQI) "Public Copy" was received and has been posted as well as circulated to both Resident and Family Council. In total there was 1 Written Notification and 1 Voluntary Plan of Correction. This area of non-compliance was minor in nature and posed no risk to the residents. During the course of the inspection a critical incident was reviewed, no areas of non-compliance noted. Report enclosed (attach 1).		

### Financial Report

The operating and capital budgets for The Elliott were presented on November 16, 2016 to City Council. The 2017 operating budget of \$1,277,448 and capital budget of \$211,561 were approved as presented. All operating and capital funding reports reflect the allocation of direct and indirect costs reflected in the Services Agreement.

For the six months ended June 30, 2017, the following observations were noted:

- Total revenue of \$3,957,864, with a year-to-date positive variance of 2%, due primarily to unbudgeted Other Revenue received to offset the cost of the dhp Technology project (University of Guelph study);
- Employee costs of \$2,426,464 are higher than budget by 1% due to increased staffing requirements during outbreaks and also for vacation coverage;
- Operating Costs of \$1,514,686, with a 4% negative variance against budget due to the unbudgeted costs relating to the aforementioned dhp Technology project and also due to the increased cost of medical supplies;
- Overall, the operations of The Elliott Community are a positive variance of \$56,376;



## The Elliott Long-Term Care Residence Report

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- The calculation of funding from the City of Guelph as it relates to the funding of the Other Accommodation Envelope has a \$9,398 negative variance. This will be monitored in the coming months and it is the responsibility of management to mitigate this from other operations if the negative variance continues.

The Statement of Revenue and Expenses for the Operating Budget and the City funding formula are enclosed for reference (attach 2).

**Prepared By:**

**Approved By:**

**Sherri Enns  
Acting Chief Executive Officer**

**E. J. Stross  
Chair, Board of Trustees**





Ministry of Health and  
Long-Term Care

Ministère de la Santé et des  
Soins de longue durée

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

Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée

Long-Term Care Homes Division  
Long-Term Care Inspections Branch

Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée

London Service Area Office  
130 Dufferin Avenue 4th floor  
LONDON ON N6A 5R2  
Telephone: (519) 873-1200  
Facsimile: (519) 873-1300

Bureau régional de services de  
London  
130 avenue Dufferin 4ème étage  
LONDON ON N6A 5R2  
Téléphone: (519) 873-1200  
Télécopieur: (519) 873-1300

## Public Copy/Copie du public

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Report Date(s) / Date(s) du rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
May 16, 2017	2017_363659_0008	007410-17	Resident Quality Inspection

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### Licensee/Titulaire de permis

Corporation of the City of Guelph  
c/o The Elliott Long Term Care Residence 170 Metcalfe Street GUELPH ON N1E 4Y3

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### Long-Term Care Home/Foyer de soins de longue durée

The Elliott Long Term Care Residence  
170 METCALFE STREET GUELPH ON N1E 4Y3

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### Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JANETM EVANS (659), RHONDA KUKOLY (213), SHARON PERRY (155)

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### Inspection Summary/Résumé de l'inspection

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**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

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

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**The purpose of this inspection was to conduct a Resident Quality Inspection inspection.**

**This inspection was conducted on the following date(s): April 18, 19, 20, 21 and 24, 2017.**

**The following intake (s) were completed within this Resident Quality Inspection: Critical Incident Log # 030481-16 / C521-000009-16 related to staff to resident verbal abuse.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, the Nurse Educator, the Resident Assessment Instrument (RAI) Coordinator, Registered Nurses, Registered Practical Nurses, the Dietitian, the Director of Recreation and Volunteer Services, the Director of Environmental Services, the Housekeeping Supervisor, Personal Care Providers, the Resident Council President; Family Council Representative and residents and family members.**

**The inspector(s) conducted a tour of the home, and reviewed clinical records and plans of care for relevant residents, pertinent policies and procedures, Residents' and Family Council minutes. Observations were also made of general maintenance, cleanliness, and condition of the home, infection prevention and control practices, provision of care, staff to resident interactions, medication administration and storage areas, and required Ministry of Health and Long-Term Care postings.**

**The following Inspection Protocols were used during this inspection:**



**Ministry of Health and  
Long-Term Care**

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

**Ministère de la Santé et des  
Soins de longue durée**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Accommodation Services - Housekeeping  
Contenance Care and Bowel Management  
Dignity, Choice and Privacy  
Falls Prevention  
Family Council  
Infection Prevention and Control  
Medication  
Minimizing of Restraining  
Nutrition and Hydration  
Prevention of Abuse, Neglect and Retaliation  
Residents' Council  
Skin and Wound Care**

**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

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente 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 écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

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

- s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**
- (a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**
  - (b) is complied with. O. Reg. 79/10, s. 8 (1).**



**Findings/Faits saillants :**

1. The licensee has failed to ensure that the home's Weight and Height policy was complied with.

O. Reg. 79/10 s. 68 (1)(e)(ii) states: every licensee of a long-term care home shall ensure that the nutrition and hydration program includes "a weight monitoring system to measure and record with respect to each resident, body mass index and height upon admission and annually thereafter".

The home's "Weight and Height" policy #008, implemented March 1994, stated "heights will be obtained on an annual basis".

A record review of heights and weights for 20 residents was completed. There was no height documented in Point Click Care in 2016 for eight residents .

In interviews on April 21, 2017, with the Director of Care (DOC), Resident Assessment Instrument (RAI) Coordinator and Registered Practical Nurse (RPN), they said the expectation was that heights were to be taken at the time of residents' annual physicals, documented on the Annual Physical form and transferred into Point Click Care.

A record review of paper charts and annual physical forms for the above residents was completed. There was no height documented on the Annual Physical form for five residents.

In an interview on April 21, 2017, the DOC said that heights were to be measured annually and if they were not documented in Point Click Care or on the resident's Annual Physical form, the policy was not followed.

The licensee failed to ensure that the Weight and Height policy was complied with when there was no height obtained annually for each resident. [s. 8. (1) (b)]



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soins de longue durée

***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 their policy related to Weight and Height is complied with. Specifically the licensee will ensure that all residents of the home will have their height obtained on an annual basis, to be implemented voluntarily.***

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Issued on this 17th day of May, 2017

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

RAE MARTIN ON BEHALF OF JANET EVANS

Original report signed by the inspector.

**THE ELLIOTT COMMUNITY**  
**STATEMENT OF OPERATIONS**  
**Long Term Care**  
**For the Six Months Ending June 30, 2017**

	Year To Date			
	Budget \$	Actual \$	Variance	
<b><u>REVENUE</u></b>				
<b>Accommodation:</b>				
Long Term Care - Basic	861,765	870,667	8,902	1%
Long Term Care - Preferred	200,865	212,745	11,880	6%
	<u>1,062,630</u>	<u>1,083,412</u>	<u>20,783</u>	<u>2%</u>
<b>Government Subsidy - LTC:</b>				
Provincial - LTC Subsidy	2,057,994	2,057,413	(581)	(0%)
Provincial - BSO / Physio / Other	65,742	66,526	784	1%
City of Guelph - LTC Operations	638,724	638,724	0	0%
	<u>2,762,460</u>	<u>2,762,663</u>	<u>203</u>	<u>0%</u>
<b>Other Revenue:</b>				
Fees and Recoveries	20,609	20,625	16	0%
Amort. of Def'd Contributions	21,175	18,049	(3,126)	(15%)
Other Revenue	3,180	73,114	69,934	2,199%
	<u>44,964</u>	<u>111,788</u>	<u>66,824</u>	<u>149%</u>
<b>Total Revenue</b>	<b><u>3,870,054</u></b>	<b><u>3,957,864</u></b>	<b><u>87,810</u></b>	<b><u>2%</u></b>
<b><u>EXPENSES</u></b>				
<b>Employee Costs:</b>				
Wages and Salaries	1,946,711	1,975,374	(28,662)	(1%)
Employee Benefits	446,678	451,091	(4,413)	(1%)
	<u>2,393,389</u>	<u>2,426,464</u>	<u>(33,075)</u>	<u>(1%)</u>
<b>Operating Costs:</b>				
Supplies	251,602	265,197	(13,595)	(5%)
Facility Costs	200,957	198,129	2,828	1%
Interest & Financing Fees	195,256	194,251	1,004	1%
Equipment	175,286	232,184	(56,897)	(32%)
Purchased Services	96,413	95,177	1,236	1%
Administrative & Other	14,468	17,042	(2,574)	(18%)
Amortization of Capital Assets	517,202	511,832	5,370	1%
Accretion of Def'd Financing Costs	1,049	875	174	17%
	<u>1,452,233</u>	<u>1,514,686</u>	<u>(62,453)</u>	<u>(4%)</u>
<b>Total Expenses</b>	<b><u>3,845,622</u></b>	<b><u>3,941,150</u></b>	<b><u>(95,528)</u></b>	<b><u>(2%)</u></b>
<b>SURPLUS / (DEFICIT)</b>	<b><u>24,431</u></b>	<b><u>16,714</u></b>	<b><u>(7,718)</u></b>	

**THE ELLIOTT COMMUNITY**  
**STATEMENT OF OPERATIONS**  
**Long Term Care - OA Envelope**  
**For the Six Months Ending June 30, 2017**

	Year To Date			
	Budget \$	Actual \$	Variance	
<b><u>REVENUE</u></b>				
<b>Accommodation:</b>				
Basic	861,765	870,667	8,902	1%
Preferred	200,865	212,745	11,880	6%
Provincial Subsidy - MOHLTC	152,748	152,904	156	0%
Municipal Subsidy - City of Guelph	713,131	713,131	0	0%
	<u>1,928,509</u>	<u>1,949,447</u>	<u>20,938</u>	<u>1%</u>
<b>Other Revenue:</b>				
Fees & Recoveries	350	192	(158)	(45%)
Cable Television Fees	13,826	14,527	701	5%
Telephone Fees	6,433	5,906	(527)	(8%)
Amortiz. of Def'd Contributions	21,175	18,049	(3,126)	(15%)
Donations / Grants	2,430	1,265	(1,165)	(48%)
Other Revenue	450	640	190	42%
	<u>44,664</u>	<u>40,579</u>	<u>(4,085)</u>	<u>(9%)</u>
<b>Total Revenue</b>	<b><u>1,973,173</u></b>	<b><u>1,990,026</u></b>	<b><u>16,853</u></b>	<b><u>1%</u></b>
<b><u>EXPENSES</u></b>				
<b>Employee Costs:</b>				
Wages and Salaries	639,475	650,175	(10,700)	(2%)
Employee Benefits	162,975	161,379	1,596	1%
	<u>802,450</u>	<u>811,554</u>	<u>(9,104)</u>	<u>(1%)</u>
<b>Operating Costs:</b>				
Amortization of Assets & Fees	518,251	512,707	5,544	1%
Supplies	64,360	67,415	(3,055)	(5%)
Facility Costs	200,958	198,129	2,829	1%
Financing & Service Fees	195,256	194,251	1,005	1%
Equipment	124,209	150,052	(25,843)	(21%)
Purchased Services	47,735	43,384	4,351	9%
Administrative & Other	11,098	13,076	(1,978)	(18%)
	<u>1,161,867</u>	<u>1,179,014</u>	<u>(17,147)</u>	<u>(1%)</u>
<b>Total Expenses</b>	<b><u>1,964,317</u></b>	<b><u>1,990,568</u></b>	<b><u>(26,251)</u></b>	<b><u>(1%)</u></b>
<b>SURPLUS / (DEFICIT)</b>	<b><u>8,856</u></b>	<b><u>(542)</u></b>	<b><u>(9,398)</u></b>	