2001-2002 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 pre-printed label information if necessary using the corresponding boxes below:

Business Name:	
C/O:	
Adresse :	Apt.
City:	
Province:	Postal code:
Contact:	Telephone::
Effective date Day Month Year	

Confidentiality:
Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business without the previous written consent of that business. The data reported on this questionnaire 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.

Legal Name
The label on this questionnaire shows the Business name as currently recorded in the Statistics Canada inventory. If the Legal name and Business name are the same, please check below; if the Legal name and Business name are different, please print the **Legal name i**n the space below:

021 ◯ Same as Business name OR **Legal name** 022 _____

Type of organization (check **ONE** only):

031
1 ◯ Sole proprietorship
2 ◯ Partnership
3 ◯ Incorporated company
4 ◯ Co-operative
5 ◯ Joint venture
6 ◯ Government business entity
7 ◯ Government
8 ◯ Non-profit organization

GST Number
Please report your GST Registered Account Number (BN No.) 041 _____

Returning your questionnaire: Please complete and return your questionnaire within 30 days of receipt.

Please complete a questionnaire for the operation and location described on the label. You should only report for those facilities located in Canada. Please send the completed questionnaire in the enclosed envelope or by facsimile to 1-613-951-0709 or toll-free to 1-800-755-5514.
Do you have any questions? Do you need another questionnaire? For assistance and information please call: 1-888-291-6111

Name of person completing this questionnaire:
(please print)

Telephone (Area Code, Number)

Facsimile (Area Code, Number)

Title

Signature

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

Day Month Year
Date completed

8-2300-10.1: 2001-12-04 SQC/SAN-085-60051

Statistics Canada Statistique Canada

Canada

2001-2002 - Residential Care Facilities Survey

Name of Facility	City, Town, etc.

Fiscal Period

Please record the start and end dates of the 12 month fiscal period your business uses. Report all data for the 12 month fiscal period which ended on or between **April 1, 2001 and March 31, 2002.** For example, if your fiscal period ended December 31, 2001, please report for the period January 1, 2001 to December 31, 2001.

011 **From** Day Month Year

012 **To** Day Month Year

A. Ownership *(check one only)*

	Ownership 102
Proprietary	
Religious	
Lay (not for profit, non-profit voluntary associations, societies)	
Municipal	
Provincial or Territorial	
Federal	
Regional Health Authority, Board, District, Corporation	

B. Beds *(as at March 31, 2002)*

	Approved complement	Staffed and in operation
1. Number of beds	121	122

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

	Days
1. Provincial Health Department or Ministry (Provincial Health Insurance Plan)	131
2. Provincial Social Services Department or Ministry (Provincial Social Services Plan)	132
3. Other Provincial Department or Ministry *(specify)*	133
4. Municipalities, regional or district administration	134
5. All other, including self-pay	135
6. Total days *(sum of boxes 131 to 135)*	136

D. Movement of residents

	Residents
1. In facility as at April 1, 2001	151
2. Admissions during reporting period	152
3. Total under care *(boxes 151 and 152)*	153
4. Discharges during reporting period	154
5. Deaths during reporting period	155
6. Total separations *(boxes 154 and 155)*	156
7. In facility as at March 31, 2002 (box 153 minus 156)	157 *

*** Box 157 must agree with page 3, boxes 221, 240 and 272.**

Residents

E. Age and sex of residents in facility as at March 31, 2002 *(count each person once only)*

Age Groups	Number of persons 1 Male	2 Female	Age Groups	Number of persons 1 Male	2 Female	
1. Less than 10 years	201	202	6. 70 to 74 years	211	212	
2. 10 to 17 years	203	204	7. 75 to 79 years	213	214	
3. 18 to 44 years	205	206	8. 80 to 84 years	215	216	
4. 45 to 64 years	207	208	9. 85 years and over	217	218	
5. 65 to 69 years	209	210	10. **Total residents** *(sum of lines 1 to 9)*	219	220	221 *

F. Type of care *(refer to* Instructions and Definitions)

Please group all residents in facility as at March 31, 2002 into the following *(count each person once only)*	Number of persons
1. Room and board only	228
2. Room and board with guidance/counselling with respect to social, employment, addiction problems, or parental guidance with skilled counselling (child care homes)	229
3. Room and board with custodial care and/or special school, sheltered workshop, etc.	230
4. Type I (i.e., supervision and/or assistance with daily living and meeting psycho-social needs)	232
5. Type II (i.e., medical and professional nursing supervision, etc.)	234
6. Type III (i.e., medical management, skilled nursing care, etc.)	236
7. Higher type	238
8. Total residents *(sum of boxes 228 to 238)*	240 *

G. Principal characteristics of residents in facility as at March 31, 2002 *(count each person once only)*

	Number of persons
1. Aged	261
2. Physically Challenged and/or Disabled	262
3. Developmentally Delayed	263
4. Psychiatrically Disabled	264
5. Emotionally Disturbed Children	265
6. Alcohol/Drug Problems	266
7. Delinquents/Young Offenders	267
8. Transients	269
9. Others *(specify)*	271
10. Total residents *(sum of boxes 261 to 271)*	272 *

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

Personnel

H. Direct care to residents

	Personnel employed as at March 31, 2002		Total accumulated paid hours during reporting period
	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)*	319	320	321
5. Activity/recreation staff	322	323	324
6. Other **Direct care staf**f not included above *(specify)*	328	329	330
7. Total Direct care staff	331	332	333

I. General services

	Personnel employed as at March 31, 2002		Total accumulated paid hours during reporting period
	Full-time	Part-time	
1. Administration	351	352	353
2. Dietary (kitchen/food services)	354	355	356
3. Housekeeping, laundry	357	358	359
4. Plant operation, maintenance and security (janitorial services)	363	364	365
5. Other *(specify)*	366	367	368
6. Total General services staff	369	370	371
TOTAL STAFF *(lines H.7 + I.6)*	381	382	383

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

Expenses

J. Direct care to residents

For the 12 months ended March 31, 2002 *(round to nearest dollar)*	1 Salaries and wages	2 All other expenses	3 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)*	414	415	416
5. Activity/recreation staff	417	418	419
6. Other **Direct care staff** not included above (specify)	423	424	425
7. Drugs		426	427
8. Medical and surgical supplies		428	429
9. Other supplies *(specify)*		430	431
10. Total - direct care expenses *(lines J.1 to J.9)*	432	433	434

K. General services

1. Administration	441	442	443
2. Dietary (kitchen/food services)	444	445	446
3. Housekeeping, laundry	449	450	451
4. Plant operation, maintenance and security (janitorial services)	455	456	457
5. Other *(specify)*	458	459	460
6. Total - general services expenses *(lines K.1 to K.5)*	461	462	463

L. Other

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

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

NOTE: Audited data **not** required
You may provide financial statements instead of completing the financial questions.
INSURE PAGES 2, 3 AND 4 ARE COMPLETED.

Income

M. Source of earnings

For the 12 months ended March 31, 2002 (*round to nearest dollar)*

		Amount
1.	Provincial Health Department or Ministry (Provincial Health Insurance Plan)	501
2.	Provincial Social Services Department or Ministry (Provincial Social Services Plan)	502
3.	Other Provincial Department or Ministry *(specify)*	503
4.	Municipalities, regional or district administrations	504
5.	All other	505
6.	Residents - co-insurance or self-pay	506
7.	Differential - preferred accommodation	507
8.	**Total earnings for accommodation** *(sum of boxes 501 to 507)*	508
9.	Sundry earnings	509
	TOTAL INCOME *(sum of boxes 508 and 509)*	510
	Surplus *(box 510 less box 497)*	511
	Deficit *(box 497 less box 510)*	512

NOTE: Audited data **not** required.
You may provide financial statements instead of completing the financial questions.
INSURE PAGES 2, 3 AND 4 ARE COMPLETED.

1. How long did you spend collecting the data and completing this form? 610 _____ hours

2. Comments? 620

We invite your help in improving our business survey program. Your comments on the following range of suggested topics along with your more general remarks would be greatly appreciated:

- questionnaire content
- new questions of interest to your industry
- questionnaire language
- use of business terminology
- comprehension of questions (through definitions, examples of inclusions and exclusions, code sheets, instruction sheets, reporting guides, etc.)
- order and flow of questions
- timing of receipt of questionnaire and the period given for response
- other sources of data to further reduce response burdens
- potential for electronic data reporting
- general (non-proprietary) business software packages in use.

Lost the postpaid envelope?

Please call us at 1-888-291-6111 or fax us at 1-800-755-5514

Thank you for completing this questionnaire.