

MOHLTC Facility # H14597	Operator Name Norview Lodge - Norfolk County
LHIN Name Hamilton Niagara Haldimand Brant Local Health Integration Network	

Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt

Current Revenue Period	Resident Days					Total Days (1d)	Resident Revenue		
	January to March (1a)	April to June (1b)	July (1ba)	August to December (1c)	Basic Fees (2)		Preferred Fees - January to June (3a)	Preferred Fees - July to December (3b)	
A001 Long-Stay - Private. Exclude amounts reimbursed at 1.9% of Preferred Fees for the January to June 2021 period and 0.7% for the July to December 2021 period from Preferred Fees in column 3	5,200	5,121	1,682	8,167	20,170	1,246,011	272,133	252,238	
A002 Long-Stay - Semi - Private. Exclude amounts reimbursed at 1.9% of Preferred Fees for the January to June 2021 period and 0.7% for the July to December 2021 period from Preferred Fees in column 3					0				
A003 Long-Stay - Basic	9,975	10,466	3,573	17,926	41,940	2,235,203			
A004 Long-Stay two-bed room (Shared by spouses)					0				
A005 Short-Stay - Respite Care bed converted into a long-stay bed					0				
A005a Specialized Unit - approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)					0				
A005b Specialized Unit - not approved for reimbursement of preferred Fees (Include long-stay residents occupying Specialized Unit beds)					0				
A006 Total Level of Care Long-Stay, Short Stay-Respite Care Beds converted into long-stay beds and Specialized Unit beds. (Sum of lines A001 through A005b)	15,175	15,587	5,255	26,093	62,110	3,481,214	272,133	252,238	
A007 Interim Short-Stay - Private. Exclude amounts reimbursed at 1.9% of Preferred Fees for the January to June 2021 period and 0.7% for the July to December 2021 period from Preferred Fees in column 3					0				
A008 Interim Short Stay - Semi-Private. Exclude amounts reimbursed at 1.9% of Preferred Fees for the January to June 2021 period and 0.7% for the July to December 2021 period from Preferred Fees in column 3					0				
A009 Interim Short Stay - Basic					0				
A010 Interim Short-Stay - two-bed room (Shared by spouses)					0				
A011 Total Level of Care Interim Short-Stay beds (Sum of lines A007 through A010)	0	0	0	0	0	0	0	0	
A012 Convalescent Care Beds converted into long-stay beds					0				

A015	The uncharged portion of resident accommodation fees arising from the variance between the maximum basic accommodation fee which should be charged to residents without an approved rate reduction and the basic accommodation fee charged if the basic accommodation fee charged is less than the maximum basic accommodation fee and, the variance between the Director approved reduced basic accommodation fee and the basic accommodation fee charged if the basic accommodation fee charged is less than the Director approved reduced basic accommodation fee.
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Actual Occupancy of Awarded Beds and Replacement "D" beds, and Replacement "B", "C" and Upgraded "D" beds during the Fill rate period and the Pre-Move Occupancy Days for Classified "D" Replacement beds. (to be completed by Licensees operating such beds)	Resident-Days				
	January to March (1a)	April to June (1b)	July (1ba)	August to December (1c)	Total Days (1d)
A020a Actual Resident-days in lines A001 through A005 that was attributed to the Fill-Rate period for awarded beds and replacement "D" beds, replacement "B", "C" and Upgraded "D" beds, the Pre-Move Occupancy Days for Classified "D" Replacement beds, and the 90 day fill-rate period for specialized unit beds.					0
A020b Actual Resident-days in line A005 that was attributed to awarded beds and replacement "D", replacement "B", "C" and Upgraded "D" beds during the Fill rate Period and the Pre-Move Occupancy Days for Classified "D" Replacement beds					0

Orientation/Fill-rate Period - Interim Short-Stay beds and Convalescent Care beds	Resident-Days				
	January to March (1a)	April to June (1b)	July (1ba)	August to December (1c)	Total Days (1d)
A021a Actual Interim Short-Stay bed resident-days in lines A007-A010 during the Fill Period					0

Actual occupancy of beds approved for Occupancy Reduction Protection (ORP)	Resident-Days				
	January to March (1a)	April to June (1b)	July (1ba)	August to December (1c)	Total Days (1d)
A022a Actual Resident-days in lines A001-A004 during ORP Period					0
A022b Actual Resident-days in line A007-A010 during ORP Period					0

Resident-Days

MOHLTC Facility # H14597	Operator Name Norview Lodge - Norfolk County
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Section A - Level of Care (LOC) Actual Resident Occupancy, Resident Revenue and Resident Bad Debt, continued

	Prior Period Revenue	Revenue	For Ministry Use Only
A030	Basic Revenue: July 1, 1994 to December 31, 2020		

Resident Bad Debt on 2021 Basic Accomodation Fees		For Ministry Use Only
A040	Basic Accommodation Fees - Bad Debt	
A041	Collection Costs	
A042	Total Bad Debt Costs (A040 + A041)	\$0

Section B - Actual Other Recoverable Revenue

	Description	Revenue (1)	For Ministry Use Only Recoverable Revenue (2)
B001	Interest Earned		
B002	Other LTC Home funding provided by Government		
B003	Other: Provide		
B004	Total - Actual Other Recoverable Revenue (Sum of lines B001 through B003)	\$0	

Ontario 2021 Long-Term Care Home Annual Report

Ministry of Long-Term Care For the period from **2021-01-01** to **2021-12-31**

Ministère des Soins de longue durée

MCHLTC Facility # **H14597** Operator Name: **Norview Lodge - Norfolk County**

Section C - Actual Expenditures - Nursing and Personal Care

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Nursing and Personal Care (NPC)								
C001	Salaries	7,230,459	7,230,459				0	
C002	Employee Benefits	2,305,666	2,305,666				0	
C003	Purchased Services	33,406	33,406				0	
C004	Medical and Nursing Supplies	259,219	259,219				0	
C005	Equipment		8,400				0	
C006	Physician On-Call Coverage	17,901	17,901				0	
C007	Other Provide	22,360	22,360				0	
C008	Expenditure Recoveries (enter as negative)	(1,445)	(1,445)				-	
C009	Total Nursing and Personal Care (Sum of lines C001 through C008)	\$9,867,566	\$8,400	\$9,875,966	\$0	\$0	\$0	\$0

Note: Claim-based not to be included.

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Global Level of Care Funding		
C010	Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$4.50 for the January 1, 2021 to March 31, 2021 period and \$7.27 for the April 1, 2021 to December 31, 2021 period for Nursing and Personal Care expenses. Note: The expenses must also be reported on lines C001 through C009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and RF envelopes	408,792

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Registered Nurse (RN) and Registered Practical Nurse (RPN) - BSO Initiative		
C011	Report the total eligible expenses funded from the RN & RPN - BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C012 will be used to determine any unused funding from the RN & RPN - BSO initiative.	

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Personal Support Worker (PSW) - BSO initiative		
C012	Report the total eligible expenses funded from the PSW- BSO initiative. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C013 will be used to determine any unused funding from the PSW - BSO initiative.	

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: RN/RPN and PSW		
C013	Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for RN/RPN and/or PSW FTE's, and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines C001 through C009, as applicable. The total expenses reported on line C014 will be added to the expenses reported on line D010 to determine any unused funding	

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Enhanced Transition Support Funding		
C014	Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines C001 through C009, as applicable.	

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)
Designated Specialized Units - Additional Funding	
C015	Report the total eligible expenses from the NPC envelope and funded directly from additional funding provided for designated specialized units. The expenses must also be reported on lines C001 through C009, as applicable.

MOHLTC Facility # H14597	Operator Name : Norview Lodge - Norfolk County
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Section D - Actual Expenditures - Program and Support Services

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
Program and Support Services (PSS)								
D001 Salaries	486,464		486,464				0	
D002 Employee Benefits	153,890		153,890				0	
D003 Purchased Services	230,769		230,769				0	
D004 Supplies	19,431		19,431				0	
D005 Equipment			0				0	
D006 Other	572	4,800	5,372				0	
D007 Expenditure Recoveries (enter as negative)	(8,357)		(8,357)				0	
D008 Total Program and Support Services (Sum of lines D001 through D007)	\$882,769	\$4,800	\$887,569		\$0	\$0	\$0	

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Global Level of Care Funding		
D009 Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$4.50 for the January 1, 2021 to March 31, 2021 period and \$7.27 for the April 1, 2021 to December 31, 2021 period for Program and Support Services expenses. Note: The expenses must also be reported on lines D001 through D008, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and RF		

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Additional Healthcare Personnel - BSO initiative		
D010 Report the total eligible expenses funded from the Additional Healthcare Personnel - BSO initiative. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D009 will be used to determine any unused funding from the Additional Healthcare Personnel - BSO initiative.		

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Training and Orientation Activity and Therapeutic Equipment and Supplies - BSO Initiative: Additional Healthcare Personnel		
D011 Report the total eligible expenses funded from the BSO Initiative for Training and Orientation activity for Additional Healthcare Personnel FTE's and Therapeutic Equipment and Supplies. Note: The expenses must also be reported on lines D001 through D008, as applicable. The total expenses reported on line D010 will be added to the expenses reported on line C014 to determine any unused funding.		

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
Enhanced Transition Support Funding		
D012 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines D001 through D008, as applicable.		

MOHLTC Facility # H14597	Operator Name : Norview Lodge - Norfolk County
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Section E - Actual Expenditures - Raw Food

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only "Allowable Expenditure (4)"	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only "Allowable Expenditure (8)"
Raw Food								
E001 Raw Food	697,701		697,701				0	
E002 Expenditure Recoveries (enter as negative)	(1,000)		(1,000)				0	
E003 Total Raw Food (Sum of lines E001 through E002)	\$696,701	\$0	\$696,701		\$0	\$0	\$0	

Global Level of Care Funding

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	Convalescent Care beds only (2)
E004 Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$4.50 for the January 1, 2021 to March 31, 2021 period and \$7.27 for the April 1, 2021 to December 31, 2021 period for Raw Food expenses. Note: The expenses must also be reported on lines E001 through E003, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and RF envelopes.	20,937	

Section F - Actual Expenditures - Other Accommodation

	LTC and Interim Bed Arms-Length Transactions (1)	LTC and Interim Bed Non-Arms-Length Transactions (2)	Sub-Total (3)	For Ministry Use Only Allowable Expenditure (4)	Convalescent Care Arms-Length Transactions (5)	Convalescent Care Non-Arms-Length Transactions (6)	Sub-Total (7)	For Ministry Use Only Allowable Expenditure (8)
F001 Housekeeping Services (HS)	860,423	800	861,223				0	
F002 Building and Property - Operations and Maintenance (B&P-OM)	707,621		707,621				0	
F003 Dietary Services (DS)	1,436,252	800	1,437,052				0	
F004 Laundry and Linen Services (L & LS)	456,570	800	457,370				0	
F005 General and Administrative (G&A)	389,300	424,593	813,893				0	
F006 Facility Costs (FC)	1,196,975	62,220	1,259,195				0	
F007 Total Other Accommodation Expenditures (Line F001 through Line F006)	\$5,047,141	\$489,213	\$5,536,354		\$0	\$0	\$0	
F008 Total Inadmissible Expenditures, Other Accommodation (includes expenditures reported in line F005 and F006, as applicable, for honorariums, donations, mortgage interest, interest on operating line of credit, other interest, amortization and depreciation)	731,932		731,932				0	
F009 Total Other Accommodation Expenditures after Inadmissible Expenditures (Line F007- Line F008)	\$4,315,209	\$489,213	\$4,804,422		\$0	\$0	\$0	

Global Level of Care Funding

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F010 Report the total eligible expenses in relation to the Global LOC per diem funding initiative of \$4.50 for the January 1, 2021 to March 31, 2021 period and \$7.27 for the April 1, 2021 to December 31, 2021 period for Other Accommodation expenses. Note: The expenses must also be reported on lines F001 through F009, as applicable. 32% of the Global LOC funding is allocated to the Other Accommodation envelope; unused funding may be retained by the home. The total expenses reported on lines C010, D009, and E004 will be used to inform the allocation of the remaining Global LOC funding across the NPC, PSS and RF envelopes.		

Municipal Property Tax

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F011 Report the total eligible municipal property tax. The expense must also be reported on line F006 and will be used to determine the eligible Municipal Tax Allowance.		

Enhanced Transition Support Funding

	LTC/Interim beds only (exclude Convalescent Care Beds) (1)	For Convalescent Care beds only (2)
F012 Report the total eligible expenses funded from the Enhanced Transition Support Funding. The expenses must also be reported on lines F001 through F006, as applicable.		

Section I: Part A.

Line Ia01- The Nurse Practitioner in Long-Term Care Home Program

In accordance with the Long-Term Care (LTC) Nurse Practitioner (NP) Program Funding Policy, report on line 1a01 Salary, Benefits, and Overhead expenditures for the Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenditures for 12 months, January 1, 2021 to December 31, 2021

	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01				\$0

Line Ia01b- Attending Nurse Practitioner in Long-Term Care Home Initiative

In accordance with the Attending Nurse Practitioners in Long-Term Care Homes Initiative Funding Policy, report on line 1a01b Salary, Benefits, and Overhead expenditures for the Attending Nurse Practitioner position. DO NOT REPORT THESE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Expenditures for 12 months, January 1, 2021 to December 31, 2021

	Salary	Benefits	Overhead Expenses - operating	Total Costs
Ia01b				\$0

Line Ia01c- Falls Prevention Equipment Funding Program

In accordance with the Falls Prevention Equipment Funding Policy complete the attestation below as applicable. DO NOT REPORT THE COSTS IN SECTIONS C THRU F of the Long-Term Care Home Annual Report.

Ia01c	Funding for the January 1, 2021 to December 31, 2021 period has been used for equipment intended to reduce falls or injuries from falls (Y / N).	Y
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MOHLTC Facility # H14597	Operator Name : Norview Lodge - Norfolk County
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Section I: Part A. (continued)

Ontario

Ministry of Long-Term Care

2021 Long-Term Care Home Annual Report

For the period from

2021-01-01

to

2021-12-31

Ministère des Soins de longue durée

MOHLTC Facility #

H14597

Operator Name :

Norview Lodge - Norfolk County

Section I: Part A. (continued)

MOHLTC Facility # H14597	Operator Name : Norview Lodge - Norfolk County
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Section I: Part B One-time Funding and Other Initiatives.

Use column D to report the expenses applicable to and funded from the funding initiatives below. The expenses reported in column D must not be included in Sections C thru F or Section I: Part A of the LTCH Annual Report.

The items reported in Section I: Part B are to be limited to the expenses that were incurred from January 1, 2021 thru December 31, 2021 only for funding that is received directly by the LTC Home based on the funding provided in the LTCH Payment Calculation Notice. The expenses reported in Section I, Part B are reconciled via alternate processes and shall be excluded from the calculation used to determine the Allowable Subsidy in the 2021 Overall Reconciliation.

Line (A)	Funding Initiative (B)	Description of expenses reported for the January 1, 2021 to December 31, 2021 period (C)	Expenses (D)
lb1	Nurse Led Outreach	Salaries and wages of nurses to ensure timely access to care by LTC Home residents and avoid emergency room and hospital admissions.	
lb2	High Intensity Needs Fund (HINF) Claims-Based	Claims eligible for reimbursement for supplementary staffing, exceptional wound care, preferred accommodation and transportation for dialysis.	16,588
lb3	Laboratory Services Claims	Claims eligible for reimbursement for phlebotomy services purchased by LTC Homes.	9,045
lb4	RAI-MDS one-time funding	Claims eligible for reimbursement for the purchase of computer hardware and software, including RAI-MDS software, to meet CIHI reporting requirements.	
lb5	Peritoneal Dialysis	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb6	LTCH Centre of Learning, Research and Innovation Program funding	Claims eligible for reimbursement for the provision of services to Peritoneal Dialysis residents.	
lb7	LHIN funding from outside the Ministry's BSO investment to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO.	Claims eligible for reimbursement from funding provided by the LHIN to supplement staffing salaries as well as any additional indirect and start-up costs associated with BSO with funding from outside the Ministry's BSO investment.	
	One-time and project funding	Use lines lb8 through lb11, column D to report expenses eligible for reimbursement incurred by the home from January 1, 2021 to December 31, 2021 for any one-time and project funding, based on the funding provided in the LTCH Payment Calculation Notice. Report each funding item separately and provide a description, e.g. Water Quality Testing	
lb8	Description:		
lb9	Description:		
lb10	Description:		
lb11	Description:		
Total Expenses from Section I, Part B (sum of lines lb1 to lb11)			25,633

MOHLTC Facility # H14597	Licensee Name : Norview Lodge - Norfolk County
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Check if no accrual amounts as of December 31, 2021

Section O - Accrual Report

NURSING AND PERSONAL CARE		Opening Accrual Balance (1)	Payment Settlements in 2021 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
Please complete lines O001 through O003, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.					
O001	Salaries	124,800		153,228	278,028
O002	Employee Benefits	27,900		23,977	51,877
O003	Other (specify):				0
O004	TOTAL NURSING AND PERSONAL CARE (sum of lines O001 through O003)	\$152,700	\$0	\$177,205	\$329,905

Program and Support Services		Opening Accrual Balance (1)	Payment Settlements in 2021 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
Please complete lines O101 through O103, as applicable. Do not include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.					
O101	Salaries	6,900		7,131	14,031
O102	Employee Benefits	1,600		1,221	2,821
O103	Other (specify):				0
O104	TOTAL PROGRAM AND SUPPORT SERVICES (sum of lines O101 through O103)	\$8,500	\$0	\$8,352	\$16,852

Other Accommodation - To Be Completed by Red-Circled Homes		Opening Accrual Balance (1)	Payment Settlements in 2021 (2)	Current Period Accrual (3)	Closing Accrual Balance (4) = (1)-(2)+(3)
Please complete lines O201 through O203, as applicable. Include any cost related to the administration of employee and union agreements e.g, the cost of conducting union negotiations, arbitration hearings, and pay equity negotiations must be reported in the Other Accommodation envelope.					
O201	Salaries				0
O202	Employee Benefits				0
O203	Other (specify):				0
O204	TOTAL OTHER ACCOMMODATION (sum of lines O201 through O203)	\$0	\$0	\$0	\$0

MOHLTC Facility # H14597	Licensee Name : Norview Lodge - Norfolk County
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Section P - Notes to the Report

Significant Accounting Principles

Basis of Accounting

Sections A through F, Section I and Section O of the report have been prepared in accordance with generally accepted accounting principles (GAAP) and applicable legislation, regulations, policies and directives.

If there is no trust account, please check here and please explain:

MOHLTC Facility # H14597	Licensee Name : Norview Lodge - Norfolk County
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Section Q - Licensee's Statement and Approval

The information contained in Sections A through F, Section I, and Section O and P of this Long-Term Care Home Annual Report of (legal name of Licensee)

for the Period from January 1, 2021 to December 31, 2021 was provided by management.

This Report has been prepared in conformity with the basis or bases of accounting described in , Section P - Notes to the Report and adheres to the technical instructions and guidelines as provided by the Ministry of Long-Term Care.

The information contained in this report is in accordance with the service agreement between Ontario Health / Local Health Integration Network and the licensee, any direct funding agreement between the Minister and the licensee, and all applicable policies pertaining to the program funding provided to the home for the period being submitted.

Sections C thru F of the report excludes expenditures, as applicable, for: the development of new long-term care beds awarded by the Ministry, the redevelopment of a Category "D" Home, and redevelopment of Replacement "B", "C" and Upgraded "D" beds. Sections C thru F also excludes, as applicable, expenditures funded from the initiatives reported on in Section I: Part A and Part B.

Systems of internal accounting control are maintained in order to assure the reliability of this financial information. These systems include formal policies and procedures, the careful selection and training of qualified personnel, and an organization providing for appropriate delegation of authority and segregation of responsibilities.

Falls Prevention Equipment Funding has been used for equipment intended to reduce falls or injuries from falls.

Approved by the Licensee on the _____ day of _____, 20____

(Print Licensee's Name)

Witness

By: _____
NAME: _____
TITLE: _____

Where the Licensee is a for profit nursing home provide a witness signature.

MOHLTC Facility #
H14597

Licensee Name :
Norview Lodge - Norfolk County

Independent Auditors' Report

Appendix A

Auditor's Report - Statement of Trust Account

To the Minister of Long-Term Care:

We have audited the Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) of (legal name of Licensee)

for the period from _____ to _____

prepared in accordance with the Ontario Regulation 79/10 section 241. The Statement is the responsibility of the Home's management. Our responsibility is to express an opinion on the Report based upon our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards (Canadian GAAS) under CPA Canada Standards and Guidance Collection. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the Report is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the Statement. An audit also includes assessing the significant accounting principles used and the significant estimates made by management, as well as evaluating the overall Statement presentation.

In our opinion, Statement of Trust Account (Statement of Trust Fund Receipts and Disbursement) present fairly, in all material respects, the financial position of the trust fund for the year ended December 31, 2021 and the activity of the funds during the year in accordance with Section 241 of the Ontario Regulation 79/10 under the Ministry of Long-Term Care's Long-Term Care Homes Act, 2007, or Section 286 of the Ontario Regulation 246/22

Licensed Public Accountant

(place)

(date)

