Residential Care Facilities Survey – 2010

Guide

Instructions and Definitions

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Statistics Canada Statistique Canada

Canada

TABLE OF CONTENTS

SURVEY INFORMATION 4
WHEN COMPLETING THE SURVEY 6
COVER PAGE 7
Label 7
Facility information 7
Name of person completing the questionnaire 7
INSTRUCTIONS FOR PAGE 2 8
REPORTING INSTRUCTIONS 8
A. Administrative characteristics 8
B. Number of beds on last day of fiscal period 9
INSTRUCTIONS FOR PAGE 3 10
Characteristics of residents 10
C. Total days of care during reporting period (by responsibility for payment) 10
D. Movement of residents 10
E. Age and sex of residents in facility on the last day of the fiscal period 11
INSTRUCTIONS FOR PAGE 4 12
F. Types of care 12
G. Principal characteristics of residents in facility on the last day of the fiscal period 13
INSTRUCTIONS FOR PAGE 5 14
Personnel 14
H. Direct care to residents 14
I. General services 15
INSTRUCTIONS FOR PAGE 6 16
Expenses 16
J. Direct Care to residents expenses 16
K. General services expenses 16
L. Other expenses 17
INSTRUCTIONS FOR PAGE 7 18
M. Source of Revenue 18
APPENDIX 1 19
TYPE OF CARE EQUIVALENCIES 19

SURVEY INFORMATION

Survey purpose:

This survey collects social, financial and operating data required to produce statistics for your industry.

Coverage:

Please complete a questionnaire for the operation and location described on the label. You should only report for those facilities located in Canada.

Confidentiality:

Statistics Canada is prohibited by law from releasing any information from this survey which would identify any person, business, or organisation, unless consent has been given by the respondent or as permitted by the *Statistics Act*. The information from this survey will be treated in strict confidence, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Data-sharing agreements

To reduce respondent burden, Statistics Canada has entered into data sharing agreements with provincial and territorial statistical agencies and other government and non-government organizations, which must keep the data confidential and use them only for statistical purposes. Statistics Canada wll only share data from this survey with those organizations that have demonstrated a requirement to use the data.

Section 11 of the *Statistics Act* provides for the sharing of information with provincial and territorial statistical agencies that meet certain conditions. These agencies must have the legislative authority to collect the same information, on a mandatory basis, and the legislation must provide substantially the same provisions for confidentiality and penalties for disclosure of confidential information as the *Statistics Act*. Because these agencies have the legal authority to compel businesses to provide the same information, consent is not requested and businesses may not object to the sharing of the data.

For this survey, there are **Section 11** agreements with the provincial and territorial statistical agencies of Newfoundland and Labrador, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, and the Yukon.

The shared data will be limited to information pertaining to business establishments located within the jurisdiction of the respective province or territory.

Section 12 of the *Statistics Act* provides for the sharing of information with federal, provincial or territorial government organizations or non-government organizations. Under **Section 12**, you may refuse to share your information with any of these organizations by writing a letter of objection to the Chief Statistician and returning it with the completed questionnaire. Please specify the organizations with which you do not want to share your data.

For this survey, there are **Section 12** agreements with the statistical agencies of Prince Edward Island, the Northwest Territories and Nunavut, and with the Canadian Institute for Health Information, Health Canada, and the Public Health Agency of Canada.

For agreements with provincial and territorial government organizations, the shared data will be limited to information pertaining to business establishments located within the jurisdiction of the respective province or territory.

Record linkages

To enhance the data from this survey, Statistics Canada may combine it with information from other surveys or from administrative sources.

Return of questionnaire:

Please complete and return your questionnaire within 30 days of receipt. Please note that audited data is not required for this survey. Please send the completed questionnaire in the enclosed envelope or by facsimile toll-free to 1 888 883-7999.

Do you have any questions? Do you need another questionnaire?

For assistance and information please call: 1 800 565-1685

WHEN COMPLETING THE SURVEY

1. Please keep a copy of the completed questionnaire for your own records.
2. Statistics Canada survey staff would be pleased to discuss alternatives that would make completing this survey easier for you. Such alternatives could include:
   (a) completing the survey electronically using our secure electronic version of the survey;
   (b) providing Statistics Canada with a spreadsheet on disk rather than completing the paper questionnaire;
   (c) completing the survey by paper instead of electronically;
   (d) completing the survey over the telephone with the assistance of Statistics Canada staff;
   (e) providing financial statements rather than completing the RCF Survey financial questions.
3. If you have prepared a report of statistical and financial data for regional boards or provincial government ministries, with equivalent information, you may send a copy of the report instead of completing the same items on the RCF Survey questionnaire. Please complete the cover page of the RCF Survey and return it with the report to Statistics Canada.
4. You may provide financial statements instead of completing sections J, K, L and M of the questionnaire by sending the information by mail at the address below or facsimile toll-free to 1 888 883-7999. **Please enclose the questionnaire with your financial statements.**

   Statistics Canada
   Operations and Integration Division
   Distribution Centre - SC-0702
   150 Tunney's Pasture Driveway
   Ottawa, ON K1A 0T6

   Statistics Canada advises that there could be a risk of disclosure during mailing or facsimile. However, under receipt, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the *Statistics Act*. If you wish to send us your financial statements, please ensure that you completed the cover page and sections A to I of the questionnaire and send us the following information attached to your financial statements: Legal Name of facility, Business Name, Mailing address, Province or Territory, Name of the facility contact, business number and questionnaire identification number (found on the label, starts with Q).
5. If this facility is administered by a central agency or is a multiple facility set-up, please indicate the reporting arrangements and the name, address and number of beds of each facility involved in the administrative entity. This will enable Statistics Canada to modify the mail-out for the next year and thereby eliminate duplicate reporting and additional respondent burden.

COVER PAGE

Label

Please correct the legal name, business name, contact information shown on the pre-printed label, using the corresponding boxes below the label.

Facility information

Please provide the name and contact information for the *primary* contact person for this facility.

Name of person completing the questionnaire

Please provide the name and contact information for the *primary* contact person for this survey. It can be the same person as the facility contact.

INSTRUCTIONS FOR PAGE 2

REPORTING INSTRUCTIONS

Read carefully all instructions and definitions in this booklet and on the questionnaire.

- When precise figures are not available, please provide your best estimate. Please DO NOT wait for audited financial statements before completing the survey.
- Please DO NOT include commas, decimals or special symbols ($, #, % etc) in your report.
- All dollar amounts should be reported in CANADIAN DOLLARS ($CDN) and should be rounded to the nearest dollar (e.g. $5,400.40 should be rounded to $5,400).

To report items not specified on the questionnaire, use lines designated as "Other" and provide supplementary information.

A. Administrative characteristics

1. Type of organization

Place a check mark in the circle beside the option that best describes the legal organization of this business.

Sole proprietorship – An unincorporated business wholly owned by one person. In most cases, this person manages the business and consequently is the owner manager.

Partnership – A form of business organization in which two or more persons are co-owners without becoming incorporated. They agree to contribute assets or other resources to the business, and to share its profits, losses and debts.

Incorporated company – A business legally constituted with share capital that, after registering with the proper authorities, constitutes a body corporate legally distinct from the partners or stockholders.

Co-operative – A group of persons who share certain assets and operations to enable access, at a lower cost, to the means of production, distribution, credit or other activity for the mutual benefit and risk of its members. Each member has equal rights and accountability according to the principal of "one member, one vote".

Joint venture – A business organization where two or more persons or entities form an association to jointly carry out an industrial or commercial activity, or decide to share resources and control these jointly, for the purposes of a specific project rather than as an ongoing business. The expectation is that the persons or entities involved share in the costs and benefits.

Government business entity – A business corporation in which the state holds controlling interest, and is operating in the commercial market. This does not include Crown corporations.

Government – A not-for-profit entity financed and controlled by a ministry, department, agency, autonomous organization, board, commission or fund of the federal, provincial, territorial or local government and not operated in the commercial market.

Non-profit organization – Organization usually formed for social, economic, educational, religious, philanthropic or health purposes in which there is normally no transferable ownership interest and which does not carry on business with a view to distribution or use of any profits for the pecuniary gain of its members or grantors.

2. GST number

Please provide the first nine (9) digits of this facility's GST Registered Account Number (also known as the Business Number).

The GST Registered Account Number will be used to verify the information about this facility currently held on Statistics Canada's Business Register.

3. Reporting Arrangements

Please provide the count of facilities that this you are including on this report. If you are reporting for more than one facility, please return a list of facilities, addresses and number of beds for each facility that you have included data for with this report. You can also return the printout list of facilities with any updates clearly indicated.

4. Fiscal period

For the purpose of this survey, please report information for your 12-month fiscal period for which the final day occurred on or **between April 1, 2010 and March 31, 2011**. For example, if your fiscal period ended December 31, 2010, please report for the period January 1, 2010 to December 31, 2010.

5. Type of Ownership

Refers to the person, group of persons, agency or corporate body who is the registered owner according to the deed or statute.

Proprietary – applies to a facility owned by an individual or group. These are private organizations and/or corporations operating for a profit.

Religious – applies to a facility owned and operated by a religious organization on a non-profit basis.

Lay – applies to a facility owned and operated by a voluntary lay body on a non-profit basis. This category excludes facilities maintained by industrial or commercial corporations (see proprietary).

Municipal – applies to a facility owned and operated by a city, county, municipality or other municipal government, or by another body which is empowered to levy taxes or to otherwise operate after the fashion of a municipality.

Provincial or territorial – applies to a facility owned by a branch, division, agency or department of a provincial or territorial government.

Federal – applies to a facility operated by a department or agency of the Government of Canada, e.g. Veterans' Affairs, Health Canada or National Defence.

Regional Health Authority, Board, District, Corporation – applies to those facilities owned and operated by a regional governance structure responsible for the continuum of health services for defined geographic regions.

B. Number of beds as of the last day of the fiscal period

6. Number of beds (including respite beds)

Licensed or approved – the number of beds licensed or approved by provincial or municipal authorities. Report all beds, even if some are not in use at the present time. This includes licensed respite beds.

Staffed and in operation – report only the number of beds available for use. Include those occupied and any vacant beds to which you could have admitted residents at the end of the fiscal year reported. This amount does not have to agree with the approved complement. This includes licensed respite beds.

INSTRUCTIONS FOR PAGE 3

Characteristics of residents

This includes all residents temporarily absent on this date but who were registered in your facility and for whom a bed was assigned.

C. Total days of care during reporting period (by responsibility for payment)

A day of care is the period of service to a resident between the census taking hours on two successive days. The total days of care are the number of days of care in the reporting period or year. A facility of four beds and 100 percent occupancy would report total days of care as (4 x 365) 1,460. A facility of four beds in which one bed was not occupied for 31 days during the year would report total days of care as 1,429. This could be calculated as [(4 x 365) - 31] or counting each day that each bed was occupied [(1 x 365) + (1 x 365) + (1 x 365) + (1 x 334)]. If unable to provide a breakdown, please estimate, or if unable to estimate then report days under major funding agency.

Line a. Days charged to a Provincial or Territorial Government Health Program or Department.

Line b. Days charged to a Provincial or Territorial Government Social Service Program or Department.

Line c. Days charged to another Provincial or Territorial Department other than Health or Social Services, e.g. crown agencies such as Alcohol and Drug Commissions.

Line d. Days charged to a municipality, regional or district administration.

Line e. All days not reported above, including residents who pay for their own care directly or through private insurance and those paid for by Workers' Compensation Board, Department of Veterans' Affairs, etc.

D. Movement of residents

Line a. **In facility on the first day of the fiscal period** – the count of all the residents who were assigned a bed at 00:01 hours, the first day of the fiscal period. Include any resident who was temporarily absent from the facility on this date, e.g., visiting relatives or residents transferred to other institutions such as hospitals, but who had not been formally discharged.

Line b. **Admissions** – the total number of new residents accepted into the facility during the fiscal year reported. This involves the allocation of a bed to a resident. An admission is registered each time a per son is formally admitted.

Line c. **Total under care** – the total of those in the facility (on the books) at the beginning of the fiscal period, plus all admissions during the year.

Line d. **Discharge** – the total of live residents who were discharged from the facility during the fiscal year.

Line e. **Death** – the cessation of life of a resident during the fiscal year.

Line f. **Total separations** – the total of discharges and deaths.

Line g. **In facility on the last day of the fiscal period** – the count of all residents registered in the facility at 24:00 hours, the last day of the fiscal period. Includes residents temporarily out of the facility who had not been formally discharged.

E. Age and sex of residents in facility on the last day of the fiscal period

Count each resident once only, and assign them to the appropriate columns according to their age and sex grouping.

INSTRUCTIONS FOR PAGE 4

F. Types of care

Counting each resident once only, please assign all residents in your facility to one of the types of care. This should be based on the type of care the resident was receiving on the last day of the fiscal period.

For temporarily absent residents, indicate the type of care these residents usually receive in this facility.

Line a. **Room and board** – for those residents paying only for the use of a room. No services or type of care are received.

Line b **Room and board with guidance/counselling** – this is the minimum amount of care possible in a facility. Usually includes basic counselling and assistance with social problems. Most residents of facilities for emotionally-disturbed children and for alcohol and drug will be in this category.

Line c **Room and board with custodial care** – minor supervision required.

Line d. **Type I Care** – that required by a person who is ambulatory and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or some assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition but is less than 90 minutes in a 24 hour day. Many facilities for the developmentally delayed will have most of their residents in this category.

Line e. **Type II Care** – that required by a person with a relatively stabilised (physical or mental) chronic disease or functional disability. They have reached the apparent limit of recovery, and are not likely to change in the near future. They have relatively little need for the diagnostic and therapeutic services of a hospital, but require personal care for a total of 1 ½ - 2 ½ hours in a 24 hour day, with medical and professional nursing supervision and provision for meeting psychosocial needs.

Line f. **Type III Care** – that required by a person who is chronically ill and/or has a functional disability (physical or mental), whose acute phase of illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited. These residents require a range of therapeutic services, medical management and skilled nursing care plus provision for meeting psychosocial needs. A minimum of 2½ hours of individual therapeutic and/or medical care is required in a 24 hour day.

Line g. **Higher type care** – report here those persons who need substantially more nursing and/or medical care than described above. It is assumed that there would be very few residents who would be receiving care of this type. Care above TYPE III is usually provided in a hospital setting.

Refer to Appendix 1 for the list of provincial equivalencies of type of care.

G. Principal characteristics of residents in facility on the last day of the fiscal period

Counting each resident once only, please group them according to the most appropriate principal characteristic.

Line a. **Aged** – Residents are in the facility mainly because of old age (65+). They may have some other related disabilities associated with ageing, but for the purpose of this survey, consider the principal characteristic as aged.

Line b. **Physically challenged/disabled** – Residents are in a facility primarily because of bodily dysfunctions (e.g. blind, deaf, loss of limbs, etc.)

Line c. **Developmentally delayed** – Residents are slow or limited in intel lectual or emotional development or academic progress.

Line d. **Psychiatrically-disabled adults** – Includes ex-psychiatric patients, individuals with a chronic mental illness or those convalescing from a mental illness.

Line e. **Emotionally-disturbed children** – Children with behaviour disorders that require specialised treatment.

Line f. **Addictions** – Residents require treatment for problems with alcohol or drug addiction.

Line g. **Transients** – Persons requiring short-term respite who are without a home due to an emergency or a continuing situation.

Line h. **Other** – Includes residents who do not fit in any of the other categories, e.g. unmarried mothers, children requiring shelter who do not fit in any of the other categories, etc.

Note – Only hostels providing at least a counselling level of care fall into scope for the RCF survey. Hostels providing only hotel or room and board should not be included. If your facility falls into the latter category, please state this on the cover page and return this survey.

INSTRUCTIONS FOR PAGE 5

Personnel

Personnel employed – Persons on the payroll of the facility on the last day of the fiscal period.

Exclude voluntary and contract workers for whom no salaries are recorded. Also exclude persons paid on a fee for services basis (doctors or dentists on call, etc.). Report this as an expense in Section J.

Personnel employed on the last day of the fiscal period. – Columns 1 & 2

Report only the number of "full-time" and "part-time" staff employed. Do not use full-time equivalencies unless actual figures are unavailable. Exclude casual employees from the first two columns. Casual employees refers to those employed on a non-continuing or irregular basis, such as those who temporarily relieve regular employees on vacation or sick leave, or those who are hired temporarily for such casual jobs as snow removal, office overload, etc.

Full-time – refers to persons employed on a full-time basis, i.e. regularly employed throughout the facility's full work week.

Part-time – refers to persons employed on a part-time basis, i.e. regularly employed on selected days or partial days in the facility's work week.

The owner/operator of a small facility may be the only person working full-time. If this is the case, write '1' full-time employee on line g. of Section I. Hours should then be split to reflect the approximate time spent in Direct care for residents (Section H, line g.) and General services, (Section I, line f.). Report remuneration in Section J and K.

When an employee fills more than one position, that individual is to be recorded only once under the category of employment in which the major portion of time is spent.

Total accumulated hours paid during the reporting period – Column 3

Include total hours paid for all full-time, part-time and casual employees who have had salaries or wages paid to them by the facility. Hours covering paid holiday time and other paid leave are to be included for all categories of personnel. Do not include hours for contractual employees.

ROUND OFF FRACTIONS AND REPORT WHOLE NUMBERS ONLY.

H. Direct care to residents

Report all personnel whose time is mainly spent with the residents, giving assistance, nursing care, guidance or any other forms of personal help directly to the residents. The majority of facilities will report most of their direct care personnel on line f.

Line a. **Registered nurses** – staff who have graduated from a recognised formal nursing educational program and have qualified to practise nursing as registered nurses according to appropriate provincial legislation.

Depending on the size of the facility, this may include the Director of Nursing, the Assistant Director of Nursing, supervisors and general-duty nursing staff who qualify as registered nurses.

In facilities where the Director of Nursing also acts as the Administrator of the facility, report data for this person under Administration, Section I, line a.

Line b. **Registered qualified nursing assistants / licensed practical nurses** – are persons authorised to function as nursing assistants according to appropriate provincial legislation.

Line c. **Physiotherapists/Occupational therapists** – a physiotherapist is qualified to practise by meeting the requirements of the Canadian Physiotherapy Association or equivalent standards. They are responsible for the maintenance and improvement of the functional capacity of a resident through procedures including exercise, massage and manipulation.

An occupational therapist is qualified to practise by meeting the requirements of the Canadian Association of Occupational Therapists. They are responsible for the maintenance and improvement of the functional capacity of the resident through the practice of activities of daily living and the development of vocational and manual skills.

Line d. **Other therapists** – includes speech therapists, child therapists, behaviour therapists, group therapists, etc.

Line e. **Activity/recreation staff** – staff involved in setting up or maintaining a program of social activities, recreation, or hobbies for the residents.

Line f. **Other direct care staff** – includes nursing aides, health-care aides, dieticians, counsellors, child-care workers, orderlies, social workers, graduate nurses, chaplain, etc.

I. General services

Report here all other personnel of the facility who provided indirect services on the last day of the fiscal period, and who are not shown in Section H, lines a.-g. above.

Line a. **Administration** – the person(s) providing administrative direction, and also performing functions such as admitting, personnel, payroll, accounting, purchasing, switchboard operations, public relations, etc.

Only report data relating to the personnel who carry out these functions in residential care facilities.

Line b. **Dietary** – the persons involved in the requisitioning, storage, preparation and distribution of food to meet the normal and therapeutic nutritional needs of residents and for other food services provided by the facility. This will include the operation of a cafeteria.

Line c. **Housekeeping, laundry** – the staff involved in maintaining a sanitary environment including those who process soiled linen, receive, repair, store, distribute, control and supply clean linen and wearing apparel, as required by residents and staff of the facility.

Line d. **Plant operation, maintenance and security** – staff involved in the provision, distribution and monitoring of water, light, heat, power and other building service systems throughout the physical plant. This includes services of a janitor.

Also include those who are responsible for the servicing and repairing of the physical plant, and those who protect property, persons and residents.

Line e. **Other** – report here any other General Services personnel and hours not reported above and please specify the nature of the service. Include outreach workers employed by the facility but providing services outside of the facility in the community.

INSTRUCTIONS FOR PAGE 6

Expenses

On this page report details of the cost of operating and maintaining the facility for the most recent fiscal year that ended at any time between April 1, 2010 and March 31, 2011. Capital costs are to be excluded.

REPORT IN DOLLARS ONLY, OMITTING CENTS.

You may provide financial statements instead of completing sections J, K, L and M of the questionnaire. If you wish to send us your financial statements, please follow the instructions in point 4 of the section "When completing the survey" found on page 6 of this guide.

J. Direct care to residents expenses

Column 1

Salaries and Wages

Lines a.-f. should correspond with details in Section H concerning personnel and paid hours; if hours have been reported on a line in Section H, there should be a corresponding dollar value reported in Section J and vice versa.

Column 2

All Other Expenses

Report any expenses, other than salaries and wages, related to a specific area or department. Include any amounts paid to persons as a fee for service (doctors not on staff, etc.).

Line g. **Drugs** – report here all drugs used throughout the facility, as well as medicines, anaesthetic gases, oxygen and other medical gases, intravenous solutions, etc., dispensed by prescriptions or otherwise.

Line h. **Medical and Surgical Supplies** – included in this category are items used in the treatment and examination of residents such as sutures, dressings, clinical thermometers, sterile supplies, catheters, needles and syringes, etc.

Line i. **Other Supplies** – report here the total cost of all other supplies and expenses of services involved in the direct care of residents which were not reported on lines c.-h. (column 2).

K. General services expenses

Where the facility has arranged for any services, e.g. dietary, housekeeping, maintenance, to be provided by an independent outside company as a "purchased service" – the total costs of such service should be shown in column 2 and not the salaries and wages column regarding such purchased service. Please note such "purchased services" in the space provided for supplementary information.

Line a. **Administration** – Report here the costs of providing administrative direction and for carrying out business office and personnel functions of the facility including admitting, personnel, payroll, public relations, purchasing, stores, switchboard operations and chaplaincy.

In column 2 give the total costs to the employer of all types of employee benefits, such as Canada Pension Plan, Employment Insurance, Provincial Health Insurance Plan, Workers' Compensation, Group Life and Group Pension Plans.

Also include, if applicable, honorariums paid to members of the Board and/or Medical Advisory Committee, and legal, audit and collection fees.

The total cost of the following types of items should be charged to Administration: printing, postage, advertising, conventions, dues & subscriptions, donations, freight, delivery, telephone, automobile expenses, travel and insurance.

Line b. **Dietary** – the costs for the requisitioning, storage, preparation and distribution of food to meet the normal or therapeutic nutritional needs of residents and other food services provided by the facility. This will include the operation of a cafeteria.

Report in column 2 the costs of food, dishwashing supplies, paper products, dishes, cutlery, etc.

Line c. **Housekeeping, laundry** – the costs for maintaining a sanitary environment, including the costs of processing soiled linen and for receiving, repairing, storing, distributing, controlling and supplying clean linen and wearing apparel, as required for residents and staff of the facility.

Line d. **Plant operation, maintenance and security** – the costs for the provision, distribution and monitoring of water, light, heat, power and other building service systems throughout the physical plant, and for servicing and repairing the physical plant; also includes costs incurred for the protection of property, persons and residents.

Line e. **Other** – report here all other costs of general services which were not reported on lines a. - d.

L. Other expenses

Please report here:

- Any interest on loans, notes, mortgages, etc.
- Business taxes, land and realty taxes, etc. (EXCLUDE income tax).
- Overhead charged to the facility for Head Office management.
- Depreciation for the 12 month period for buildings, furniture and equipment, land improvements, automobiles, etc.
- Rent or leased costs of building and/or equipment.
- Insurance premiums, licences and fees paid to government or other regulatory bodies, etc.

INSTRUCTIONS FOR PAGE 7

Report on this page the total revenue of the facility for the most recent fiscal year that ended at any time between April 1, 2010 and March 31, 2011.

Revenues from accommodation should represent the majority of the income.

REPORT IN DOLLARS ONLY, OMITTING CENTS.

M. Source of Revenue

Line a. **Provincial Health Department or Ministry (Provincial Health Insurance Plan)** – where Provincial Health Insurance provides coverage for standard ward accommodation for an eligible resident, record the income earned from such a Plan, e.g. Ministry or Department of Health or Long Term Care.

Line b. **Provincial Social Services Department or Ministry (Provincial Social Services Plan)** – report all amounts earned from Provincial Government Social Service Programs or Departments, e.g. Dept. of Social Services, Dept. of Social Services and Community Health (AB.), Community and Social Services (ON.), Community Services and Corrections (MB.), etc.

Line c. **Other Provincial Department or Ministry** – report amounts earned from a provincial department or agency other than Health or Social Services, e.g. crown agencies such as alcohol/drug commissions.

Line d. **Municipalities, Regional or District Administrations** – include all amounts earned from municipalities, regional or district administrations on behalf of residents.

Line e. **All Other** – include all amounts for accommodation earned from sources other than described (lines a.-d.) including earnings from Federal Government departments or agencies, Workers' Compensation Boards, Department of Veterans' Affairs, etc. Also include any grants or donations received by the facility.

Line f. **Residents – Co-insurance or Self-pay** – record all amounts to be paid by residents personally or by private insurance companies as their share of the standard ward rate.

Line g. **Differential – Preferred Accommodation** – record all amounts earned from persons occupying semi-private and private rooms for which an additional charge over and above standard ward rate is charged.

Line h. **Total earnings for accommodation** – sum lines a. to g.

Line i. **Sundry Earnings** – record here all other earnings not attributable to basic accommodation. This would include such items as:

- Physical therapy
- Special duty nursing
- Hairdressing or barber services
- Laundry, dry cleaning
- Employee or guest meals
- Vending machines, telephone
- Day care
- Sale of crafts
- Etc.

APPENDIX 1
TYPE OF CARE EQUIVALENCIES

Province	Provincial Level / Type of care	Type of care equivalencies for the survey *For more detailed information, please refer to section F of the Guide*
All	Most children's and alcohol and drug facilities	Room and board with guidance / counselling with respect to social, employment, addiction problems, or parental guidance with skilled counselling
Newfoundland and Labrador *Personal functions*	Room and board with custodial care	**Room and board with custodial care**
	Level 1	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level 2	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level 3	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Level 4	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Mental/Sensory/ Perceptual	Room and board with custodial care	**Room and board with custodial care**
	Level 1	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level 2	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level 3	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Level 4	**Higher Type**

Province	Provincial Level / Type of care	Type of care equivalencies for the survey *For more detailed information, please refer to section F of the Guide*
Prince Edward Island	Level I	**Room and board with custodial care**
	Level II	**Room and board with custodial care** or **Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level III	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level IV	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level V	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Nova Scotia	Room and board with custodial care	**Room and board with custodial care**
	Level 1	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level 2	**Type II** (i.e., medical and professional nursing supervision, etc.) or **Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
	Care in Residential Care Facilities	**Room and board with custodial care** or **Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Care in Adult Residential Centres	**Room and board with custodial care** or **Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Care in Group Homes and Developmental Residences	**Room and board with custodial care** or **Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Care in Regional Rehabilitation Centres	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs) or **Type II** (i.e., medical and professional nursing supervision, etc.)

Province	Provincial Level / Type of care	Type of care equivalencies for the survey *For more detailed information, please refer to section F of the Guide*
New Brunswick	Level I	**Room and board with custodial care**
	Level II	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level III	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level IV	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Care in a Nursing home	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Care in a Hospital extended care	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Ontario	Care in a Retirement home	**Room and board with custodial care** or **Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Care in a Long-term care home	**Type II** (i.e., medical and professional nursing supervision, etc.) or **Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Manitoba	Personal Care Level 1	**Room and board with custodial care**
	Personal Care Level 2	**Room and board with custodial care**
	Personal Care Level 3	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Personal Care Level 4	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Hospital Acute Care Level Equivalent	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
	Hospital/Extended Care Facility Equivalent	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**

Province	Provincial Level / Type of care	Type of care equivalencies for the survey *For more detailed information, please refer to section F of the Guide*
Saskatchewan	Supervisory care	**Room and board with custodial care**
	Limited personal care	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Intensive personal or nursing care	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Long-term restorative or palliative care	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Alberta	Assisted Living – Level 3	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs) or **Type II** (i.e., medical and professional nursing supervision, etc.)
	Assisted Living – Level 4	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Facility Living	**Type II** (i.e., medical and professional nursing supervision, etc.) or **Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
British Columbia	Registered Assisted Living Facilities	**Type I care** (care less than 90 minutes per day)
	Licensed facilities under the Community Care and Assisted Living Act, including hospice and convalescent care facilities	**Type II care** (personal care for a total of 1½ - 2 ½ hours in a 24 hour day, with medical and professional nursing supervision)
	Residential Care and Private Hospitals under the Hospital Act (not included in this survey)	**Type III care** (minimum of 2½ hours of individual therapeutic and/or medical care per day)
	Stand-alone residential care facilities under the Hospital Act	**Higher Type care** (substantially more nursing and/or medical care than described above generally in acute care)

Province	Provincial Level / Type of care	Type of care equivalencies for the survey *For more detailed information, please refer to section F of the Guide*
Yukon Territory	Level 1	**Room and board with custodial care**
	Level 2	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level 3	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level 4	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Level 5	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Northwest Territory	Level I	**Room and board with custodial care**
	Level II	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level III	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level IV	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Level V	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**
Nunavut	Level I	**Room and board with custodial care**
	Level II	**Type I** (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)
	Level III	**Type II** (i.e., medical and professional nursing supervision, etc.)
	Level IV	**Type III** (i.e., medical management, skilled nursing care, etc.)
	Level V	**Type III** (i.e., medical management, skilled nursing care, etc.) or **Higher Type**