



## RESIDENTIAL CARE FACILITIES SURVEY – 1999-2000

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Short Form

# Instructions and Definitions



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## REPORTING INSTRUCTIONS

1. Please read carefully all instructions and definitions in this booklet and on the questionnaire.
2. 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).
3. Financial data are **not** required to be audited.
4. Your best estimates are acceptable when precise figures are not available.
5. To report items not specified on the questionnaire, use lines designated as "Other" and provide supplementary information.

## REPORTING ARRANGEMENTS

1. You have been provided with two copies of the questionnaire, one for use as your working copy and the other to be completed and returned to Statistics Canada. Please keep the working copy 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) providing a spreadsheet on diskette rather than completing the paper questionnaire;
  - b) completing the survey over the telephone with the assistance of Statistics Canada staff;
  - c) 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, 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. 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 mailout for the next year and thereby eliminate duplicate reporting and additional respondent burden.

## Cover Page

### Label

1. Please correct the business name, contact name and telephone number shown on the pre-printed label, using the corresponding boxes on the right.
2. The pre-printed label on the cover page contains codes corresponding to the information currently held in the Statistics Canada inventory on the number of beds, the principal characteristic of facility residents, the predominant type of care offered, ownership and program coverage. The table below shows some of the codes and their definitions. Your responses on this questionnaire will be used to update the information.

LABEL TEXT:	PR. CH.	T. C.	OWN
DESCRIPTION:	Principal Characteristic of Facility Residents	Type of Care (Predominant)	Ownership
<b>CODES:</b>	14 – Alcohol/drug addiction 15 – Aged 16 – Emotionally disturbed children 18 – Developmentally delayed 22 – Physically disabled 24 – Psychiatrically disabled 25 – Delinquents 27 – Transients 28 – Other	1 – Room & Board only 2 – Room & Board with Guidance/Counselling 3 – Room & Board with custodial care 4 – Type I care 5 – Type II care 6 – Type III care 7 – Higher Type care  Appendix 1 contains the provincial equivalents	01 – Lay 02 – Religious 03 – Other 04 – Municipal 05 – Provincial 06 – Veterans' Affairs Canada 07 – Department of National Defence 08 – Health Canada 09 – Crown 10 – Territorial Government 11 – Proprietary 12 – Federal Other 14 – Regional Health Authority, Board, District, Corporation

### Legal name

If the legal name and business name (the name on the questionnaire label) are the same, place a check mark in the circle. If they are different, please print the legal name of your facility in the space provided.

### 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 enter business as co-owners, without becoming incorporated, agreeing 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, through a business, to the means of production, distribution, credit or other activity for the mutual benefit and risk of its members, on the basis that they have equal rights and accountability according to the principal of "one member, one vote".

**Joint venture** – An organization where two or more persons or entities form an association (of various forms) and engage in carrying out co-operatively 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, with the expectation that the persons involved share in the costs and benefits.

**Government business entity** – Business corporation, other than a Crown corporation, operating in the commercial market, in which the state holds controlling interest.

**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, 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.

## 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.

## INSTRUCTIONS FOR PAGE 2

### 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, 1999 and March 31, 2000. For example, if your fiscal period ended December 31, 1999, please report for the period January 1, 1999 to December 31, 1999. Throughout the questionnaire, March 31, 2000 is used to indicate information is requested as at end of the fiscal period.

### A. Ownership

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

**Proprietary** – applies to a facility owned by an individual. It also applies to 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. Beds

**Approved complement** – 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.

**Staffed and in operation** – report only the number of beds available for use. Include those occupied, and any vacant beds to which you could today admit residents. This amount does not have to agree with approved complement.

### 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  $(4 \times 365)$  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  $(4 \times 365) - 31$  or counting each day that each bed was occupied  $(1 \times 365) + (1 \times 365) + (1 \times 365) + (1 \times 334)$ . If unable to provide a breakdown, report days under major funding agency.

Line 1. Applies to those days charged to a Provincial or Territorial Government Health Program or Department.

Line 2. Applies to those days charged to any Provincial or Territorial Government Social Service Program or Department.

Line 3. Applies to those days charged to any other Provincial or Territorial Department other than Health or Social Services, e.g. crown agencies such as Alcohol and Drug Commissions.

Line 4. Applies to those days charged to a municipality, regional or district administration.

Line 5. Applies to 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 1. **In facility as at April 1, 1999** – the count of all the residents who were assigned a bed as at 00:01 hours, April 1. 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 2. **Admission** – the official acceptance into the facility of a resident. Reception involves the allocation of a bed to a resident. An admission is registered each time a person is formally admitted.

Line 3. **Total under care** – the total of those on the books April 1 plus all admissions during the year.

Line 4. **Discharge** – the official departure from the facility of a live resident.

Line 5. **Death** – the cessation of life of a resident after admission and before discharge.

Line 6. **Total separations** – the total of discharges and deaths.

Line 7. **In facility as at March 31, 2000** – the count of all residents registered in the facility at 24:00 hours, March 31 and includes residents temporarily out of the facility who had not been formally discharged.



## INSTRUCTIONS FOR PAGE 3

### Characteristics of residents

The purpose of page 3 (Section E, F, & G) is to obtain data on residents as at one particular day in the year (March 31, 2000 or the last day of the reporting period).

Appreciating that a number of residents to whom beds have been assigned may be temporarily absent on this date, please include all residents registered in your facility when completing details on this page.

### E. Age and sex of residents

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

### F. Types of care

Counting each resident once only, please assign all residents in your facility to one of the types shown, based on the type of care which the resident is receiving (in the facility) as at March 31, 2000. For temporarily absent residents, indicate the type of care these residents usually receive in this facility.

- Line 1. **Room and board** – for those residents paying only for the use of a room. No services or type of care are received.
- Line 2. **Room and board with guidance/ counselling** – minimum amount of care possible in a facility. Usually basic counselling and assistance with social problems. Most children's and alcohol and drug facilities will be in this category.
- Line 3. **Room and board with custodial care** – minor supervision required.
- Line 4. **Type I Care** – that required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or 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.

- Line 5. **Type II Care** – that required by a person with a relatively stabilised (physical or mental) chronic disease or functional disability who, having reached the apparent limit of recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital, but who requires availability of 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 6. **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, and who requires 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 7. **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

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

- Line 1. **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 2. **Physically challenged/disabled** – Residents are in a facility primarily because of bodily dysfunctions (e.g. blind, deaf, loss of limbs, etc.)
- Line 3. **Developmentally delayed** – Residents are slow or limited in intellectual or emotional development or academic progress.
- Line 4. **Psychiatrically disabled** – Includes ex-psychiatric patients, individuals with a chronic mental illness or those convalescing from a mental illness.
- Line 5. **Emotionally disturbed children** – Children with behaviour disorders that require specialised treatment.
- Line 6. **Alcohol/Drug** – Residents require treatment for problems with alcohol or drug addiction.

Line 7. **Delinquent** – A young person whose conduct is out of accord with the accepted behaviour under the law. The emphasis is placed on social maladjustment rather than criminal intent.

Line 8. **Transients** – Persons requiring short-term respite who are without a home due to an emergency or a continuing situation.

Line 9. **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 4

### H. Personnel

Persons employed as at March 31, 2000 – Persons on the payroll of the facility as at March 31 or the last day of the reporting period.

Exclude voluntary 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 I.

#### Personnel employed as at March 31, 2000 – 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, show 1 as full-time on line H.1. Hours should be split to reflect the approximate time spent in Direct care for residents, line H.1 and General services, line H.2. Report remuneration in Section I, line 1.

When a person on the staff line fills more than one position, that individual is to be recorded once only; i.e., for 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.

ROUND OFF FRACTIONS AND REPORT WHOLE NUMBERS ONLY.

Line 1. **Direct Care Services** – Show here all the personnel whose time is spent mainly with the residents, giving assistance, nursing care, guidance or any other forms of personal help directly to the residents. This would include registered nurses, nursing assistants, therapists, recreation staff, nursing aides, health care aides, counsellors, child care workers, orderlies, social workers, graduate nurses, etc.

This includes persons involved in the administration of the facility, kitchen/food services, housekeeping, laundry, plant operation, maintenance and security. Only report data relating to the personnel who carry out these functions in residential care facilities.

Include outreach workers employed by the facility but providing services outside of the facility in the community.

Line 2. **General Services** – Report here information on all other personnel of the facility who provide indirect services and who are not shown on line 1 above.

## I. Expenses

In this section show details of the cost of operating and maintaining the facility for the 12 months ended March 31, 2000 or for the reporting period. Capital costs are to be excluded.

REPORT IN DOLLARS ONLY, OMITTING CENTS.

### Line 1. Direct Care Service

#### Column 1

Amount 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 II and vice versa.

#### Column 2

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.). Also include drugs, medical and surgical supplies and the cost of all other supplies and services involved in the direct care of residents.

### Line 2. General Services

#### Column 1

Amount should correspond with details in section H, line 2, concerning personnel and paid hours.

#### Column 2

This would include expenses relating to administration (including **employee benefits**), kitchen/food services, housekeeping, laundry, utilities, maintenance and security and all other costs of general services which cannot be allocated to direct care of residents.

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Where the facility has arranged for any service, 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 no costs shown in the salaries and wages column regarding such purchased service. Please note such "purchased services" on the Supplementary Information page.

### Line 3. 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.

## J. Income

Report in this section the total income of the facility for the 12 months ended March 31, 2000 or for the reporting period.

As the usual basis of income is the charging of a set rate for accommodation, this will represent the majority of the income.

REPORT IN DOLLARS ONLY, OMITTING CENTS.

- Line 1. **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 2. **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 (Alta.), Community and Social Services (Ontario), Community Services and Corrections (Man.), etc.
- Line 3. **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 4. **Municipalities, Regional or District Administrations** – include all amounts earned from municipalities, regional or district administrations on behalf of residents.
- Line 5. **All Other** – include all amounts for accommodation earned from sources other than described (lines 1-4) including earnings from persons paid for by Federal Government departments or agencies, Workers' Compensation, Department of Veterans' Affairs, etc. Also include any grants or donations received by the facility.
- Line 6. **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 7. **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 8. **Total earnings for accommodation** – sum lines 1 to 7.
- Line 9. **Sundry Earnings** – record here all other earnings not attributable to basic accommodation, this would include (where applicable) 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.

# APPENDIX 1

## TYPE OF CARE EQUIVALENCIES

TYPE OF CARE	DESCRIPTION	PROVINCIAL EQUIVALENCIES	
<b>ROOM AND BOARD WITH CUSTODIAL CARE</b>	CLIENT NEEDS A SUPPORTIVE ENVIRONMENT WITH MINOR SUPERVISION  LEVEL: INDIVIDUAL CARE TO A MAXIMUM OF ½ HOUR EACH DAY	BRITISH COLUMBIA ALBERTA SASKATCHEWAN MANITOBA ONTARIO QUEBEC NEW BRUNSWICK NOVA SCOTIA P.E.I. NEWFOUNDLAND N.W.T. YUKON	NO FORMAL EQUIVALENT TYPE 1 (SENIOR CITIZENS LODGES) LEVEL 1 (SUPERVISORY CARE) NO INSURED EQUIVALENT (GROUP HOMES FOR VARIOUS CLIENTELE) TYPE 0 (SATELLITE) NOT KNOWN LEVEL 1 (SUPERVISORY CARE) TYPE 0 (SUPERVISORY CARE) TYPE 0 TYPE 0 LEVEL 1 (SUPERVISORY CARE) NO FORMAL EQUIVALENT
<b>TYPE I</b>	CLIENT IS INDEPENDENTLY MOBILE (ABLE TO WALK OR TO USE AIDS OR WHEELCHAIR WITHOUT ASSISTANCE); NEEDS SUPERVISION AND ASSISTANCE WITH ACTIVITIES OF DAILY LIVING; MEDICAL OR NURSING CARE, IF NEEDED, IS STANDARDIZED  LEVEL: INDIVIDUAL CARE FROM ½ HOUR TO A MAXIMUM OF 1 ½ HOURS EACH DAY	BRITISH COLUMBIA ALBERTA SASKATCHEWAN MANITOBA ONTARIO QUEBEC NEW BRUNSWICK NOVA SCOTIA P.E.I. NEWFOUNDLAND N.W.T. YUKON	TYPE 1 (PERSONAL CARE) TYPE 1 (NURSING HOMES) LEVEL 2 (PERSONAL CARE) LEVEL 1 (HOSTEL CARE) TYPE 1 (RESIDENTIAL CARE) NOT KNOWN LEVEL 2 (LIMITED PERSONAL CARE) TYPE 1 (LIMITED PERSONAL CARE) TYPE 1 TYPE 1 LEVEL II (PERSONAL CARE) TYPE 1
<b>TYPE II</b>	CLIENT NEEDS 24 HOUR AVAILABILITY OF PERSONAL CARE; MEDICAL AND/OR PROFESSIONAL NURSING SUPERVISION IS REQUIRED  LEVEL: INDIVIDUAL CARE FROM 1 ½ HOURS TO A MAXIMUM OF 2 ½ HOURS EACH DAY	BRITISH COLUMBIA ALBERTA SASKATCHEWAN MANITOBA ONTARIO QUEBEC NEW BRUNSWICK NOVA SCOTIA P.E.I. NEWFOUNDLAND N.W.T. YUKON	TYPE 2 (INTERMEDIATE CARE – LEVELS I AND II) TYPE 2 (NURSING HOMES) LEVEL 3 (INTENSIVE PERSONAL OR NURSING CARE) LEVEL 2 (PERSONAL CARE) TYPE 2 (EXTENDED CARE) NOT KNOWN LEVEL 3 (INTENSIVE PERSONAL OR NURSING CARE) TYPE 2 (INTENSIVE PERSONAL CARE WITH NURSING SUPERVISION) TYPE 2 TYPE 2 LEVEL III (INTENSIVE PERSONAL OR NURSING CARE) TYPE 2
<b>TYPE III</b>	CLIENT NEEDS 24 HOUR AVAILABILITY OF PROFESSIONAL NURSING CARE AND SUPERVISION; MEDICAL MANAGEMENT AND/OR THERAPEUTIC CARE ARE REQUIRED  LEVEL: INDIVIDUAL CARE FOR A MINIMUM OF 2 ½ HOURS EACH DAY	BRITISH COLUMBIA ALBERTA SASKATCHEWAN MANITOBA  ONTARIO QUEBEC NEW BRUNSWICK NOVA SCOTIA P.E.I. NEWFOUNDLAND N.W.T. YUKON	TYPE 2 (INTERMEDIATE CARE – LEVEL III) TYPE 3 (AUXILIARY HOSPITALS) LEVEL 4 (EXTENDED CARE) LEVEL 4 (EXTENDED CARE) LEVEL 3 (EXTENDED CARE) TYPE 3 (CHRONIC CARE) NOT KNOWN LEVEL 4 TYPE 3 (EXTENDED HOSPITAL CARE) TYPE 3 TYPE 3 LEVEL IV (LONG-TERM RESTORATIVE OR PALLIATIVE CARE) TYPE 3
<b>HIGHER TYPE</b>	CLIENT NEEDS 24 HOUR MONITORING BY PROFESSIONAL NURSING STAFF, BUT DOES NOT REQUIRE ALL THE RESOURCES OF AN ACUTE CARE HOSPITAL.		

