

GEORGE M. GUIMOND CARE CENTRE INC.



2015-2016

George M. Guimond Care Centre Inc.

ANNUAL REPORT 2015/2016

PROGRAM & SERVICE DESCRIPTION

George M. Guimond Care Centre Inc. (GMGCC) is a thirty (30) bed long term care facility. The 24 hour program offers nursing care, help for daily living (ie, bathing, feeding, changing clothing, ambulation, etc), housekeeping, laundry, nutrition services, dietitian services, recreational program, rehabilitation services, occupational therapy services, spiritual programs and also a hairdresser for residents. Depending on our residents' needs, other allied health (ie, physiotherapy, foot care) services may be contracted.

MISSION STATEMENT

"George M. Guimond Centre strives to provide holistic, quality resident centered care, afforded within available resources, reflective of traditional values of First Nation's people. Residents, families and staff of George M. Guimond Care Centre Inc. are recognized as partners in the development and delivery of long term care services".

VISION STATEMENT

"Working together to empower individuals, families and our community to pursue optimum health through healthy lifestyles."

ACCESSING SERVICE

All potential residents must be paneled for placement. Panel occurs at the community level through Home Care in your community. Interested persons can contact either your local Home Care Nurse or George M. Guimond Care Centre Inc. at 204-367-2245 and we can provide you more information or persons to contact.

ANNUAL REPORT 2015/2016

Meeting the Provincial Personal Care Home Standards is continuous work. Policies require review & revision on a three year cycle. All future policy revisions will be reflective of Interlake-Eastern RHA Long Term Care policies and any new changes in Provincial Legislation pertaining to Personal Care Homes. All policies must be evidence based, meaning documentation on all procedures is required.

- Representation is present at all IERHA Long Term Care Leadership Meetings to obtain updates on changes in Provincial & RHA Policy.
- Standards Review Teleconferences, to assist the PCH's in meeting the Provincial Standards – Manitoba Health provided the FNPCH's with one monthly teleconference; Interlake Eastern RHA had also provided monthly WebEx/teleconferences. Administration and staff had participated in both teleconferences.
- Negotiations with IERHA for obtaining services in regards to:
 - Education sessions for Long Term Care
 - Contract for Resident Level of Care Assessments (used to determine funding)
- On-going services required. Contracts were signed for:
 - Physician Services – annual contract was signed to secure a physician for all residents.
 - Dietitian Services – annual contract signed. Services include staff training, menu development, therapeutic diets, assess new and existing residents and participate in care plan reviews.
 - Foot Care Nurse – Services were provided to residents monthly.

- Occupational Therapist – The Occupational therapist provided monthly resident assessments and participated in resident care plan reviews. Training for safe lifting techniques have been provided. OT provided recommendations for equipment and furniture that will enhance the daily lives and comfort of the residents.
- Speech Language Pathologist (SLP) – Initial visit was March 2, 2016. SLP was in to assess 3 residents to enhance communication techniques between these 3 residents and the staff. Recommendations were made for electronics to enhance resident communications. These electronics are in trial mode as the residents learn how to utilize.
- Manitoba Health Standards Reviews conducted to date:
 - **August 13, 2015.** Report has been received. Staff continue to address items in order to meet standards reviewed.
- Manitoba Health PCH Standards Summary:

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Summary of Results

Standard	Regulation	Review Team Rating
1	Bill of Rights	
2	Resident Council	
3	Eligibility for Admission	
4	Information on Admission	
5	Participation in Care Plans	
6	Communication	
7	Integrated Care Plan	
8	Freedom from Abuse/Neglect	
9	Use of Restraints	
10	Medical Services	
11	Nursing Services	
12	Pharmacy Services	
13	Health Records	

Standard	Regulation	Review Team Rating
14	Nutrition and Food Services	
15	Housekeeping Services	
16	Laundry Services	
17	Recreation	
18	Spiritual and Religious Care	
19	Safety and Security	
20	Disaster Management	
21	Infection Control Program	
22	Person in Charge	
23	Qualified Staff	
24	Staff Education	
25	Complaints	
26	Critical incidents and Critical Occurrences	

Effective: January 1, 2015 Continuing Care Branch

Occupancy Rate	-	90%
# of Regular Admissions	-	7
# of Interim Admissions	-	1
# of Respite Admissions	-	1
# of Transfers to Other PCH's	-	0
# of Discharges to Hospital	-	1
# of Deaths	-	6
Levels of Care = Level 2	-	11
Level 3	-	15
Level 4	-	9

Capital

For the 2015/16 Fiscal year, capital work completed were flooring repairs, storage building, a generator, vehicle replacement, eavestrough replacement, replacement of signage within the building, installation of coded door locks, duct cleaning, replacement of dietary equipment, replacement of 2 tubs and lift chairs

Future capital needs include fencing and the installation of a weeping tile system to move water away from the building. Assess the life of the current equipment and plan/budget for replacement.

Professional Development

Staff Participated in on-site training sessions for:

- Fire Extinguisher Training
- Safe Feeding Practices
- Texture Modified Diets
- Handwashing & PPE
- Ceiling Lifts & Transfers
- Diabetes Diet Management
- Use of new equipment

Off-site training sessions included:

- P.I.E.C.E.S Dementia Care
- Food Handlers
- Wound Care
- CPR & AED
- Dementia Care 2016
- Falls Management

- Current Funding is provided by Indigenous and Northern Affairs Canada (INAC).
 - INAC funding levels are \$120.05 per day per resident.
 - Residents are required to pay rental charges based on the Manitoba rates. Current rate is \$34.50 per day.
<http://www.gov.mb.ca/health/pcs/docs/guide.pdf>
 - INAC has been providing a “One-Time, SET Funding” to GMGCC.
- 2015/16 Fiscal Year-end audit was completed by Meyers Norris Penney. George M. Guimond Care Centre Inc. has received an unqualified audit. (see attached pages). GMGCC Audit is Consolidated with the Sagkeeng First Nation 2015/16 Audit.

CHALLENGES

INAC has been providing annual top up funding (“One-Time, SET Funding”) since 2011, to assist GMGCC with costs associated with meeting the Provincial PCH Standards.

- There is no commitment of the funding being available each year.
- There is no guarantee of the amount of funding that will be granted.
- There is no specific date when funding will be disbursed.

The lack of a proper funding formula jeopardizes the care of our elders, as well as prevents GMGCC from meeting Provincial PCH Standards including:

- a. Access to allied health services (OT/PT/Dietician/Mental Health). Allied health services are Non-Insured Health Services and have to be purchased from private practice providers;
- b. The ability to recruit and retain qualified and experienced personnel in all departments;
- c. The ability to meet the Nursing Services Guideline of 24/7 coverage of a Registered Nurse, as outlined in the Manitoba Health Policy #HCS 205.3 (Nursing Services Guideline Plan/Template);
- d. The continued ability to meet Safety & Security items within the Provincial PCH Standards; and

- e. The ability to provide required education programs for new employees and also annual education programs to enhance the knowledge of the employees to continue to provide safe quality resident care.

7. Health Trends

- 62% of our current residents are from the community. The remaining come from other First Nation communities
- Within the community, health trends that will affect future admissions are:
 - Diabetes – and complications from diabetes (blindness, amputations, wound care, dialysis)
 - Acquired Brain Injury, either from stroke or dementia due to life style choices
 - Debilitating muscular and joint illness – arthritis, muscular sclerosis
 - Dementia and the frail elderly.
- The above listed, except for dementia/frail elderly, are being diagnosed in younger age groups and require more specialized care.

NEXT STEPS

Approved by the Board of Directors on 11/11/15

Manitoba Health Standards Reviews:

- May 24 & 25, 2016 – Full 26 Standard Review
- November 30, 2016 – 5 Core Standards Review & Bold Measures in other Standards if time permits
- Spring 2017 – Full 26 Standard Review

Orientation & Education:

- Continue to build & revise current Orientation packages for all departments.
- Review and build upon current Education program to reflect recommendations outlined in the Manitoba Health PCH Standards.
- Continue with RHA partnership and other education service providers for off-site education programs.

Quality Management:

Continuous Quality Improvement program involves the evaluation (audit) of care, services, education, complaints and compliance with Manitoba Health guidelines. Evaluations (audits) are reviewed & analyzed and the outcomes are recommendations for improvement.

- 14 of the 26 Standards have continuous quality improvement performance measures.
- Standard #22 – 75% of the performance measures is continuous quality improvement.

Violence Prevention Program:

- Provide 100% of employees with Violence Prevention Training.
- Begin to screen potential residents for violence and aggression.
- Conduct a Workplace Violence Risk Assessment, including a mechanism to identify “person of interest” that may pose a risk to staff and residents.

Funding Issues:

1. A new funding formula needs to be developed by INAC to ensure the sustainability of the PCH's. Funding should include provisions of:
 - a. Access to the Band Employee Benefits (BEB) program that was capped by INAC in 1988.
 - b. Funding that will be disbursed at the beginning of the fiscal year.
 - c. A mechanism that keeps the funding current with annual increases.
 - d. The ability to access capital funding to address future needs in infrastructure and Safety & Security items (replacement of equipment, etc).
2. Resident rental rates increase every August based on charges determined by the Government of Manitoba. August 2016, these rates will increase to \$34.90 per day. <http://www.gov.mb.ca/health/pchs/docs/guide.pdf>

As we advance towards the goal of becoming a Provincially Licensed PCH, negotiations at a higher political level need to occur for:

- a. Framework Agreement between the Government of Canada and the Province of Manitoba. The Framework Agreement will outline the roles & responsibilities of each party with respect for the licensing of GMGCC and the other FNPCH's.
- b. Service Purchase Agreement (SPA) – initiate the negotiations of the development of an SPA between GMGCC, Manitoba Health and the Interlake Regional Health Authority.

George M. Guimond Care Centre Inc.

Independent Auditors' Report

To the Board of Directors of George M. Guimond Care Centre Inc.

We have audited the accompanying financial statements of George M. Guimond Care Centre Inc., which comprise the statement of financial position as at March 31, 2016, and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information. The financial statements have been prepared by management of the Organization based on the funding agreements between the Fort Alexander Indian Band and Canada Mortgage and Housing Corporation ("CMHC").

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and presentation of these financial statements in accordance with the funding agreements between Fort Alexander Indian Band and CMHC, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of George M. Guimond Care Centre Inc. as at March 31, 2016 and the results of its operations, changes in net assets and its cash flows for the year then ended in accordance with the funding agreements between Fort Alexander Indian Band and CMHC.

Basis of Accounting and Restriction on Use

Without modifying our opinion, we draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared to assist Fort Alexander Indian Band to comply with the reporting requirements of the funding agreements referred to above. As a result, these financial statements may not be suitable for another purpose. Our report is intended solely for the members of Fort Alexander Indian Band and CMHC and should not be used by parties other than members of Fort Alexander Indian Band and CMHC.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental information presented in schedules 1 and 2 are presented for the purpose of additional analysis. Such supplemental information has been subjected only to auditing procedures applied in the audit of the basic financial statements as a whole.

Winnipeg, Manitoba

July 19, 2016

MNP LLP


Chartered Professional Accountants

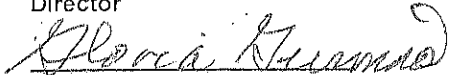
George M. Guimond Care Centre Inc.
Statement of Financial Position


As at March 31, 2016

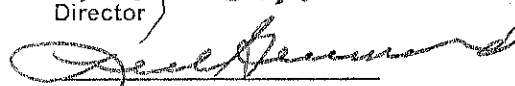
	2016	2015
Assets		
Current		
Cash	324,878	998,395
Accounts receivable	49,287	31,191
Marketable securities (Note 3)	55,922	62,121
Restricted cash (Note 9)	33,932	33,863
Prepaid expenses	10,340	9,472
	474,359	1,135,042
Due from related parties (Note 4)	149,396	145,731
Capital assets (Note 5)	4,842,430	4,503,012
	5,466,185	5,783,785
Liabilities		
Current		
Accounts payable and accruals	484,167	237,991
Deferred contributions (Note 6)	-	816,000
Prepaid rental income (Note 7)	968	24,382
Current portion of long-term debt (Note 8)	17,060	45,300
	502,195	1,123,673
Long-term debt (Note 8)	-	21,371
	502,195	1,145,044
Contingencies (Note 11)		
Net Assets		
Invested in capital assets	4,825,370	4,436,341
Unrestricted	91,441	158,610
Operating surplus reserve	15,500	15,500
Replacement reserve (Note 9)	31,679	28,290
	4,963,990	4,638,741
	5,466,185	5,783,785

Approved on behalf of the Board


Director


Director


Director


Director

The accompanying notes are an integral part of these financial statements

George M. Guimond Care Centre Inc.

Statement of Operations

For the year ended March 31, 2016

	2016 Budget	2016	2015
Revenue			
Indigenous and Northern Affairs Canada (INAC)	2,166,809	2,396,522	2,371,025
Rental income	334,084	336,888	311,858
Canada Mortgage and Housing Corporation subsidy	22,490	22,490	22,490
Other income	11,240	24,208	13,243
Revenue deferred from prior year (Note 6)	-	816,000	684,403
Revenue deferred to subsequent year (Note 6)	-	-	(816,000)
	2,534,623	3,596,108	2,587,019
Expenses			
Ambulance services	9,000	5,643	6,092
Administrative	-	66,636	-
Amortization	-	461,337	339,382
Automotive	18,500	12,815	17,827
Bad debts	-	22,107	-
Bank charges and interest	3,000	5,891	4,434
Board travel, training and honouraria	25,000	8,000	32,373
Community activities	10,000	34,426	11,074
Community donations	5,000	8,025	6,000
Food and beverage	165,000	173,620	165,547
Insurance	26,000	36,829	29,859
Interest on long-term debt	52,500	2,037	4,259
Miscellaneous	3,545	3,967	15,170
Professional fees	64,000	65,869	38,647
Repairs and maintenance	74,000	79,134	66,671
Replacement reserves	32,000	3,389	3,389
Salaries and benefits	2,041,626	2,018,575	1,643,272
Social assistance	3,240	4,050	1,699
Supplies	99,000	156,162	105,532
Telephone	12,000	13,086	12,257
Training and education	18,000	21,331	24,316
Travel	19,500	1,714	15,157
User fees	8,712	8,712	8,712
Utilities	65,000	54,693	70,650
	2,754,623	3,268,048	2,622,319
Excess (deficiency) of revenue over expenses before other items	(220,000)	328,060	(35,300)
Other items			
Unrealized gain (loss) on marketable securities	-	(6,200)	12,753
Replacement reserve	-	3,389	3,389
	-	(2,811)	16,142
Excess (deficiency) of revenue over expenses	(220,000)	325,249	(19,158)

The accompanying notes are an integral part of these financial statements



George M. Guimond Care Centre Inc.

Box 308, Pine Falls, MB R0E 1M0
Phone (204) 367-2245 / 367-2246 Fax (204) 367-8516

Organization Report

Submitted to the Community of
Sagkeeng First Nation

Submitted: November 10, 2016

Report to: October 31, 2016

George M. Guimond Care Centre Inc. (GMGCC) is a thirty (30) bed long term care facility. The 24 hour program offers nursing care, help for daily living (ie, bathing, feeding, changing clothing, ambulation, etc), housekeeping, laundry, meals, activities, spiritual programs, and also a hairdresser for residents.

As at October 31, 2016, the resident occupancy rate at GMGCC was 97% (62% of the residents being Sagkeeng First Nation Band members), with resident ages range from age 49 to age 89. Current Levels of Care as follows:

Level I - 0 Level II - 9 Level III - 15 Level IV - 5

Staffing Complement:

Measured in Equivalent Full Time (EFT) is as follows:

Administration	-	4.0		
Bachelor of Nursing	-	1.0		
Registered Nurses	-	1.0		
Licensed Practical Nurses	-	3.6		
Health Care Aides	-	13.5		
Dietary	-	6.5		
Housekeeping & Laundry	-	5.2		
Activity/Rehabilitation	-	1.0		
Maintenance & Van Driver	-	3.0	Total EFT	= 38.8

Employment:

- We will only accept applications for open positions. Employment applications MUST include: current Criminal Record Check, Child Abuse Registry and Adult Abuse Registry.

Financial:

Report for April 1, 2016 to October 31, 2016

George M Guimond Care Centre Inc.

Income Statements

Oct 31, 2016

	<u>AANDC & Other Revenue</u>	<u>AANDC SET Funding</u>
Revenue	1,002,325	642,885
Expenses	902,516	576,703
Surplus/(Deficit)	<u>99,809</u>	<u>66,182</u>

Note: Licensing expenditures are in progress to offset the surplus and bring back to zero balance.

Provincial Licensing Developments

Capital Upgrades

There are still deficiencies that have to be addressed by INAC collectively with the rest of the Manitoba First Nation Personal Care Home Network Group (MFNPCH).

Per Diem Formula

Current funding for GMGCC is through the Social Development department of INAC and the residential portion. AANDC funding levels are \$120.05 per day per resident, regardless of resident level of care. Residents are required to pay rental charges based on the Manitoba rates. Current rate is \$34.90 per day. <http://www.gov.mb.ca/health/pcs/docs/guide.pdf>

- **As at August 2015 INAC has not determined a new funding formula** and instead, has decided to give an injection of funds based on the March 18, 2014 Compliance Review conducted.
- In follow up to the February 26, 2016 Manitoba First Nations Personal Care Home Network Group and INAC meeting, INAC Head Quarters had submitted an injection of "Set Funds" for the MFNPCH's for the 2016/17 fiscal year. INAC had released GMGCC's funding on July 15, 2016 to Sagkeeng First Nation.

Panelling of Residents

GMGCC has established an Admission Criteria Policy. Included in the policy is the statement that potential residents must be Provincially Panelled for Placement.

If you feel that your loved one requires placement into GMGCC, please contact your nearest Home Care program to initiate the Panel process.

Personal Care Home Standards

Meeting the Provincial Personal Care Home Standards is continuous work. Policies require review & revision on a three year cycle. All future policy revisions will be reflective of Interlake-Eastern RHA Long Term Care policies and any new changes in Provincial Legislation pertaining to Personal Care Homes. All policies must be evidenced based, meaning, documentation on all procedures is required.

- One representative is present at all IERHA Long Term Care Leadership Meetings to obtain updates on changes in Provincial & RHA Policy.
- One representative and a Board representative attend the monthly Manitoba First Nation Personal Care Home Network Group meeting.
- Negotiations with IERHA for obtaining services in regards to:
 - Education sessions for Long Term Care
 - Contract for Resident Level of Care Assessments (used to determine funding)
- Contracts were signed and work continues for:
 - Physician Services – contract is signed annually to secure a physician for all residents.
 - Dietitian Services – The dietitian continues to assess current residents and new admissions and participates in resident care plan reviews. The Dietitian will continue to provide training to the dietary and nursing staff as the need arises.
 - Foot Care Nurse – Services continue once a month.
 - Occupational Therapist – The Occupational therapists continues to assess residents monthly and participates in resident care plan reviews. Training for safe lifting techniques was provided to care staff on September 26 & 30, 2016. OT also provides recommendations for any equipment and furniture that will enhance the daily lives and comfort of the residents.
 - Speech Language Pathologist (SLP) – In follow up to Initial visit on March 2, 2016. SLP assessed 3 residents and 2 residents were recommended for use of enhance communication electronics that are being rented through the Winnipeg Regional Health Authority.
- Manitoba Health Standards Reviews conducted to date: **May 24 & 25, 2016 – Full 26 Standard Review.** Report has been received and staff continue to address items in order to meet standards reviewed.

- Next Review by Manitoba Health: **December 13, 2016 – 5 Core Standards Review**
Manitoba Health Debriefing on Standards Review findings: December 13, 2016 with all staff present. December 14, 2016 with the Board of Directors.
- See attached lists of Manitoba Health PCH Standards

Although negotiations have been on-going for many years, much work still needs to be done. Chief & Council along with George M. Guimond Care Centre Inc. still need to meet with the CEO of the IERHA to negotiate and sign a Service Purchase Agreement. To date, there is no official word as to when this process will begin.

Main Contact People at GMGCC: (204) 367-2245

- Linda Twoheart - A/Administrator
- Carol Guimond - Finance Officer
- Don Hildebrand - Director of Resident Care
- Jean Normand - Recreation/Rehab Program
- Glenda Cook - Supervisor, Housekeeping/Laundry
- Lyle Courchene - Dietary Supervisor

Summary of Provincial PCH Standards

Summary of Results

Standard	Regulation	Review Team Rating
1	Bill of Rights	
2	Resident Council	
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