

1996-97 – Residential Care Facilities Survey

Si vous préférez ce questionnaire	er
français, veuillez cocher	

Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19

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.



REFER TO INSTRUCTIONS AND DEFINITIONS E	BEFORE COM	PLETING REPORT	- 20
Verify information on the label above. Indicate any changes below:			34
Approved Beds	Highest L	evel of Care (see Instructi	ion Booklet, page 12)
Principle Characteristic of the Majority of Resid (Check one only)	ents	*/	a
Aged		Alcohol/Drug Problems (Alc./Drug)	
Physically Challenged &/or Disabled (Phs. Dis.)		Delinquents (Delinq.)	
Developmentally Delayed (Dev. Del.)		Transients (Transnts)	
Psychiatrically Disabled (Psych. Dis.)		Others	
Emotionally Disturbed Children (Dst. Child.)		specify	
Program Coverage (Refer to Instruction Booklet A	Appendix 2 for I	ist of program codes for your province	e)
(Contact Name in block letters) (Area co	de)	(Telephone No.)	
Approved			
(Authorized signature)	(Title)	<u> </u>	(Date)
PLEASE COMPLETE AND RETURN THE LA	BELLED SUR	VEY IN THE ENCLOSED POSTAGE	-PAID ENVELOPE

8-2320-10.1: 1997-05-05 STC/HLT-085-60051



Statistics Canada Statistique Canada



Notice of change of name and/or address of facility

Telephone No. Effective date of change Residence Address (Complete ONLY if different from Mailing Address.) Lot, Concession, Township or Street No. & Name Apt.	Name Change		Contact Nam	е	
City Province Country Postal Code Telephone No. Residence Address (Complete ONLY if different from Mailing Address.) Lot, Concession, Township or Street No. & Name City Province Country Postal Code Apt. Province Country Postal Code supplementary Information (special explanatory notes on significant changes during reporting period).		The state of the			
City Province Country Postal Code Effective date of change Residence Address (Complete ONLY if different from Mailing Address.) Lot, Concession, Township or Street No. & Name City Province Country Postal Code Apt. City Province Country Postal Code			the front of the return	or if you are movin	
Telephone No. Effective date of change Residence Address (Complete ONLY if different from Mailing Address.) Lot, Concession, Township or Street No. & Name Apt. City Province Country Postal Code supplementary Information (special explanatory notes on significant changes during reporting period).	Street No. & Name or R.R., P.O. Box, General I	Delivery			
Residence Address (Complete ONLY if different from Mailing Address.) Lot, Concession, Township or Street No. & Name City Province Country Postal Code supplementary Information (special explanatory notes on significant changes during reporting period).	City		Province	Country	Postal Code
Lot, Concession, Township or Street No. & Name City Province Country Postal Code supplementary Information (special explanatory notes on significant changes during reporting period).	Telephone No.	w			
City Province Country Postal Code supplementary Information (special explanatory notes on significant changes during reporting period).	(tostaction / taarous		ng Address.)		
supplementary Information (special explanatory notes on significant changes during reporting period).	Lot, Concession, Township or Street No. & Nam	ne			Apt.
	City		Province	Country	Postal Code
					
	Supplementary Information (special explanat	tory notes on sign	ificant changes dur	ing reporting peri	od).
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		<u> </u>			
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	V				31
		227			
					
			2.000		

1996-97 — RESIDENTIAL CARE FACILITIES SURVEY

N	ame	of Facility	City, Town, etc.	***
A.	0	wnership (check one only)		Ownership
				102
	_			
	Pr	oprietary		
	Re	ligious		<u> </u>
	La	y (not for profit, non-profit voluntary associations, societies)		
		±		
	Mı	ınicipal) .
	Pr	ovincial or Territorial		
	Fe	deral	\supset) \checkmark	
	1000	proper temporalistic servicios acopiaciones contest decentros antestas antestas antestas acopiaciones acopiaciones		Staffard and
В.	Be	ds (as at 31 March, 1997)	Approved complement	Staffed and in operation
		∧ ((\ \) · ⊢	21	122
_		Number of Beds		Dave
G.	10	cal days of care during reporting period by responsibility for payment		Days
	1.	Provincial Health Department or Ministry	л	
	•	Provincial Serial Service Percentage Ministry	#	132
	2.	Provincial Social Service Department or Ministry		133
	3.	Other Provincial Department or Ministry (specify)		134
	4.	Municipalities, regional or district administration		104
			^	135
	5.	All other, including self-pay	я	136 [
	6.	Total days (sum of boxes 131 to 135)		
D.	Mo	vement of residents		Residents
	· 4		B N	151
	1.	In facility as at 1 April, 1996)		152
	2.	Admissions during reporting period		450
	3.	Total under care (boxes 151 and 152)		153
20	J.	Total under date (boxes for and fozy	Я	154
.02	4.	Discharges during reporting period		155
	5.	Deaths during reporting period		
			****	156
	6.	Total separations (boxes 154 and 155)		157 .
	7.	In facility as at 31 March, 1997 (box 153 minus 156)	R	

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^{*} Box 157 must agree with page 2, boxes 221, 240 and 272

1996-97— RESIDENTIAL CARE FACILITIES SURVEY

E.	E. Age and sex of residents in facility as at 31 March, 1997 (count each person once only)								
		E	Number o	f persons]*		Number	of persons	
	▲ (22)		1 Male	2 Female	Age Group		1 Male	2 Female]
	Age	Groups	Male 201	202	Age Group	.	211	212	
	1.	Less than 10 years.			6. 70 to	74 years			<u> </u>
		40 to 47	203	204	7 75 to	79 years	213	214	
	2.	10 to 17 years	205	206	7. 7510	s years	215	216	
	3.	18 to 44 years	207	209	8. 80 to	34 years 🛪	217	218	
	Δ	45 to 64 years	201	208	9. 85 ve	ars and over	217		
		, , , , , , , , , , , , , , , , , , , ,	209	210	10. Total	residents	219	220	221 .
	5.	65 to 69 years			(sum	of lines 1 to 9).			
F.	2000000	es of care (refer to Ins			. the faller in			Number of	
		ase group all resident unt each person once c		31 March, 1997 Int	o the following		(\bigcirc)	persons	
}			⊕			18		228	
	1.	Room and board only				< '		229	1
	2.	Room and board with garental guidance with	guidance/counseii skilled counsellin	ing with respect to g (child care home	sociai, employ es)	ment, addiction p	noblems, or	3	1000
	•	Danis and based with	avatadial aara and	Var apacial cabool	chaltered wer	Anon are)	230	
	3.	Room and board with	custodiai care and	i/or special school,	, Silellered Wol	ASNOD, ELG.	***************************************	232	
	4.	Type I (i.e., supervisio	n and/or assistand	e with daily living	and meeting p	sycho-social need	,	234	
	5.	Type II (i.e., medical a	nd professional nu	ursing supervision,	etc.)	0 r		1204	
	\$500E	THE PROOF PROPERTY STATES AND			$\langle \langle \rangle \rangle$			236	
	6.	Type III (i.e., medical i	management, skill	ed nursing care e	(c)			238	
	7.	Higher type			<u></u>			7	
		Tatal secidents (our	of house 228 to 2	30)			\$ \$	240 *	
G.		Total residents (sum ncipal characteristics	26.7 10.000 87.000	2 1 1	ch, 1997 (cour	t each person on	ce only)		-
			\Diamond			*			
				Numb					Number of Persons
i		68	</td <td>Pers</td> <td>ons</td> <td>8</td> <td></td> <td></td> <td>reisons</td>	Pers	ons	8			reisons
		^ (261		O THE ACCOUNT AND DESCRIPTION OF THE PARTY O	Series & code discontractions		266
	1.	Aged))	262	6	. Alconol/Drug I	-robiems	r	267
ii:	2.	Physically Challenged	&/or Disabled		7	. Delinquents/Y	oung Offenders	л	269
ľ	3.	Developmentally Dela	ved	263	8	. Transients		· · · · · · · · · · · · · · · · · · ·	(A)
	J.	2010/opinionally ocial	,	264		. Others			271
	4.	Psychiatrically Disable	ed	265					272 *
Ü	5.	Emotionally Disturbed	Children	50 B	10	 Total resident (sum of boxes) 	ts 261 to 271)		
1	2120	and American Control of the Control				42. 17.	220		

^{*} Totals should agree

1996-97— RESIDENTIAL CARE FACILITIES SURVEY

	PERSONNEL			
			l employed farch, 1997	Total accumulated paid hours
l. Dire	ct care to residents	Full-time	Part-time	during reporting period
		301	302	303
. 1. I	Registered nurses	307	308	309
2. I	Registered qualified nursing assistants/licensed practical nurses		317	318
3. 1	Physiotherapists/occupational therapists			
4. (Other therapists (specify)	319	320	321
	Activity/recreation staff	322	323	324
6. (Other care staff not	328	329	330
i	included above (specify)	331	332	333
7.	Total Direct care staff			
17117151	eral services	351	352	353
1. 7	Administration	354	355	356
2. [Dietary (kitchen/food services)	357	358	359
3. H	Housekeeping, laundry			
4. F	Plant operation, maintenance and security (janitorial services)	363	364	365
5. (Other (specify)	366	367	368
	Total General services staff	369	370	371
0. 1	lotal General services starr	381	382	383

1996-97— RESIDENTIAL CARE FACILITIES SURVEY

	EXPENSES		NS 1032	
	r the 12 months ended March 31, 1997 ound to nearest dollar)	1 Salaries and wages	2 All other expenses	3 Total
	rect care to residents	401		402
1.	Registered nurses	405		406
2 44	Registered qualified nursing assistants/licensed practical nurses			
2.	Registered qualified nuising assistants/ficerised practical nuises	411	412	413
3.	Physiotherapists/occupational therapists			
	as .	414	415	416
4.	Other therapists (specify)	417	418	419
	Activity/recreation staff			1
5.		423	424	425
6.	Other care staff not included above (specify)			
	T.		426	427
7.	Drugs		428	429
8.	Medical and surgical supplies			incestor
о.	The processor of the second of		430	431
9.	Other supplies (specify)	2,0		
	50 52 w/ N	432	433	434
	. Total — direct care expenses	441	442	443
	eneral services Administration			
1.	Administration	444	445	446
2.	Dietary (kitchen/food services)	1,00	450 1	451
		449	450	451
3.	Housekeeping, laundry	455	456	457
4.	Plant operation, maintenance and security (janitorial services)		292	
2.2		458	459	460
5.	Other (specify)	464	1462	463
e	Total — indirect care expenses	461	462	
			483	484
L. 1.	Other (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		,	
		495	496	497
T	OTAL EXPENSES (line \$.10 + K)6 + L.1)	•		1000

NOTE: Audited data not required

1996-97- RESIDENTIAL CARE FACILITIES SURVEY

INCOME		
For the 12 months ended March 31, 1997 (round to nearest dollar)	Amount	Total
Source of earnings for accommodation (boxes 501 to 507)	501	
Provincial Health Insurance Plan (Department or Ministry)	502	
2. Provincial Social Services Plan (Department or Ministry)	5.0	
Other Provincial Department or Ministry (specify)	504	\wedge
4. Municipalities, regional or district administrations	505	
5. All other	506	<u> </u>
6. Residents — co-insurance or self-pay	507	
7. Differential — preferred accommodation		500
B. Total earnings (sum of boxes 501 to 507)		508
Sundry earnings (sum of boxes 501 to 507) Sundry earnings		509
		510
10. Total income (sum of boxes 508 and 509)		7 511
11. Surplus (box 510 minus 497)	······································	.,
12. Deficit (box 497 minus 510)	aīra	512
plementary Information (special explanatory notes on significant cl	hanges during reporting period	d).
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	EDITOR'S COMMENTS	9
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