

2009 Residential Care Facilities Survey

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Confidential when completed

This annual survey is conducted under the authority of the *Statistics Act*, Revised Statutes of Canada 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under the *Statistics Act*.

Correct mailing address information if necessary using the corresponding boxes below:

Legal Name: C0001	Business Name: C0002
Mailing Address: C0004	City: C0005
Province/Territory: C0006	Postal Code: C0007
Language Preference: C0010 1 <input type="radio"/> English 2 <input type="radio"/> French	

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 Agreement:

To reduce duplication and to ensure more uniform statistics, Statistics Canada has entered into an agreement under section 12 of the *Statistics Act* with the Canadian Institute for Health Information (CIHI) for the sharing of information from this survey. Under section 12 of the *Statistics Act* you may refuse to share your information with the Canadian Institute for Health Information by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope.

Survey purpose:

This survey collects social, financial and operating data required to produce statistics for your industry. For more information, please consult the enclosed reporting guide.

Coverage:

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

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 1 877 256-2370.

Do you have any questions? Do you need another questionnaire? For assistance and information please call: 1 888 291-6111

Type of organization (Check ONE only): Refer to this section in the guide

- | | | | |
|---|--|--|---|
| 031 1 <input type="radio"/> Sole proprietorship | 3 <input type="radio"/> Incorporated company | 5 <input type="radio"/> Joint venture | 7 <input type="radio"/> Government |
| 2 <input type="radio"/> Partnership | 4 <input type="radio"/> Co-operative | 6 <input type="radio"/> Government business entity | 8 <input type="radio"/> Non-profit organization |

GST Number / Business Number:

Does your business have a GST Registration Account Number or a Business Number (BN)?

- 040 1 Yes → If yes, please report your GST number or Business Number 041
- 3 No

Reporting Arrangement

Are you reporting for more than one facility?

- 050 1 Yes → If yes, please report the number of facilities you are reporting for with this form 051
- 3 No

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Name of person completing this questionnaire:

Last Name: *(please print)*

C0054

First Name:

C0013

Telephone:

Area Code

Number

C0017

 -

Extension:

C0027

Facsimile:

Area Code

Number

C0016

 -

Title:

C0014

Email address:

C0018

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, 2009 and March 31, 2010**. For example, if your fiscal period ended December 31, 2009, please report for the period January 1, 2009 to December 31, 2009.

011 Year Month Day

From

012 Year Month Day

To

A. Ownership – Refer to this section in the guide

(Check one only)

Proprietary

Religious

Lay (i.e., not for profit, non-profit voluntary associations, societies)

Municipal

Provincial or Territorial

Federal

Regional Health Authority, Board, District, Corporation

Ownership

102

11

02

01

04

05

12

14

B. Number of beds as of the last day of the fiscal period – Refer to this section in the guide

Licensed or approved

Staffed and in operation
(in use or vacant)

1. Number of beds (including respite beds)

121

122

2009 Residential Care Facilities Survey - continued

C. Total days of care (by responsibility for payment) – Refer to this section in the guide

		Number of Days
1. Provincial Health Department or Ministry (i.e., Provincial Health Insurance Plan, Regional Health Authority)	131	<input type="text"/>
2. Provincial Social Services Department or Ministry (i.e., Provincial Social Services Plan)	132	<input type="text"/>
3. Other Provincial Department or Ministry (<i>specify</i>) 520	133	<input type="text"/>
4. Municipalities, regional or district administration	134	<input type="text"/>
5. All other, including federal government and self-pay by residents	135	<input type="text"/>
6. Total days (sum of boxes 131 to 135)	136	<input type="text"/>

D. Movement of residents – Refer to this section in the guide

		Number of Residents
1. In facility on the first day of the fiscal period	151	<input type="text"/>
2. Admissions during reporting period	152	<input type="text"/>
3. Total under care (box 151 plus 152)	153	<input type="text"/>
4. Discharges during reporting period	154	<input type="text"/>
5. Deaths during reporting period	155	<input type="text"/>
6. Total separations (box 154 plus 155)	156	<input type="text"/>
7. In facility on the last day of the fiscal period (<i>box 153 minus 156</i>)	157	<input type="text"/> *

* Box 157 must agree with boxes 221, 240 and 272.

Characteristics of Residents

E. Age and sex of residents in facility on the last day of the fiscal period – Refer to this section in the guide

Age Groups <i>(Count each person once only)</i>		Number of Residents		Age Groups <i>(Count each person once only)</i>		Number of Residents	
		Male	Female			Male	Female
1. Less than 10 years	201	<input type="text"/>	<input type="text"/>	6. 70 to 74 years	211	<input type="text"/>	<input type="text"/>
2. 10 to 17 years	203	<input type="text"/>	<input type="text"/>	7. 75 to 79 years	213	<input type="text"/>	<input type="text"/>
3. 18 to 44 years	205	<input type="text"/>	<input type="text"/>	8. 80 to 84 years	215	<input type="text"/>	<input type="text"/>
4. 45 to 64 years	207	<input type="text"/>	<input type="text"/>	9. 85 years and over	217	<input type="text"/>	<input type="text"/>
5. 65 to 69 years	209	<input type="text"/>	<input type="text"/>	10. Total residents (sum of lines 1 to 9)	219	<input type="text"/>	<input type="text"/>
				Grand Total Residents	221	<input type="text"/>	<input type="text"/> *

2009 Residential Care Facilities Survey - continued

F. Type of care – Refer to this section in the guide

Please group all residents in facility on the last day of the fiscal period into the following -
(Count each person once only)

	Number of Residents
1. Room and board only	228 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Room and board with guidance/counselling with respect to social, employment, addiction problems, or parental guidance with skilled counselling (i.e., child care homes)	229 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Room and board with custodial care and/or special school, sheltered workshop, etc	230 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Type I (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)	232 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Type II (i.e., medical and professional nursing supervision, etc.)	234 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Type III (i.e., medical management, skilled nursing care, etc.)	236 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Higher type	238 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Total residents (sum of boxes 228 to 238)	240 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

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

Refer to this section in the guide

(Count each person once only)

	Number of Residents
1. Aged (65 years of age and over)	261 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Physically Challenged and/or Disabled	262 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Developmentally Delayed	263 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Psychiatrically Disabled	264 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Emotionally Disturbed Children	265 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Addictions	266 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Transients	269 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Others (specify) ⁵²¹ <input type="text"/>	271 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Total residents (sum of boxes 261 to 271)	272 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *

* Totals in boxes 157, 221, 240 and 272 should agree.

2009 Residential Care Facilities Survey - continued

Personnel – Do not include contract staff or professionals paid by an outside source

H. Direct care to residents – Refer to this section in the guide

	Personnel employed on the last day of the fiscal period (excluding casuals)		Total accumulated paid hours during reporting period (including casuals)	hrs.
	Full-time	Part-time		
1. Registered nurses	301	302	303	
2. Registered qualified nursing assistants/licensed practical nurses	307	308	309	
3. Physiotherapists/occupational therapists	316	317	318	
4. Other therapists (specify) 522	319	320	321	
5. Activity/recreation staff	322	323	324	
6. Other direct care staff not included above (specify) 523	328	329	330	
7. Total direct care staff	331	332	333	

I. General services – Refer to this section in the guide

	Personnel employed on the last day of the fiscal period (excluding casuals)		Total accumulated paid hours during reporting period (including casuals)	hrs.
	Full-time	Part-time		
1. Administration (Include Unit/Ward Clerks)	351	352	353	
2. Dietary (i.e., kitchen/food services)	354	355	356	
3. Housekeeping/laundry	357	358	359	
4. Plant operation, maintenance and security (i.e., janitorial services)	363	364	365	
5. Other general services staff (specify) 524	366	367	368	
6. Total general services staff	369	370	371	
7. TOTAL STAFF (Sum of lines H.7 plus I.6)	381	382	383	

Hours reported should have corresponding dollar values reported in Sections J and K.

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Expenses – You may provide financial statements instead of completing the financial questions. Ensure pages 1, 2, 3, 4 and 5 are completed.

J. Direct care to residents expenses – Refer to this section in the guide

Financial information should be reported for the most recent fiscal year that ended at any time between April 1, 2009 and March 31, 2010.
(Round to nearest dollar)

	Salaries and wages	All other expenses	Total
1. Registered nurses	401		402
2. Registered qualified nursing assistants/licensed practical nurses	405		406
3. Physiotherapists/occupational therapists	411	412	413
4. Other therapists (specify) ⁵²⁵ <input type="text"/>	414	415	416
5. Activity/recreation staff	417	418	419
6. Other direct care staff not included above (specify) ⁵²⁶ <input type="text"/>	423	424	425
7. Drugs (include oxygen/medical gases)		426	427
8. Medical and surgical supplies		428	429
9. Other supplies (specify) ⁵²⁷ <input type="text"/>		430	431
	432	433	434
10. Total - direct care expenses (sum of lines J.1 to J.9)			

K. General services expenses – Refer to this section in the guide

1. Administration (include all employee benefits in box 442)	441	442	443
2. Dietary (i.e., kitchen/food services)	444	445	446
3. Housekeeping/laundry	449	450	451
4. Plant operation, maintenance and security (i.e., janitorial services)	455	456	457
5. Other (specify) ⁵²⁸ <input type="text"/>	458	459	460
	461	462	463
6. Total - general services expenses (sum of lines K.1 to K.5)			

L. Other expenses – Refer to this section in the guide

1. Other (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		483	484
	495	496	497
2. TOTAL EXPENSES (sum of lines J.10 + K.6 + L.1)			

Dollar values reported for salaries and wages should have corresponding hours reported in Sections H and I.

NOTE: Audited data not required

2009 Residential Care Facilities Survey - continued

Revenue – You may provide financial statements instead of completing the financial questions. Ensure pages 1, 2, 3, 4 and 5 are completed.

M. Source of Revenue – Refer to this section in the guide

Financial information should be reported for the most recent fiscal year that ended at anytime between April 1, 2009 and March 31, 2010.
(Round to nearest dollar)

Accommodations	Amount
1. Provincial Health Department or Ministry (i.e., Provincial Health Insurance Plan, Regional Health Authority)	501
2. Provincial Social Services Department or Ministry (i.e., Provincial Social Services Plan)	502
3. Other Provincial Department or Ministry (specify) 529	503
4. Municipalities, regional or district administrations	504
5. All other (i.e., federal government and W.C.B.)	505
6. Residents - co-insurance or self-pay	506
7. Differential - preferred accommodation	507
8. Total revenue from accommodation (sum of boxes 501 to 507)	508
9. Other Sundry earnings	509
10. TOTAL REVENUE (sum of boxes 508 and 509)	510
Surplus (box 510 minus box 497)	511
Deficit (box 497 minus box 510)	512

NOTE: Audited data not required

1. How long did you spend collecting the data and completing this form? 9910 hours 9909 minutes

2. Comments?

We invite you to assist us in improving the survey. Your comments and general remarks would be greatly appreciated:

9920 _____
 9913 _____
 9914 _____
 9915 _____

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature:

Date:

Year

Month

Day

C0015

Lost the postpaid envelope?

Please call us at 1 888 291-6111 or fax us at 1 877 256-2370.

Thank you for completing this questionnaire.

FOR INFORMATION ONLY