



1997-98 Residential Care Facilities Survey

Si vous préférez recevoir ce questionnaire en français, veuillez cocher

Confidential when completed

Authority:

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.

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.

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, 1997 and March 31, 1998. For example, if your fiscal period ended December 31, 1997, please report for the period January 1, 1997 to December 31, 1997.

011 Day Month Year 012 Day Month Year
From **To**

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 in the space below:

021 Same as Business Name OR Legal Name 022

Type of organization (check ONE only):

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

GST Number

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

Name of person completing this questionnaire: (please print)

Telephone
Area code Number

Title

Signature

Day Month Year

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

Date completed

1997-98 — RESIDENTIAL CARE FACILITIES SURVEY

Name of Facility	City, Town, etc.
A. Ownership (check one only)	
	Ownership 102
Proprietary	<input type="checkbox"/>
Religious	<input type="checkbox"/>
Lay (not for profit, non-profit voluntary associations, societies)	<input type="checkbox"/>
Municipal	<input type="checkbox"/>
Provincial or Territorial	<input type="checkbox"/>
Federal	<input type="checkbox"/>
B. Beds (as at March 31, 1998)	
	Approved complement
1. Number of Beds	121
	Staffed and in operation
	122
C. Total days of care during reporting period by responsibility for payment	
	Days
1. Provincial Health Department or Ministry	131
2. Provincial Social Service Department or Ministry	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, 1997	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, 1998 (box 153 minus 156)	157
	*

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

1997-98— RESIDENTIAL CARE FACILITIES SURVEY

E. Age and sex of residents in facility as at March 31, 1998 (count each person once only)

Age Groups	Number of persons		Age Groups	Number of persons		
	1 Male	2 Female		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. Types of care (refer to Instructions & Definitions)

Please group all residents in facility as at March 31, 1998 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, 1998 (count each person once only)

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

* Totals should agree

1997-98— RESIDENTIAL CARE FACILITIES SURVEY

PERSONNEL			
	Personnel employed as at March 31, 1998		Total accumulated paid hours during reporting period
	Full-time	Part-time	
H. Direct care to residents	301	302	303
1. Registered nurses	307	308	309
2. Registered qualified nursing assistants/licensed practical nurses	316	317	318
3. Physiotherapists/occupational therapists	319	320	321
4. Other therapists (specify)	322	323	324
5. Activity/recreation staff	328	329	330
6. Other care staff not included above (specify)	331	332	333
7. Total Direct care staff	351	352	353
I. General services	354	355	356
1. Administration	357	358	359
2. Dietary (kitchen/food services)	363	364	365
3. Housekeeping, laundry	366	367	368
4. Plant operation, maintenance and security (janitorial services)	369	370	371
5. Other (specify)			
6. Total General services staff	381	382	383
TOTAL STAFF (line H.7 + I.6)			

For information only

1997-98— RESIDENTIAL CARE FACILITIES SURVEY

EXPENSES			
For the 12 months ended March 31, 1998 (round to nearest dollar)	1 Salaries and wages	2 All other expenses	3 Total
J. Direct care to residents	401		402
1. Registered nurses	405		406
2. Registered qualified nursing assistants/licensed practical nurses	411	412	413
3. Physiotherapists/occupational therapists.....	414	415	416
4. Other therapists (specify) _____	417	418	419
5. Activity/recreation staff	423	424	425
6. Other care staff not included above (specify) _____		426	427
7. Drugs		428	429
8. Medical and surgical supplies		430	431
9. Other supplies (specify) _____	432	433	434
10. Total — direct care expenses →	441	442	443
K. General services	444	445	446
1. Administration.....	449	450	451
2. Dietary (kitchen/food services).....	455	456	457
3. Housekeeping, laundry	458	459	460
4. Plant operation, maintenance and security (janitorial services).....	461	462	463
5. Other (specify) _____		483	484
6. Total — indirect care expenses →	495	496	497
L. 1. Other (includes interest, rent, taxes, overhead (head office), depreciation, etc.)		483	484
TOTAL EXPENSES (line J.10 + K.6 + L.1) ▶	495	496	497

NOTE: Audited data not required

1997-98— RESIDENTIAL CARE FACILITIES SURVEY

INCOME

M. For the 12 months ended March 31, 1998
(round to nearest dollar)

Source of earnings for accommodation (boxes 501 to 507)

- 1. Provincial Health Insurance Plan (Department or Ministry)
- 2. Provincial Social Services Plan (Department or Ministry)
- 3. Other Provincial Department or Ministry (specify)
- 4. Municipalities, regional or district administrations
- 5. All other
- 6. Residents — co-insurance or self-pay
- 7. Differential — preferred accommodation

Amount	Total
501	
502	
503	
504	
505	
506	
507	
	508
	509
	510
	511
	512

- 8. **Total earnings** (sum of boxes 501 to 507)
- 9. **Sundry earnings**
- 10. **Total income** (sum of boxes 508 and 509)
- 11. **Surplus** (box 510 minus 497)
- 12. **Deficit** (box 497 minus 510)

NOTE: Audited data not required

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 burden
- potential for electronic data reporting
- general (non-proprietary) business software packages in use.

Lost the postpaid envelope?

Please refer to the telephone number or the FAX number that appear on the inside cover page.

Thank you for completing the questionnaire.

FOR OFFICE USE ONLY

DATE

- 1. REC _____
- 2. CLO _____
- 3. NU _____
- 4. CPN _____
- 5. DUP _____
- 6. REM _____
- 7. REF _____
- 8. NC _____
- 9. EDT _____
- 10. COM _____
- 11. KEY _____
- 12. EST _____
- 13. NR _____
- 14. OSC _____

EDITOR'S COMMENTS

For information only