

**Board of Directors
AGENDA
Monday, November 17, 2025 @ 5:30pm**

Item	Description	MRP
1.	Call to Order	Marjorie Belzile
2.	Declaration of Conflict of Interest	Marjorie Belzile
3.	Approval of Agenda*	Marjorie Belzile
4.	Approval of Previous Minutes: September 22, 2025*	Marjorie Belzile
5.	Business Arising from the Minutes	
6.	Standing Reports	
6.1.	Quarterly Update from the President & CEO	Geri Geldart
6.1.1.	Report from President & CEO*	
6.1.2.	Q2 Operating Plan Progress Report*	
6.1.3.	Key Performance Indicators*	
6.1.4.	Briefing Note – Partnership Opportunity*	
6.2.	Research & Ethics Committee	Tracey Burkhardt
6.2.1.	Q2 Report of Committee Chair	
6.2.2.	Code of Ethics Short Form*	
6.2.3.	Briefing Note – Research Priorities – Pending*	
6.3.	Care Services Committee	Andrea Seymour
6.3.1.	Q2 Report of Committee Chair	
6.4.	Finance & Administration Committee	Pierre LeBlanc
6.4.1.	Q2 Report of Committee Chair*	
6.4.2.	Unaudited Financial Statements period ending September 30, 2025*	
6.5.	Governance & Audit Committee	Lyne St-Pierre-Ellis
6.5.1.	Q2 Governance & Audit Report of Committee Chair	
6.5.2.	York County Properties Bylaws*	
6.5.3.	Governance Policies*	
	- Gov-Exec-E-420 Emergency Planning	
	- Gov-Exec-E-430 Employment Compensation & Benefits	
	- Gov-Exec-F-435 Financial Condition & Activities	
	- Gov-Exec-F-440 Financial Planning & Budgeting	
	- Gov-Exec-G-445 Global Executive Constraint	
6.5.4.	Briefing Note – Accreditation*	
7.	New Business	
8.	Next Meeting: Tuesday, February 17, 2025 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of September 22, 2025, be approved.
2. That the Board of Directors approve the long-form Code of Ethics be replaced by the amended short-form Code of Ethics as presented by the Research & Ethics Committee.
3. That the Board of Directors approve the unaudited financial statements for the period ending September 30, 2025, as presented by the Finance & Administration Committee.
4. That the Board of Directors approve the York County Properties Bylaws as presented by the Governance & Audit Committee.
5. That the Board of Directors approve the following policies as presented by the Governance & Audit Committee.
 - Gov-Exec-E-420 Emergency Planning
 - Gov-Exec-E-430 Employment Compensation & Benefits
 - Gov-Exec-F-435 Financial Condition & Activities
 - Gov-Exec-F-440 Financial Planning & Budgeting
 - Gov-Exec-G-445 Global Executive Constraint
6. That the Board of Directors approve the Governance & Audit committee to pursue accreditation status with Accreditation Canada.

**Minutes of meeting of the Board of Directors for York Care Centre,
100 Sunset Drive, Fredericton NB,
Meeting on September 22, 2025 at 5:30pm**

Present: Marjorie Belzile(v), Lyne St-Pierre-Ellis, Pierre LeBlanc, Andrea Seymour, Donna Curtis Maillet, Wayne Albert, Dana Burse(v), Jane Matthews-Clark, Deborah Wybou, Rob Doyle(v), Geri Geldart (non-voting)

Regrets: Tracey Burkhardt, Bryanna White-Aubé, Lee Mitchell, Tim Boone

1. **Call to Order** The past chair, Ms. St-Pierre-Ellis called the meeting to order at 5:30 pm.

2. **Declaration of Conflict of Interest**

Ms. St-Pierre-Ellis asked members to review the agenda and self identify if there was the potential for a conflict of interest. None identified.

3. **Approval of Agenda**

It was moved by Andrea Seymour and seconded by Pierre LeBlanc that the agenda be approved as presented. All in favour. - Motion carried

4. **Approval of Previous Minutes – June 16, 2025**

It was moved by Pierre LeBlanc and seconded by Andrea Seymour that the minutes of June 16, 2025 be approved as amended with the addition of Deborah Wybou as present. All in favour. - Motion carried

5. **Business Arising from the Minutes**

6. **Standing Reports**

6.1 **Quarterly Update from the President & CEO**

6.1.1 **Report from the President & CEO**

Ms. Geldart provided an overview of her report which was circulated with the meeting package.

Highlights included:

- The final strategic plan document was presented. The launch plan is expected to begin the first week of October. The purpose of the launch plan is to build awareness of the plan and the impact it presents for various stakeholders.
- The annual DSD inspection was conducted in July. We received 13 infractions, none of which were of significant risk.

- A final agreement was reached in May with CUPE which resulted in a significant wage increase for this group. A new feature of this agreement is the provision of “Wellness Days”. Each full-time employee will have 30 hours of their existing sick bank converted to wellness days which can be used for a range of purposes.
- NBNU members have voted and accepted a tentative offer.
- There has been turnover within the Finance Department. We welcomed Barbara Sprik, Senior Accountant in early August and recruitment is currently underway for a Chief Financial Officer after Heather Harris-Jones submitted her resignation earlier this month.
- With all funded projects ending, all CiRA staff member contracts have been completed.
- The York Care Foundation has been actively engaged in the campaign to raise funds for the Tower 2 project.
- York Care Centre have been selected as one of three finalists for the Business Excellence Awards. The announcement of the successful organization will be made on October 23rd at the Chamber of Commerce Annual Awards Dinner.

6.1.2 Q1 Operating Plan Progress Report

The Q1 Progress Report for the 2025/26 Operating Plan was shared. All goals were met for Quarter 1. This report will be included at the full board meetings due to the three pillars of the strategic plan to fall under several committees. Progress updates will still be provided to the committees as related to the strategic and operational goals. The KPI dashboard was presented to the board for review.

6.1.3 Board of Directors – Annual Workplan

The proposed 2025 – 2026 Board of Directors Annual Work plan was included in the meeting package. The document highlights the Board of Directors terms of reference, the mandate of the committee in relation to the Strategic Plan, a summary of accomplishments for 2024 - 2025, and suggested areas of focus for 2025 – 2026.

It was moved by Donna Curtis Maillet and seconded by Andrea Seymour that the Board of Directors approve the Annual Work Plan 2025 – 2026 as presented. All in favour.

- Motion carried

6.2 Research & Ethics Committee

6.2.1 Q1 Report of Committee Chair

Ms. Geldart provided an update on behalf of Ms. Burkhardt. Highlights included:

- The Code of Ethics short form draft is under review and expected to be presented at the next Board of Directors meeting.
- York Care Centre has been approached by the University of Montreal to consider being part of a CIRH – Team Grant: Strengthening Resilient and Equitable Public Health Systems.
- As a member of the SQLI group, CiRA has been invited to be part of a discussion group regarding Heart Function in Long Term Care. Currently we are awaiting the funding decision.
- Exploratory discussions were held with Social Development, NBANH and Loch Lomond Villa focused on the potential for organizations such as YCC, LLV and NBANH to provide support to other homes. Discussions will continue as NBANH’s strategic planning progresses.

Dana Bursey joined the meeting at 6:07pm.

6.3 Care Services Committee

6.3.1 Q1 Report of Committee Chair

Ms. Seymour provided an update on the Care Services committee meeting. Highlights included:

- Education was focused on mandatory CRP training, All the Right Moves, TENA, and multiple labs for IEN's.
- No Covid outbreaks this quarter. A spring vaccine clinic was held in April.
- NHWW had 89 clients registered as of June 30, 2025. The program is monitoring client impact.
- Quality of Life survey results were received. YCC placed 1st in the group of questions which focused on visiting the facility and 2nd in the group of questions which focused on engaging care, and in the group of questions focused on respect and trust.
- The Family Advisory council group has moved to quarterly meetings.
- Regulation 85-187 Changes Affecting the Nursing Home Waitlist include new refusal process, prioritization of health and safety concerns, alternate level of care prioritization and choice of preferred nursing homes.

6.3.2 Quality Framework

The Quality Framework for Improvement was shared for information.

6.4 Finance & Administration Committee

6.5.1 Q1 Report of Committee Chair

Mr. LeBlanc presented the Q1 Finance & Administration committee report which reflected all companies with a positive variance expect for CiRA which has a slight deficit which should be resolved with an expected insurance credit.

It was moved by Pierre LeBlanc and seconded by Wayne Albert that the Board of Directors approve the unaudited financial statements for the period ending June 30, 2025 as presented by the Finance & Administration Committee. All in favour. - Motion carried

6.4.3 Management Salaries – Proposed Adjustments

The following motion was presented:

It was moved by Wayne Albert and seconded by Deborah Wybou that the Board of Directors approve the management salaries adjustment as presented by the Finance & Administration Committee. All in favour. - Motion carried

6.4.4 Budget 2025/26 – Proposed Revisions

Mr. LeBlanc reviewed the proposed funding from DSD, which was circulated in the meeting package. The total funding amount is \$25,655,277 which is an increase of \$2.6M.

It was moved by Deborah Wybou and seconded by Jane Matthews-Clark that the Board of Directors approve the 2025 – 2026 revised budget as presented by the Finance & Administration committee. All in favour. - Motion carried

6.5 Governance & Audit Committee

6.5.1 Q1 Governance & Audit Report of Committee Chair

Ms. St-Pierre-Ellis presented the Q1 report of the Governance & Audit Committee which included a letter of agreement from York Care Foundation to remove the cross representation between York Care Centre and York Care Foundation boards has been received.

6.5.2 York County Properties Bylaws

Ms. St-Pierre-Ellis presented the revised bylaws for York County Properties, which were included in the meeting package, for approval. This approval will be followed by a 10-day notice posting at YCC.

It was moved by Donna Curtis Maillet and seconded by Andrea Seymour that the Board of Directors approve the York County Properties Bylaws as presented by the Governance & Audit Committee. All in favour.
- Motion carried

6.5.3 Governance Policies

Ms. Geldart presented the following policies for review:

- Gov-Exec-A-405 Asset Protection
- Gov-Exec-C-410 Communication and Support to the Board
- Gov-Exec-E-420 Emergency Planning
- Gov-Exec-E-425 Emergency President & CEO Replacement

It was moved by Jane Matthews-Clark and seconded by Andrea Seymour that the Board of Directors approve the following policies as presented by the Governance & Audit Committee: Gov-Exec-A-405 Executive Limitations policy Gov-Exec-C-410 Communication and Support to the Board and the amended policy Gov-Exec-E-425 Emergency President & CEO Replacement. All in favour.
- Motion carried

6.5.4 Governance Committee Terms of Reference – Proposed Revision

Ms. St-Pierre-Ellis presented the Governance & Audit Committee Terms of Reference for review. It was recommended that the Governance & Audit Committee provide oversight of the risk Management plan.

It was moved by Pierre LeBlanc and seconded by Deborah Wybou that the Board of Directors approve the Governance & Audit Committee Terms of Reference as presented. All in favour.
- Motion carried

6.5.5 Board Sub-Committees – Proposed Role Change for Research & Ethics Committee

Ms. St-Pierre-Ellis presented the Research & Ethics Committee Terms of Reference for review. It was recommended that the Research & Ethics Committee take on oversight responsibility for the Centre of Excellence Strategic plan pillar.

It was moved by Marjorie Belzile and seconded by Dana Burse that the Board of Directors approve expanding the role of the Research & Ethics committee to include oversight responsibility for the Centre of Excellence strategic plan pillar. All in favour.
- Motion carried

6.5.6 Board Education Topics and Date for Board Dinner

Ms. St-Pierre-Ellis reported that based on the board education and development survey results, topics related to risk management, seniors housing innovations and infrastructure maintenance and development should be considered for board education for the upcoming year. The first of these sessions will be held on Monday, December 1st at Kingswood Lodge beginning at 5:30pm.

It was moved by Marjorie Belzile and seconded by Deborah Wybou that the Board of Directors focus board education and development on topics related to risk management, seniors housing innovations and infrastructure maintenance and development. All in favour.

- Motion carried

7. Next meeting: Monday November 17, 2025 @ 5:30pm

The meeting was adjourned at 7:10 on a motion by Andrea Seymour.

Marjorie Belzile, Chair

Jennifer Vos, Recorder



Report to the Board

President & Chief Executive Officer

For the period: September 19 – Nov 13, 2025

Prepared By:

Geri Geldart, President & Chief Executive Officer
Presented on November 17, 2025

1.0 STRATEGIC PLAN, OPERATIONAL GOALS AND KPI DASHBOARD

- We have formally released our Strategic Plan both internally with our Management Forum and at All Staff Meeting, and externally with posts on Facebook and LinkedIn. Over the next few weeks we will be sending the plan to our key stakeholders in the community, and will be requesting a meeting with the local MLAs, with the assistance of Minister Luke Randall.
- Included in our meeting package is the Q2 Progress Report for the 2025/26 Operating Plan. Most targets were met for Quarter 2, with four objectives falling behind. None are critical and I expect the team to be able to complete these within the fiscal year.

2.0 CARE SERVICES

2.1 DSD INSPECTION

- We have submitted our application for license renewal, as required each year before November 1st. We have not yet received feedback on the action plan which was submitted in response to our annual inspection. I am expecting that, once again, we will receive a modified license given that we received repeat infractions regarding care plan / care conference completion dates.

2.2 CARE COMPLIANCE

- I am very pleased to share that we have maintained our Care Compliance at 100.7% since April 1st. A number of our IEN recruits, who were hired as Resident Attendants, are pursuing professional licensure as LPNs or RNs. We are keeping a close eye on our RA staffing capacity to determine if there is a need to run a Resident Attendant training program within the fiscal year.

2.3 ALC PRIORITIZATION

- In the summer 2025, amendments were made to the regulations under the Nursing Homes Act which replaced the “critical state” provision with new alternative admission procedures which provided authority to the Minister of Social Development to consider and approve the prioritization of ALC patients for nursing home admission. Criteria were established to establish if a hospital’s ALC patients should be considered priority for admission to nursing homes. On August 20th, three hospitals, including the Dr. Everett Chalmers Regional Hospital were provided with ALC prioritization status. In early September, the two hospitals in Moncton were also provided this status. The period of prioritization is 120 days. On November 7th, we received notice that the prioritization period would expire on November 13th. On November 12th, we received an updated notice that indicated that the prioritization period for the DECRH would remain in effect, with no indication of when it would end.
- We understand the reason for the regulation and respect the need to assist the hospitals who are experiencing critical overload conditions. However, when these conditions do not resolve, the only pathway to nursing home admission becomes the hospital further compounding the critical overload conditions.

3.0 PEOPLE AND CULTURE

3.1 LABOUR RELATIONS

- **NBNU** – A final agreement has been reached with the New Brunswick Nurses Union (NBNU). We have not yet received any information on wage rate adjustments. Given that this agreement will be retroactive to 2023, there will be a retroactive payment required.

3.2 ADMINISTRATION STAFFING

- We welcomed Wayne Solomon to the team as our new CFO on November 10th. Thank you to Pierre LeBlanc for assisting in the selection process.

4.0 FACILITIES AND INFRASTRUCTURE

4.1 MAJOR CAPITAL PROJECTS

- The Nurse Call Replacement project is substantially complete. We are awaiting final sign-off from the Engineering firm that was hired by DTI to oversee the technical elements of the project. Once received, we will release the final payment to the contractor.
- The ventilation project which will bring cooling to resident rooms has been launched. No new updates at this time, but we expect the first phase to be completed early in the new year.

5.0 OTHER ITEMS

5.1 OFFICIAL LANGUAGES REVIEW

- The provincial government has announced it will proceed with work on recommendations from the 2021 Finn-McLaughlin report on the Official Languages Act. One of these recommendations relates to the provision of service in both official languages in nursing homes. Government will establish a working group, led by the Department of Social Development to draft an implementation plan to improve the capacity of nursing homes to provide service in both languages. We will keep you updated.

5.2 NB ASSOCIATION OF NURSING HOMES.

- The NB Association of Nursing Homes is in the process of developing a new strategic plan. The association held an in-person session at York Care Centre on October 21st. Administrators, DoC's and Board members from the central Region 3 facilities were invited. The turnout was limited, but the conversation was strong, providing the facilitator with substantial feedback.

5.3 YORK CARE FOUNDATION

- The Foundation is in the final stages of the Tower 2 campaign. The Foundation Board will be meeting on November 18th. I expect a formal announcement regarding the success of the campaign shortly after. Thanks to everyone who contributed through time and/or money.
- The Foundation has recruited several new members who have experience as non-profit volunteers, including board experience. The board is revising their bylaws and creating policies regarding board member attendance, with a view to improving board effectiveness.
- I have deferred the development of a service level agreement until the new year, taking the time to assess the demands on our services under new board leadership.

5.4 FREDERICTON CHAMBER OF COMMERCE – BUSINESS EXCELLENCE AWARDS

- Thanks to the board members who joined our Senior Leadership Team at the Fredericton Chamber of Commerce Business Excellence Awards Gala. I was pleased, and proud, to accept the Business Excellence Award for the Non-Profit Sector.

5.5 ATTESTATION

I, Geri Geldart, in my capacity as the Chief Executive Officer of York Care Centre, hereby attest and certify that all mandatory deductions from our employees' wages for the period of July 1, 2025 – September 30, 2025 have been submitted as required by applicable laws, regulations, and contractual agreements. These deductions include federal and provincial income taxes, employment insurance, Canada pension plan, employee pension plans and union dues. Furthermore, I affirm that all voluntary deductions, such as health insurance premiums, retirement plan contributions, and any other authorized deductions, have also been processed correctly and in accordance with our policies and the agreements in place with our employees.

Respectfully Submitted
Geri Geldart
November 13, 2025



YORK CARE CENTRE

EXCELLENCE IN LONG-TERM CARE

**Operating Plan
2025 – 2026
Q2 Progress Report**

Residence of Choice

To provide a safe and home-like environment that positions itself as a residence of choice for individuals seeking a high quality of life and care.

Priority Area	Operational Goal	Measure of Performance	Progress
Quality of Life	To improve our ability to plan and provide resident-centered activities, implement Activity Pro Gold	<ul style="list-style-type: none"> • Update license and train staff on program enhancements by Q1 • Complete resident assessments by Q3 • Complete Family Portal by Q4. 	Activity Pro License did not need to be updated to permit input assessments. Training on-going with staff. License will be updated in Q4 when we open the Family Portal.
	To support the delivery of resident-centred activities, increase the availability of volunteers.	<ul style="list-style-type: none"> • Continue to assess baseline volunteer participation (hours) in Q1 and Q2. • Establish and achieve improvement goal for Q3 & Q4 	<ul style="list-style-type: none"> • COMPLETE for Q1 • COMPLETE for Q2
Quality of Care	To improve our ability to provide resident-centred care, examine bathing frequency preferences and options.	<ul style="list-style-type: none"> • Resident survey re preferences in Q3 • Analyse and development plan in Q4 	
	To provide residents and families with current information regarding York Care Centre, complete a refresh of the Resident Handbook	<ul style="list-style-type: none"> • Review and update handbook by end of Q3 • Print in Q4. 	
	To improve the dining experience, conduct a second trial of the Suzy-Q to determine the most appropriate use of the technology.	<ul style="list-style-type: none"> • Complete trial on a long term care unit by end of Q3. • Determine ongoing plan by end of Q4 	
Safe and Home-Like Environment	To improve resident comfort, introduce air conditioning/ cooling in resident rooms (multi-year project)	<ul style="list-style-type: none"> • Assist DTI with project as needed. 	<p>Phase 1 – Birch Grove and Tower - Contract awarded, completion date of end of January,</p> <p>Phase 2 (Dixon Back) Plans, Specs and bid document in progress,</p> <p>Phase 3 (Dixon Front) Plans in progress</p>

Priority Area	Operational Goal	Measure of Performance	Progress
Safe and Home-Like Environment (cont)	To ensure a safe environment, establish a maintenance plan for critical infrastructure at YCC	<ul style="list-style-type: none"> • Complete inventory of critical infrastructure elements by end of Q2. • Establish maintenance plan with timeline for each item by end of Q3. 	<ul style="list-style-type: none"> • COMPLETE -Inventory completed
	To improve the quality of environment services, conduct facility cleanliness audits	<ul style="list-style-type: none"> • Develop audit plan by end of Q1. • Report on results in Q2, 3 &4. 	<ul style="list-style-type: none"> • COMPLETE -Audit plan completed and placed into action effective July 2025 • Audit completed for Q2
	To ensure a safe environment, establish a Maintenance Plan for YDI	<ul style="list-style-type: none"> • Facility Condition Assessments completed for 91, 95 and 120 Sunset Drive by end of Q1 • Maintenance Plan Developed for each building by end of Q2. 	<ul style="list-style-type: none"> • COMPLETE Facility Condition Assessments completed for 91, 95 and 120 Sunset Drive • FALLING BEHIND Maintenance Plan under development, but not yet complete.
Resident Satisfaction	To identify opportunities for improvement, introduce a Tenant Survey in Hawkins House	<ul style="list-style-type: none"> • Develop and conduct tenant survey by end of Q2. • Consider the development of a survey for tenants of independent apartments 	<ul style="list-style-type: none"> • COMPLETE

Employer of Choice

*Based on a foundation of character and a culture of excellence,
we will be an employer of choice for health professionals and support staff*

Priority Area	Operational Goal	Measure of Performance	Responsibility / Progress
Foundation of Character and Culture of Excellence	To support a culture of excellence, re-introduce the 20 Tenets of Culture Program	<ul style="list-style-type: none"> Achieve and maintain 60% participation rate by end of Q3. 	
	To support professional development, offer a Leaders' level workshop in Fall 2025	<ul style="list-style-type: none"> Workshop to be delivered by end of Q3. 	<ul style="list-style-type: none"> Scheduled for Nov.19/25
Professional Development and Training	To support professional development, expand the mentorship program to include LPNs, DA's and EA's	<ul style="list-style-type: none"> Program expansion in Q2 and Q3 Final evaluation of expansion by end of Q4 	<p>Q2 – Falling Behind Working with LPNs to finalize approach.</p>
	To enhance staff recognition, provide monthly activities to highlight achievements, committee work, etc.	<ul style="list-style-type: none"> Quarterly report of recognition activities and events. 	<p>Q2 Report provided to F&A Committee.</p> <ul style="list-style-type: none"> 2 Scholarship Winners-July Shining Stars recognition – July Karaoke Night-August Free Massage Day-September
Staff Well-being and Work-life Balance	To support a positive work-life balance, review staff rotations for EA's, LA's and LPN's	<ul style="list-style-type: none"> LPN and Cook schedule review by end of Q2. Laundry review by end Q3 Environ. Att. by end of Q4. 	<p>COMPLETE - LPN & Cook rotations</p> <p>COMPLETE -Laundry Attendant rotation</p>
	To support employee wellness, provide two mental health/wellness mini session on units	<ul style="list-style-type: none"> Offer sessions in Q2 and Q3 	<p>Falling Behind – planning underway for Q3 and/or Q4 – dependent on facilitator availability</p>
	Update Attendance Support Program.	<ul style="list-style-type: none"> Complete by end of Q3 	
	Attendance improvement in high use departments	<ul style="list-style-type: none"> SLT to review departmental results each quarter. Monitor impact of new wellness days 	<ul style="list-style-type: none"> COMPLETE and ongoing COMPLETE and ongoing

Centre of Excellence

To be a leader in aging care, fostering an environment that promotes dignity, compassion and a high standard of care and support

Priority Area	Operational Goal	Measure of Performance	Responsibility / Progress
Leader in Aging Care	Host a Region 3 Support Service Managers Forum.	<ul style="list-style-type: none"> • Session to be held by end of Q3. 	
	Explore the possible elements of the Centre of Excellence role with NBANH and Region 3 Administrators	<ul style="list-style-type: none"> • Initial role definition for the Centre of Excellence to be developed by the end of Q4 	
High Standard of Care and Support.	With the financial support of the York Care Foundation, refurbish Tower 2 to incorporate evidence-based design features for an advanced dementia unit.	<ul style="list-style-type: none"> • Project to be completed, pending funding, by the end of Q4 	
	Expand the Nursing Home Without Walls Program	<ul style="list-style-type: none"> • Expand service delivery to meet program deliverables – to be articulated. 	Program expansion underway. Additional staff hired. Expanding service area.
Employer of Choice	Examine the feasibility / requirements for recognition as a top employer.	<ul style="list-style-type: none"> • Investigate options and provide recommendations to S.L.T. by end of Q3 	

Operational Excellence

To provide effective management of the organization's resources through process improvement.

Priority Area	Operational Goal	Measure of Performance	Responsibility / Progress
General Administration	Official Launch of the 2025–2030 Strategic Plan	<ul style="list-style-type: none"> • Launch by the end of Quarter 2 	<ul style="list-style-type: none"> • COMPLETE
	Update Communication Plan for 2025 – 2026 to support strategic plan.	<ul style="list-style-type: none"> • Update to plan complete by end of Q2. 	<ul style="list-style-type: none"> • COMPLETE
	Establish Quality Improvement Plan for 2025 – 2026	<ul style="list-style-type: none"> • Updated plan completed by end of Q1 	<ul style="list-style-type: none"> • COMPLETE
	Year 2 of a 3- year plan to update all policies.	<ul style="list-style-type: none"> • 33% of policies will be updated by Q4. 	
	Identify and document all critical finance functions.	<ul style="list-style-type: none"> • Critical function list developed by end of Q2 • Documentation to be complete by Q4 	<ul style="list-style-type: none"> • Falling Behind due to CFO vacancy - 50% completed
	To improve efficiency and reliability, complete the Administration Process review.	<ul style="list-style-type: none"> • Update time scan / process by end of Q1. • Update Trust account policy / process by Q3 	<ul style="list-style-type: none"> • COMPLETE
	To manage the risk and cost associated with contracted services, establish a current contract register	<ul style="list-style-type: none"> • Contract register to be complete by end of Q2 • Review of all contracts to be complete by Q4. 	<ul style="list-style-type: none"> • COMPLETE – initial version of register complete. Contract review underway.
	Develop cost centre managers expertise re expense coding and variance analysis	<ul style="list-style-type: none"> • Cost Centre Manager review meetings in Q2 and Q3 	<ul style="list-style-type: none"> • Falling Behind due to CFO vacancy
Care Services	To improve efficiency, trial Care carts and wipes on one unit. Expand if deemed successful.	<ul style="list-style-type: none"> • Trial cart on one unit by end of Q3. • Develop roll-out plan by end of Q4 	
York Developments	To improve the sustainability of the independent housing units, review and update policies with respect to rent and insurance.	<ul style="list-style-type: none"> • Complete policy review for rental rates and insurance by Q2. 	<ul style="list-style-type: none"> • COMPLETE

- Top 3 Ranking
- Middle 4 Ranking
- Bottom 5 Ranking
- ↑ Performance Improving
- ↓ Performance Declining
- ↔ Performance Staying about the Same

Quality of Life - Resident Survey

SQLI - Most recent data - Dec 2024

2025 Survey to be conducted in Q3

	2022	2023	2024	Rank	Progress
Personal Control (max 25)	16	15.0	16.2	●	↑
Staff Responsiveness (max 25)	17.5	17.6	19.8	●	↑
Social Life (max 30)	11.5	14.0	12.9	●	↓
Food (max 9)	5.3	5.6	4.6	●	↓
Caring Staff (max 14)	7.9	8.6	10.2	●	↑

Quality of Life - Family Survey

SQLI - Most recent data - Dec 2024

2025 Survey to be conducted in Q3

	2023	2024	Rank	Progress
Basic Needs	72.0	72.0	3/10	Stable
Respect and Trust	69.0	66.0	1/10	Stable
Visiting the Facility	69.0	68.0	1/10	Stable
Engaging in Care	63.0	65.0	2/10	Stable
Global Rating	62.0	62.0	1/10	Stable

Quality of Care

NEW

	Q4 24/25	Q1 25/26	Q2 25/26	Target*	Progress
Antipsychotics-no Dx psychosis (%)	7	9	10	15	Stable
Residents with Pain (% of residents)	0	0	3	5	Stable
Residents with Worsened Pain (%)	6	12	11	12	Stable

Symptoms of Depression Worsened	18	25	21	18	Stable
Falls in last 30 days (% of residents who fell)	16	18	17	20	Stable
Falls with major injury - %	2	0	0	0	Stable
New Pressure Ulcer	3	5	1	3	Improved
Pressure Ulcer Worsened	3	5	1	3	Improved
Physical Restraints (%)	18	22	28	14	Worse
Hospitalizations (%) Includes overnight stays	6	5	6	3	Stable

Dashboard Updated on 01 November, 2025 by Geri Geldart

Quality of Worklife

Next results will be available in Q2

	Q3 23/24	Q4 23/24	Q1 24/25	Target	Progress
Overall I feel valued at work			57	60	new
Immediate supervisor keeps me informed			73	75	new
I receive meaningful recognition			53	55	new
I have opportunity for input into decisions			56	60	new
YCC -a great place to work- % agree		66	70	75	Improved

Human Resource Indicators

NEW

	Q4 24/25	Q1 25/26	Q2 25/26	Target	Progress
Care Hour (Short / Over)	6	7	1	"+/- 5"	On Target
RN hrs act to standard (%) in quarter	97	99	89	>97	Worse
Retention Rate -12 month look-back (%)	85	82	87	85	Stable
Temp Agency Use Hours in Quarter	42	0	0	0	Stable
Resignations in 1st year employed	9	0	2	< 5	On Target
Sick time / 1957 paid hours (std)	15.8	11.7	14.9	13	Stable
Overtime % of Pd Hrs in quarter	5.7	5.6	5.6	4	Stable
Worksafe Claims in quarter	2	4	5	0	Worse

Financial & Support Indicators

NEW

	Q4 24/25	Q1 25/26	Q2 25/26	Target	Progress
YC Fdn - Net Profit Calendar Yr as of July 2025			36,384	17,630	Above Target
Food Cost per Resident Day \$	11.83	12.79	13.46		Rising
Temp Agency Use \$ in Quarter	124,959	0	0	-	At target

Operating Plan

NEW

	Q1 25/26	Q2 25/26	Q2 Target	
% of Annual Objectives Complete	12%	31%	37%	Slightly behind



BRIEFING NOTE

To: Members – Board of Directors
From: Geri Geldart, President and CEO
Date: October 21, 2025
RE: Partnership Opportunity

A. Purpose

To brief the board on discussions held with a property development group based in Hampton, NB. For information and possible direction.

B. BACKGROUND

YCC received a call from Ron Cox, President of 627842 NB Limited in the early fall. The company is developing an 18-acre mixed-use project in Hampton's new business district. As part of this, they are exploring a 100-room seniors' nursing home with 50 assisted living units. They believe York Care Centre's resident-centered model is an ideal fit for this community focused development, located on a prime site with a quiet, residential adjacent setback.

They are proposing a possible joint venture where York Care serves as the operational partner, managing the facility without capital or equity contribution, while their company handles financing and development, including land contribution. The project supports Hampton's Municipal Plan and addresses the need for new nursing home beds. They have held preliminary discussions with provincial representatives, including the Minister of Social Development. They also have the support of the mayor of the Town of Hampton. They are in the early days of the process and they recognize that exploring this arrangement will take time. He is asking that we consider the above opportunity for collaboration.

I spoke with Mr. Cox on October 21st about this potential project. He was open in saying that they are learning as they go, finding the process of working with government to be quite complicated. They have money and they have land, but they lack a few things – government approval to open a nursing home, expertise in operating a nursing home, to name a few.

I asked why they approached us, rather than speaking with local players. He was polite and did not offer any criticism of local players. There is a nursing home in Hampton, the Dr. V.A. Snow Nursing Home which they plan to speak to but I did not get the impression they would consider them to be partners in this project. The reason they approached us was based on our reputation, and our long history of providing long term care in New Brunswick.

I advised Mr. Cox that his request would need board consideration and approval and that I would present his request to the Board of Directors.

C. CONSIDERATIONS

There are many factors that the board should consider.

- **Strategic Plan Alignment**– Although our strategic plan does not specifically address such an opportunity, there are features which might make this proposal attractive
 - We aspire to be recognized as **a leader in aging care**.
 - We will **continuously evolve** by adopting innovative care practices, making strategic investments, and enhancing our services to meet and exceed the expectations of residents, families, **and the broader community**.
 - We will **enhance our community based services and facilities** based on an assessment of resident needs.
 - **By fostering partnerships** and sharing expertise, we will elevate the quality of care, enhance quality of life and create lasting impact both within and **beyond our walls**.
- **Similarities within New Brunswick** – the Comfort Life Network, based in Shediac, is a non-profit service network that was founded in 1969 to continue the work of the Sisters of Providence. A 204-bed long-term care home was built to replace the outdated Hospice in Shediac. In response to growing community demand, the builders of this network have become involved in long-term care at all levels. They now operate the “largest long-term care network in New Brunswick” comprised of 5 nursing homes and 7 seniors residential communities. Two additional nursing homes are scheduled to open in 2026. With a staff of 500, they serve 556 long-term care residents and over 500 individuals living in seniors residential complexes. The facilities are located in Moncton, Shediac, Saint-Antoine, Neguac, Bathurst and Miramichi.
- **Capacity** – We do not currently have the capacity to take on a project of this magnitude, but we do have the capacity to participate in dialogue with this group as they develop their plan. They have specifically asked if we would accompany them when meeting with the Department of Social Development, as they don’t have the expertise necessary to have a fruitful discussion regarding long term care operations.
- **Long-term Care Plan** – the current long term care plan has expired. It is unlikely that any new projects will be approved until a new plan has been approved by government. Government’s approach, most recently, has been to issue RFPs for the construction and operation of new homes. Large players such as Shannex and others have bid on these projects and have been able to leverage centralized services to produce a competitive bid. It may be difficult for this group to compete in such a field.
- **Distance** – Hampton is 90 minutes from Fredericton.

D. RECOMMENDATION

It is recommended that the board consider if such a partnership fits within our vision of being a leader in aging care. If so, without making any commitment, York Care could offer to participate in discussions regarding the evolution of the company’s proposal. At some point in the process, the company and the Board would need to determine if York Care would be the operator of the complex.

INTEGRITY AND TRANSPARENCY

- We provide accurate and complete information when responding to reasonable requests.
- We maintain complete and accurate documentation and financial records and follow retention standards.
- We use organizational resources responsibly, for their intended purposes and not for personal use.
- Purchasing decisions reflect value for money and avoid conflict of interest.
- We ensure expenses are reasonable and follow corporate policy. We avoid excessive entertainment costs when conducting business.
- We avoid conflicts of interest and disclose any potential conflicts promptly.
- We do not participate in decisions that could financially benefit ourselves or family members.
- We never accept loans or bequests from residents. We may accept only nominal gifts from residents or families.
- We protect all corporate assets including intellectual property.
- We do not allow outside activity to interfere with job performance.
- We do not engage in any form of political activity during working hours or on the premises of York Care Centre.

The policies referenced in this document can be found in the YCC Policies and Procedures Folder on any YCC computer desktop.

Code of Ethics and Professional Conduct



A Message from our Board of Directors

The reputation of our organization is shaped by our actions, choices, and decisions each day.

Together we must:

- Work in the best interests of our residents and clients
- Act fairly and objectively
- Recognize and address conflicts of interest
- Exercise our best judgment
- Protect the confidentiality of the information entrusted to us
- Come forward if we see something that we think is not in the best interests of the people we serve or our organization, and
- Have the courage to stand up for what is right

This code is mandatory and applies to all board members, employees, students and volunteers of the York Care Group of Companies.

RESPECT AND DIGNITY

- We treat everyone with equal dignity regardless of race, colour, national origin, religion, age, marital status, gender, sexual orientation, disability, social condition, or political belief.
- We uphold human rights principles in all interactions.
- We promote safety, competence, care, respect, recognition and inclusion in our workplace.
- We maintain professional boundaries with staff, residents, clients and their families. Interactions of a sexual nature between staff and residents are strictly prohibited.
- We are committed to providing an environment free of harassment.

CONFIDENTIALITY AND PRIVACY

- We protect confidential information, personal and non-personal, obtained through our work.
- We collect, use, and disclose personal information in compliance with PHIPAA and PIPEDA.
- We share confidential information on a “need-to-know” basis.
- We report serious misconduct in confidence. Employees are protected when speaking up about unethical or illegal activities.

PROFESSIONALISM

- We demonstrate a strong work ethic. We demonstrate honesty regarding working hours and maintain focus while at work.
- We maintain a drug and alcohol-free workplace and prohibit working under the influence of drugs or alcohol.
- We represent York Care Centre positively in public communications.
- We are familiar with and comply with all applicable laws, regulations and organizational policies.
- We follow established policies for procurement, hiring, and financial management.

BRIEFING NOTE

To: Members – Research and Ethics Committee

From: Geri Geldart, President and CEO

Date: October 29, 2025

RE: Research Priorities

A. Purpose

This briefing note presents proposed research priorities for York Care Centre for the 2025-2030 strategic planning period. The purpose is to establish clear research focus areas that align with our organizational mission and strategic objectives, ensuring that research activities contribute meaningfully to improved quality of life for residents and enhanced workplace conditions for staff.

B. Background

As part of our 2025-2030 strategic plan, York Care Centre has committed to becoming a centre of excellence in long-term care. A critical component of this commitment is engaging in research that is purposeful, mission-driven, and resident-centered. Historically, many long-term care organizations have pursued research opportunities based primarily on funding availability rather than strategic alignment. This approach can lead to fragmented research efforts that may not address the most pressing needs of residents and staff. By establishing clear research priorities in advance, York Care Centre can communicate our priorities to potential researchers, and ensure that our research activities are intentional, aligned with our values, and designed to generate actionable insights that improve care delivery and organizational performance.

The Senior Leadership Team has identified a range of potential priority areas for consideration by the Research and Ethics Committee.

C. Rationale for Establishing Research Priorities

Setting research priorities offers several key benefits:

- **Strategic Alignment:** Ensures research activities directly support our strategic objectives of becoming a residence of choice, employer of choice, and centre of excellence.
- **Resource Stewardship:** Enables more effective allocation of staff time, financial resources, and organizational capacity toward research that matters most.
- **Mission Focus:** Maintains focus on research that directly improves quality of life for residents and quality of work life for staff, rather than pursuing funding for its own sake.
- **Evidence-Based Practice:** Positions York Care Centre to contribute to the body of evidence that shapes best practices in long-term care and assisted living.
- **Sector Leadership:** Establishes York Care Centre as a thought leader in areas critical to the future of long-term care in New Brunswick and beyond.

D. Proposed Research Priorities

The following research priorities have been identified based on their potential impact on resident quality of life, staff well-being, operational excellence, and alignment with emerging trends in long-term care. These priorities are organized into three categories: Resident-Centered Research, Workforce-Centered Research, and Organizational Excellence Research.

RESIDENT-CENTERED RESEARCH PRIORITIES

1. Social Engagement and Social Isolation

Rationale: Social isolation and loneliness are significant concerns for residents in long-term care and assisted living environments, with documented impacts on physical health, cognitive function, and emotional well-being. Research in this area could explore:

- Effectiveness of intergenerational programming and community connection initiatives
- Impact of structured social activities versus organic relationship-building opportunities
- Role of technology in maintaining family and community connections
- Barriers to social participation for residents with cognitive or physical limitations

Relevance to York Care Centre: With over 300 residents across levels of care and our community programs including the Adult Day Program and Nursing Home Without Walls, York Care Centre has unique opportunities to study innovative approaches to combating social isolation and promoting meaningful engagement.

2. Dining Experience and Nutritional Care

Rationale: The dining experience encompasses far more than nutrition; it represents a fundamental aspect of quality of life, dignity, and social connection. Research could examine:

- Impact of dining environment modifications on resident satisfaction and food intake
- Effectiveness of person-centered menu planning and choice in maintaining nutritional status
- Role of dining as a social activity and its impact on resident well-being

Relevance to York Care Centre: York Care Centre can contribute important insights into how dining experiences can be optimized for different levels of care and resident preferences.

3. Technology for Care Delivery

Rationale: Technology has the potential to enhance care quality, improve safety, and support resident independence, but implementation must be thoughtful and evidence-based. Research areas include:

- Effectiveness of monitoring technologies in preventing falls and other adverse events
- Role of assistive technology in supporting resident independence and dignity
- Role of artificial intelligence in care delivery
- Staff and resident acceptance and adaptation to new technologies

Relevance to York Care Centre: With ongoing technology implementations, including nurse call system upgrades, and a commitment to innovation, York Care Centre is well-positioned to study both the benefits and challenges of technology adoption in long-term care settings.

4. Resident Health and Safety

Rationale: Ensuring resident safety while maintaining quality of life and autonomy is an important component of long-term care. Research could focus on:

- Fall prevention strategies that balance safety with resident mobility and independence
- Chronic health condition management in long-term care
- Infection prevention and control practices and their impact on resident outcomes
- Medication management approaches and polypharmacy reduction strategies
- Environmental design features that promote both safety and well-being

Relevance to York Care Centre: With a commitment to quality improvement, York Care Centre can contribute to evidence-based practices that enhance resident safety without compromising dignity or autonomy.

5. Dementia Care and Cognitive Support

Rationale: With the majority of long-term care residents experiencing some form of cognitive impairment, research in dementia care is critically important. Areas of investigation could include:

- Non-pharmacological interventions for responsive behaviors
- Environmental design strategies that support wayfinding and reduce agitation
- Person-centered approaches to maintaining identity and engagement
- Family education and support programs

Relevance to York Care Centre: With Birch Grove and Tower 2 designated for dementia care, York Care Centre has a significant opportunity to study the impact of specialized environments and care approaches on residents with cognitive impairment and their families.

WORKFORCE-CENTERED RESEARCH PRIORITIES

1. Employee Engagement and Organizational Culture

Rationale: Staff engagement directly impacts resident care quality, retention, and organizational sustainability. Research could explore:

- Meaning and expression of appreciation and recognition in long-term care settings
- Impact of staff participation in decision-making on job satisfaction and retention
- Factors contributing to feeling valued and respected in the workplace
- Strategies for identifying and addressing workplace toxicity

Relevance to York Care Centre: As an employer of approximately 300 staff members with a commitment to becoming an employer of choice, York Care Centre can contribute important insights into what drives engagement and satisfaction in the long-term care workforce.

2. Workplace Health and Safety

Rationale: Long-term care workers face significant occupational health risks, and addressing these risks is essential for both staff well-being and quality care delivery. Research areas include:

- Musculoskeletal injury prevention strategies and their effectiveness
- Effectiveness of mechanical lift and transfer equipment in reducing injury
- Mental health and stress management support for frontline care staff

Relevance to York Care Centre: With a strong commitment to staff well-being and ongoing efforts to improve workplace safety, York Care Centre can contribute to evidence-based practices that protect workers while maintaining quality resident care.

ORGANIZATIONAL EXCELLENCE RESEARCH PRIORITIES

1. Care Models and Service Delivery Innovation

Rationale: The long-term care sector is evolving rapidly, with new models of care emerging to better meet resident needs while ensuring sustainability. Research areas include:

- Effectiveness of different care models (e.g., household model, person-centered care) on resident and staff outcomes
- Integration of community-based services with residential care
- Transitions between levels of care and their impact on residents and families
- Innovative approaches to supporting aging in place

Relevance to York Care Centre: With a comprehensive campus of care including long-term care, independent living, assisted living, and community programs, York Care Centre is uniquely positioned to study integrated care delivery and transitions across the continuum.

2. Quality Measurement and Improvement

Rationale: Meaningful quality measurement is essential for continuous improvement, but current metrics may not fully capture what matters most to residents and families. Research could focus on:

- Development and validation of resident-centered quality indicators
- Relationship between various quality metrics and resident quality of life
- Effective strategies for engaging staff in quality improvement initiatives
- Use of data and analytics to drive continuous improvement

Relevance to York Care Centre: As an organization committed to becoming a centre of excellence, York Care Centre can contribute to developing more meaningful quality measures and improvement strategies that reflect the priorities of residents, families, and staff.

E. Recommendations

The Research and Ethics Committee is asked to:

- Review and consider the proposed research priorities outlined in this briefing note
- Provide feedback on the relevance of each priority area, with a view to including only those of most importance to YCC and the greatest benefit for residents and staff.
- Consider whether additional priority areas should be included

F. Next Steps

Following Committee discussion and feedback, the revised research priorities will be:

- Recommended to the Board of Directors
- Finalized and documented as part of York Care Centre's strategic plan
- Incorporated into organizational communications to build awareness of York Care Centre's research focus and potential
- Used as the basis for a marketing strategy to garner interest from potential partners (academic partners, research organizations)
- Used to evaluate incoming research opportunities

**Finance Committee Chair’s Summary Report to Board of Directors
Six months ending September 30, 2025**

- The Finance Committee met on November 4, 2025.
- Reviewed the September 30, 2025 quarterly reports.
- Recommended financial reports to September 30, 2025 to be presented to the Board of Directors.

Summary of unrestricted financials as of September 30, 2025:

Company	Unrestricted Cash Balance	Payables/Accruals	Surplus(deficit)
York Care Centre	\$3 782 000	\$3 921 000	\$ 725,000
York Developments Inc.	730 000	366 000	57 000
CIRA	52 000	26 000	(12 000)
Totals	\$4 564 000	\$4 313 000	\$770 000

Observations - financial:

- All companies have a cash balance.
- All payables can be paid as they become due.
- The significant variations from budgeted revenues and expenditures are CUPE retro salaries related and covered by Social Development.
- New CFO, Wayne Solomon, was on-boarded on November 10, 2025.

KPI observations over past 12 months:

- Employee retention rate increased from 82% to 87%.
- Sick days per FTE has increased in the quarter due to 14.92 days which is remains lower than 2024 Q2 at 15.76 days. However, upward pressure due to CUPE contract wellness days.
- Overtime hours stable at 5.6 %.
- RN hours worked is stable at 89% of target.
- Professional care hours (RN/LPN) at 97% of target.

Facilities, building and Infrastructure

- Replacement of the Nurse Call System is complete. Holdback to be paid once engineer’s sign-off received.
- 31 computer devices were replaced due to the ending of support for Windows 10.
- 14 rooms at YCC and 6 units at YDI have been refurbished.
- Flood related repairs at 120 Sunset drive are completed and residents moved in.

- Facility Condition Assessment completed on July 18 by Nadine International. SD organized the review. Report expected in Q3 2025/26.

Operating Plan

- Work progressing on air conditioning project. Waiting for materials to arrive.
- Cleanliness audits being carried out. To date results are positive.
- Maintenance plan to be refined once Facilities Condition Assessment is received.

Pierre LeBlanc, Chair
Finance Committee
2025-11-08

York Care Centre - Summary Financial Position - Report to the Board
September 2025

	YCC	YDI	CIRA	COMBINED
Cash and Receivables				
Unrestricted Cash	\$ 3,782,425	\$ 729,775	\$ 51,885	\$ 4,564,085
Total Receivables	\$ 321,926	\$ 36,445	\$ 859	\$ 359,230
Total Liabilities				
Trade	\$ 1,173,997	\$ 366,031	\$ 26,415	\$ 1,566,443
Accrued Salary/Payroll Costs	\$ 1,112,185			\$ 1,112,185
Accrued Vacation / Stats	\$ 1,306,387			\$ 1,306,387
Pension Payable to Social Development	\$ 329,383			\$ 329,383

Summary Observations - Results from Operations

YCC finished slightly better than budget resulting in a positive variance of \$47,000 mostly due to non-recurring Budget Amendments.

YDI finished better than budget with a positive variance of \$52K which is mainly driven by a positive variance in **Independent Housing** having significant savings on expenses for maintenance and payroll. **Supportive Housing** did better than budget, mostly due to higher revenue than projected. The **Adult Day Program** is doing well and has been able to both generate higher revenue and lower overall expenses. NHWW reflects no net income as revenue is matched to expenses.

CIRA finished with a loss of \$11.7K which is about 3.9K more than budgeted. This is mostly caused by lower revenue generation due to wind down of research.

Capital Expenditure Update: Ordered commercial washer & dryer for delivery and installation in Q3, Received Tractor, Video Surveillance - obtaining quotes, Auto Scrubber - on hold due to purchase of tractor. The installation of the Nurse Call System - complete.

YDI Building Update- Full funding will be received from NB Housing for roof replacement at 91 Sunset Drive. There is an insurance claim being processing for 120 Sunset. No further updates on this.

Key Performance Indicators

York Care Center			Independent Apartments	
Revenue per resident day	\$399		Revenue per Unit per month YTD	\$ 656
Expenditures / resident day	\$380		Expenditures per Unit per month YTD	\$ 575
Number of beds	216		Number of Units	72
Vacant bed days subject to penalty - YTD	25		Supportive Housing	
Resident days Apr-Sept	39,827		Revenue per Unit per month YTD	\$2,612
Staffing	<i>Perm Positions</i>	<i>Vacant</i>	<i>Rent revenue/unit/month</i>	\$990
Admin/HR	11	1	<i>Care revenue/unit/month</i>	\$750
Care	163	15	<i>Service fee revenue/unit/month</i>	\$654
Support	60	6	Expenditures per Unit per month YTD	\$2,545
Expenditure Distribution			Number of Units	31
<i>YTD Expenditures</i>	<i>Actual</i>	<i>Percent</i>	Other Revenue YTD	\$ 40,563
Salary and Benefits	\$ 12,204,956	80.6%	Adult Day Program	
Supplies & Other Expenses	\$ 2,036,557	13.4%	Revenue per client day	\$ 74
Depreciation & Mortgage	\$ 904,462.08	6.0%	Expenditures per client day	\$ 66
			Client Days YTD Actual	1230

YORK CARE CENTRE INC
Statement of Financial Position
9/30/2025

	Current Quarter	Prior Quarter		Difference
<u>ASSETS</u>				
CURRENT				
CASH AND CASH EQUIVALENTS	3,782,425	6,275,909	1*	(2,493,484)
CASH - RESTRICTED FUNDS	51,423	70,760		(19,337)
ACCOUNTS RECEIVABLE				
- RESIDENTS	25,746	58,748		(33,002)
- DEPT of SOCIAL DEVELOPMENT	81,415	35,298		46,117
- HST	25,535	38,820		(13,285)
- OTHER	189,230	104,422	2*	84,808
INVENTORIES	83,319	83,319		-
PREPAID EXPENSES	326,232	489,880	3*	(163,647)
LONG TERM RECEIVABLE	-	-		-
TOTAL CURRENT ASSETS	4,565,324	7,157,155		(2,591,831)
CASH RESTRICTED FOR FUTURE CAPITAL	-	-		-
LAND, BUILDING AND FURNITURE (Net)	25,165,246	25,334,092	4*	(168,845)
TOTAL FIXED ASSETS	25,165,246	25,334,092		(168,845)
TOTAL ASSETS	29,730,571	32,491,247		(2,760,676)
<u>LIABILITIES</u>				
CURRENT				
PAYABLES & ACCRUALS	3,921,952	3,606,767		315,185
DEFERRED REVENUE	1,473,200	4,659,044	5*	(3,185,844)
TOTAL CURRENT	5,395,152	8,265,811		(2,870,659)
LONG TERM				
LONG TERM DEBT	8,847,434	9,427,727	6*	(580,293)
DEFERRED CONTRIBUTIONS	2,146,629	2,239,385	7*	(92,756)
TOTAL LIABILITIES	10,994,063	11,667,112		(673,049)
<u>FUND BALANCES</u>				
FUNDS RESTRICTED	67,926	67,329		597
UNRESTRICTED	12,548,132	12,548,132		-
NET INCOME (LOSS) FOR PERIOD	725,297	(57,138)	8*	782,435
TOTAL FUNDS	13,341,356	12,558,324		783,032
TOTAL LIABILITIES & FUNDS	29,730,571	32,491,247		(2,760,676)

1. Decrease in cash funds due to pay out of Retro payment in August.
2. Intercompany transactions due
3. Prepaid expenses are being applied on a monthly basis.
4. Accumulated depreciation applied on a monthly basis.
5. Retro funding moved out of deferred revenue after being paid out.
6. Loan payments continuing monthly.
7. Amortization of deferred contribution
8. Positive Net Income due to DSD funding Retro being applied to revenue.

YORK CARE CENTRE INC
Statement of Operations - Year to Date
6MONTHS ENDING 9/30/2025

	Actual Current YTD	Budget Current YTD	Variance Budget vs Actual
REVENUE AND RECOVERIES			
Operating Revenue	15,130,135	11,604,802	3,525,333
Recurring Budget Amendments	0	0	0
Non-recurring Budget Amendments	79,770	33,653	46,117
Administration	259,404	231,051	28,353
Care Services	41,110	25,487	15,623
Operations	175,342	173,692	1,650
Deferred Contributions	185,512	125,575	59,937
TOTAL REVENUE AND RECOVERIES	<u>15,871,273</u>	<u>12,194,260</u> *1.	<u>3,677,013</u>
OPERATING EXPENSES			
Administration	2,784,622	2,203,668	*2. -580,954
Care Services	7,407,721	5,263,920	*3. -2,143,801
Operations	4,049,171	3,204,253	*4. -844,918
Mortgage Interest & Depreciation	904,462	844,394	*5. -60,068
TOTAL EXPENSES	<u>15,145,975</u>	<u>11,516,234</u>	<u>-3,629,741</u>
NET SURPLUS (DEFICIT)	<u>725,297</u>	<u>678,026</u>	<u>47,272</u>
Less: Transfer to replacement reserve	<u>0</u>	<u>0</u>	<u>0</u>
(Increase) or Decrease in Operating Fund	<u>725,297</u>	<u>678,026</u>	<u>47,272</u>

Notes (Actual to Budget):

- 1 Higher revenue due to Retro funding applied to revenue after payout in August.
deferred contributions (60K) Nurse Call System. Offset in Depreciation expenses.
Increase in Budget Amendment revenue is offset in Operating Expenses.
Admin revenue is up by \$28K, mostly due to investment income and Care Services revenue is up \$15K due to RN & CUPE Union Recoveries
- 2 Admin expenses higher than budget due to salary Retro payment made in August.
All other admin expense accounts are on track.
- 3 Care Services expenses higher due to salary Retro payment made in August.
All other Care Services expense accounts are on track.
- 4 Operations expenses higher due to salary Retro payment made in August.
Additionally, electricity expenses higher than budgeted, along with minor equipment and computer software and hardware expenses.
- 5 Increase in Depreciation expenses due to Nurse Call (60K).

YDIDAT YORK DEVELOPMENT INC
Statement of Financial Position - CONSOLIDATED
9/30/2025

	Current Quarter	Prior Quarter	Difference
<u>ASSETS</u>			
CURRENT ASSETS			
CASH	729,771	685,984	43,787
ACCOUNTS RECEIVABLE	34,053	34,341	-288
HST RECEIVABLE	2,393	1,744	650
PREPAID EXPENSES	47,222	81,222	-34,001
TOTAL CURRENT ASSETS	813,439	803,291	10,148
RESTRICTED CASH AND DEPOSITS			
REPLACEMENT RESERVE FUND	328,625	316,625	12,000
DEFERRED VACANCY SUBSIDY	48,721	48,721	0
TOTAL RESTRICTED CASH & DEPOSITS	377,345	365,345	12,000
FIXED ASSETS			
BUILDING & LAND 91 SUNSET DR	518,208	518,208	0
BUILDING & LAND 95 SUNSET DR	516,127	516,127	0
BUILDING & LAND 120 SUNSET DR	973,166	973,166	0
BUILDING & LAND 116 SUNSET DR PROJECT#2	1,333,457	1,333,457	0
BUILDING & LAND 116 SUNSET DR	2,062,837	2,062,837	0
BUILDING IMPROVEMENTS & EQUIPMENT	968,032	968,032	0
ACCUMULATED DEPRECIATION	-4,583,687	-4,545,726	-37,962
TOTAL FIXED ASSETS	1,788,139	1,826,101	-37,962
TOTAL ASSETS	2,978,924	2,994,737	-15,813
<u>LIABILITIES</u>			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	200,164	148,876 1*	51,287
DEFERRED REVENUE	165,648	224,953 2*	-59,305
TOTAL CURRENT LIABILITIES	365,812	373,830	-8,018
LONG TERM DEBT			
MORTGAGE 116 SUNSET DRIVE	1,404,726	1,439,429	-34,704
TOTAL LONG TERM LIABILITIES	1,404,726	1,439,429	-34,704
DEFERRED CONTRIBUTIONS			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	502	751	-250
TOTAL DEFERRED	502	751	-250
FUND BALANCES			
REPLACEMENT RESERVE RESTRICTED	328,625	319,625	9,000
VACANCY SUBSIDY RESERVE	48,721	48,721	0
EARNED SURPLUS	773,285	782,285	-9,000
NET INCOME (LOSS) FOR PERIOD	57,254	30,096	27,158
TOTAL EQUITY	1,207,884	1,180,726	27,158
TOTAL LIABILITIES & FUND BALANCES	2,978,924	2,994,737	-15,813

Notes:

- 1: Intercompany transactions due
- 2: Deferred revenue for NHWW

YORK DEVELOPMENT INC
Statement of Operations - CONSOLIDATED
MONTH ENDING 09/30/2025

	Actuals YTD September 30	Budget YTD September 30	Variance
Independent Housing			
Total Revenue	283,276	293,696	-10,420
Operating Expenses			
Wages & Benefits	31,816	42,861	11,045
Maintenance	108,057	135,502	27,444
Administration	99,072	99,902	830
Depreciation	9,617	9,617	0
Total Operating	248,562	287,882	39,320
Net Earnings	34,714	5,814 *1	28,900
Supportive Housing			
Total Revenue	485,864	459,439	26,424
Operating Expenses			
Wages & Benefits	227,366	200,577	-26,789
Tenant Support Costs	39,825	40,769	944
Maintenance	71,986	85,629	13,643
Administration	67,944	67,676	-268
Depreciation	66,307	66,306	-1
Total Operating	473,428	460,957	-12,471
Net Earnings	12,436	-1,517 *2	13,953
ADP			
Total Revenue	91,588	88,034	3,554
Operating Expenses			
Wages & Benefits	64,530	64,900	370
Program Support Costs	10,908	13,526	2,618
Administration	6,046	8,417	2,371
Depreciation	0	0	0
Total Operating	81,484	86,843	5,359
Net Earnings	10,103	1,190 *3	8,913
NHWW			
Total Revenue	108,883	159,145	-50,262
Operating Expenses			
Wages & Benefits	90,870	114,738	23,867
Program Support Costs	10,405	28,358	17,952
Administration	7,606	16,050	8,444
Depreciation	0	0	0
Total Operating	108,883	159,145	50,262
Net Earnings	0	0 *4	0
TOTAL NET EARNINGS	57,253	5,487	51,766

Notes: (Actuals to Budget)

1. Lower revenue (-10K) offset by higher savings on maintenance (27K) and payroll (11K) expenses.
2. Revenue for Supportive Housing higher due to increase in Care Hours revenue offset by increase in wages. Savings in Maintenance (13K) expenses result in overall net positive earnings.
3. ADP revenue higher due to increase in program usage and Client pay (3K).
Savings on Program costs (2.6K) and Admin charges (2.3K).
4. Savings in Wages & Benefits due to vacancies throughout the year and overall lower program expenses than anticipated. Expenses zero'd out by revenue.

Centre for Innovation and Research
Statement of Operations - CONSOLIDATED
6 MONTHS ENDING 9/30/2025

	ACTUAL YTD	BUDGET YTD	ACTUAL VS BUDGET
REVENUE			
GENERAL CONTRIBUTIONS	87	0	87
PHAC ISAF - HUMAN RIGHTS	63,796	74,000	-10,204
PHAC - ANTIBIOTIC STUDY	3,608	3,600	8
INTEREST INCOME	1,494	1,650	-156
TOTAL UNRESTRICTED REVENUE	68,985	79,250	-10,265
OPERATING EXPENSES			
WAGES & BENEFITS			
SALARIES AND BENEFITS	60,849	61,193	344
SALARIES & BEN CHARGED TO PROJECTS	-60,849	-61,193	-344
	0	0	0
ADMINISTRATION			
AUDIT EXPENSES	7,310	7,525	215
BANK INTEREST & CHARGES	0	0	0
DEPRECIATION EXPENSE	430	431	0
OFFICE AND COMPUTER SUPPLIES	120	0	-120
OFFICE SPACE COSTS	1,439	1,272	-167
TELEPHONE	0	0	0
IT SUPPORT	266	0	-266
INSURANCE	915	0	-915
MISCELLANEOUS	110	250	140
	10,591	9,478	-1,113
PROJECT RELATED EXPENDITURES			
PHAC ISAF - HUMAN RIGHTS	66,566	74,000	7,434
PHAC - ANTIBIOTIC STUDY	3,608	3,600	-8
MISCELLANEOUS	0	0	0
	70,174	77,600	7,426
TOTAL EXPENSES	80,765	87,078	6,313
NET EARNINGS (LOSS)	-11,780	-7,828 1*	-3,952

Notes:

1: Lower revenue stream (-10K) not offset entirely by savings in expenses (6K) resulting in slight net loss. No more funding due to program being wind down.

**YORK COUNTY
PROPERTIES
INC.**

GENERAL BYLAWS

NOVEMBER 2025

YORK COUNTY PROPERTIES INC.

GENERAL BYLAWS

PREAMBLE:

WHEREAS YORK COUNTY PROPERTIES INC. (the Corporation), was incorporated by Special Act of the Legislature entitled "An Act to Incorporate YORK COUNTY PROPERTIES INC." Ch. c-145 of the statutes of New Brunswick 1966, and amendments thereto;

AND WHEREAS the affairs of YORK COUNTY PROPERTIES INC., shall be managed by a Board of Directors, and where authorized, by a Bylaw of the Corporation, the Executive Committee of the Directors may exercise such powers of the Board of Directors as are delegated to it by such Bylaw;

AND WHEREAS it is the purpose of YORK COUNTY PROPERTIES INC., to serve the Community;

AND WHEREAS the objectives as governed by its Board are to:

1. Supply and render services of a charitable and benevolent nature to the inhabitants of the County of York.
2. Assist the inhabitants of the County, including the aged, by the establishment and operation of properly supervised rest and convalescent homes for the benefit of persons who are elderly, of low income or otherwise disadvantaged as may be determined by the Company from time to time and to make charges (if any) therefore, as the Corporation may determine.
3. Enter into agreements with the Province of New Brunswick or any municipality for the purpose of carrying out or better effecting its purposes and objects.
4. Participate in governmental and community projects and activities.

AND WHEREAS the following terms, conditions and provisions shall be unalterable:

1. The Corporation shall be carried on without the purpose of gain for its members and any profits or other accretion to the Corporation shall be used in promoting its objects.
2. No part of the income of the Corporation may be payable to or otherwise available for the personal benefit of any member thereof, except as otherwise provided in Article 6 c).
3. Upon the dissolution of the Corporation and after the payment of all debts and liabilities, its remaining property shall be distributed or disposed of to charitable organizations which carry on their work solely in Canada.

NOW THEREFORE, be it enacted and it is hereby enacted, that the following Bylaws be adopted for regulating the affairs of York County Properties Inc.

1. CORPORATE SEAL

The Corporate Seal of the Corporation shall be a design formed of two concentric circles between which shall be the name of the Corporation. Inside the concentric circles shall be the words and figures "Incorporated 1966" as shown on the margin thereof.

The Corporate Seal shall not be used without the sanction of the Chair, or in his/her absence, the Vice-Chair and Secretary of the Corporation; or the sanction of such Director or Officer of the Corporation as the Board of Directors may by resolution appoint for general or specific purposes.

2. HEAD OFFICE

The principal or head office of the Corporation shall be at the City of Fredericton, County of York, and Province of New Brunswick, and at the principal premises of the Corporation therein or such other place therein as the Directors of the Corporation may from time to time decide.

3. INTERPRETATION

- a) Member means the Members of the Corporation appointed pursuant to a Special Act of the Legislature of the Province of New Brunswick.
- b) Board means the Board of Directors appointed pursuant to a Special Act of the Legislature of the Province of New Brunswick.
- c) Corporation means the corporation constituted under a Special Act of the Legislature of the Province of New Brunswick to incorporate York County Properties Inc.
- d) Director means a member of the Board of Directors.

4. ANNUAL MEMBERS MEETING OF THE CORPORATION

- a) Notice of the Annual Members Meeting and regular meetings of the Board shall be given in such manner as the Board shall determine.
- b) The Annual Members Meeting of the Corporation shall be held on or before the 30th day of June of each year.
 - (1) At each Annual Members Meeting, the vacancies in the membership of the Corporation occurring by reason of the expiration of the term of office of Members or for any other cause shall be filled by appointment by the remaining Members of the Corporation.
 - (2) The same rules of conduct and conditions shall apply to the Annual Members Meeting of the Corporation as to all meetings of the Board. The Minutes of the Annual Members Meetings

of the Corporation shall be recorded and have validity as Minutes of the Board. However, the Annual Members Meeting will conduct the following business:

- (i) Approve minutes of the previous Annual Members Meeting.
- (ii) Receive the report of the Board, including the Financial Statements
- (iii) Receive the report of the unfinished business from the previous Members Meeting of the Corporation.
- (iv) Receive the report of the Chair.
- (v) Receive the report of Committees.
- (vi) Receive the report of the President and Chief Executive Officer
- (vii) New Business.
- (viii) Receive the report of the Governance and Audit Committee of appointments of members of the Corporation and the Chairs of standing committees not provided for by Bylaw
- (ix) Elect a Chair, Vice-Chair, Secretary, Treasurer, and Chairs of Committees.

5. MEMBERS

- a) The number of Members of the Corporation shall be no fewer than ten and no greater than fifteen.
- b) Every Member of the Corporation shall be a Director, except as provided for in Article 16 c).
- c) Membership is not transferable or assignable.
- d) A vacancy in the Membership of the Corporation occurring by reason of the expiration of the term of office of Members shall be filled by appointment by the remaining Members of the Corporation.
- e) There shall be one third Members appointed each successive year, whose terms of office shall be three years.
- f) A vacancy occurring by reason of death, resignation, or for any other cause between annual meetings, may be filled by appointment by the Board for the balance of the term of office of the retiring Member, subject to ratification at the next Annual Meeting.
- g) A Member whose term of office has expired shall, unless reappointed, cease to be a Member upon the appointment of his or her successor.
- h) A person appointed to fill the vacancy occurring by reason of the expiration of the term of office of a Member shall hold office for a term of three years.
- i) No person may be reappointed as a Member after they have completed nine years of continuous service. However, following a break in continuous service of at least one year, the same person may be reappointed as a Member of the Corporation.

- j) If a Member is appointed to fill the balance of a term (by virtue of resignation, death, or other), or appointed by virtue of Article 5 h), that member's maximum years of service may not exceed nine years of service.
- k) No employee, or spouse, child, parent, brother or sister of an employee, of the Corporation, York Care Centre Inc. or York Developments Inc., or employee of the Department of Social Development, or member of the Legislative Assembly of New Brunswick, or Health Care professional delivering health care services to the residents of York Care Centre Inc. or York Developments Inc., or receiving a retainer from York Care Centre Inc. or York Developments Inc., shall be eligible for appointment as a Member.
- l) No spouse, child, parent, brother, or sister of any Member or Director of the Corporation shall be eligible for appointment as a Member.
- m) In the appointment of new Members, the Members of the Corporation shall recognize that York County Properties Inc. has been established by a special act of the New Brunswick Legislature, with public assets, to render services of a charitable and benevolent nature, to operate rest and convalescent homes. In that regard, new Members shall be chosen, to ensure the efficient operation of the Corporation and its affiliates, and to reflect the composition of the population of the service area.
- n) A person appointed as a member of the Board will be expected to serve on Committees of the Board unless so exempted by the Chair of the Board.

6. BOARD OF DIRECTORS

- a) The Board shall consist of the Members of the Corporation, except as stated in Article 16 c).
- b) Officers, Chairs and Members of Standing Committees are to be appointed for a two year term from the membership of the corporation. They may be re-appointed at the end of their two year term for a further two year term and a turnover after four years is encouraged.
- c) (1) The Directors shall serve as Directors and Officers without remuneration and no Director shall, directly or indirectly, receive any profit from his or her position as Director or Officer, provided that a Director may be paid reasonable expenses incurred by him or her, in the performance of his or her duties.
- (2) Conflict of Interest:
 - (i) Members or Directors may contract with the Corporation in the same manner that they may validly contract with corporations in the Province of New Brunswick.
 - (ii) If a Member or Director contracts with the Corporation, or is a Director or an Officer of, or has a material interest in a party that contracts or proposes to contract, then he or

she must disclose in writing to the Corporation, and request to have entered in the Minutes of the Board the nature and extent of his or her interest.

- (iii) The declaration of interest shall be carried out prior to the entering of the contract.
- (iv) A Member or Director contracting with the corporation shall not be present and shall not vote at any meeting on any resolution to approve the contract.
- (v) A Member of the Board of Directors shall not vote on any matter considered by the Board in which the Member has a financial or other interest, and the Member must declare such interest before the vote is taken.

7. REGULAR MEETINGS OF THE BOARD

- a) Meetings of the Board may be held either at York County Properties Inc., or elsewhere as the Directors may from time to time determine, provided that at least quarterly meetings are held in each fiscal year.
- b) A meeting of the Board may be held without notice immediately following the Annual Members Meeting of the Corporation.
- c) Any other Notice of regular meetings may be served at least 24 hours in advance of the meeting.
- d) Non-Board Members may attend meetings of the Board, only upon:
 - (1) Invitation by the Chair.
 - (2) Invitation by a resolution of the Board.

8. QUORUM OF BOARD AND COMMITTEES

A quorum for meetings of the Board and Committees of the Board shall consist of not less than fifty percent (50%) of the Members of the Board or the Committee respectively.

9. ATTENDANCE AT MEETINGS

Regular attendance at board and committee meetings is essential for the effective functioning of the Board. Board members are expected to attend a minimum of 75% of all scheduled meetings. Should a member be unable to attend meetings, regrets must be given within twenty four hours prior to the meeting. Members who fail to meet the 75% attendance threshold without preauthorization from the Chair may be asked to vacate the board membership.

10. CHAIR

- a) The Chair of the Board.
- b) The Vice-Chair of the Board if the Chair is absent.
- c) An elected Chair if the Chair and Vice-Chair are absent.

11. SPECIAL MEETINGS OF THE BOARD

- a) The Chair or, in his or her absence, a Vice-Chair of the Board may call special meetings.
- b) If three Directors request in writing, which writing shall contain details on the topic to be considered, the Secretary of the Board shall call a meeting of the Board.
- c) Notification of any such meeting shall be given by telephone or in writing to each Director at least 24 hours in advance of the meeting, and such notification shall specify the topic to be considered.
- d) Such meeting shall be held no later than one week from the date when the Secretary has been requested to call the meeting. If the Secretary does not call the meeting, any Director may call such meeting by one-quarter of the Directors acting jointly.

12. VOTING

- a) At any meeting, each Member or Director shall have the right to exercise one vote. The Chair shall not vote with the exception that, in the case of an equality of votes, the Chair shall have the deciding vote.
- b) Unless the Chair deems it desirable to take a secret ballot, every question shall be decided in the first instance by a show of hands.
- c) For other matters, including the election of Members, Directors, Officers, Chair, or other such individual, or matters relating to the status of such individuals, a ballot may be held if so demanded by any Member or Director present.

13. OFFICERS OF BOARD AND CHAIRS OF STANDING COMMITTEES

- a) The Members shall elect the Chair, Vice-Chair, Secretary, and Treasurer of the Board at the Annual Members Meeting.
- b) The Secretary shall be responsible for the election duties set forth in these Bylaws.
- c) The Standing Committees of the Corporation shall be:
 - (1) Executive
 - (2) Finance and Administration
 - (3) Care Services
 - (4) Governance and Audit
 - (5) Ethics and Research

14. COMMITTEES OF THE BOARD

- a) At the Annual Members Meeting and following the election of the Members and Officers of the Corporation, the Chair of the Governance and Audit Committee will submit the recommendations

of the Committee for the Chair of each Standing Committee not provided for by Bylaw, and thereafter, the Members shall elect the Chair of each Standing Committee to take office immediately following the Annual Members Meeting.

- b) The Chair of each Committee shall select their Committee members on an annual basis, subject to review and approval by the Executive Committee.
- c) Each standing Committee of the corporation shall develop Terms of Reference to be reviewed by the Governance and Audit Committee and approved by the Board.
- d) The Board may, at any meeting, appoint any Special Committee and name the Chair and its members.
- e) Special Committees shall confine their deliberations to the matters prescribed in their terms of reference.
- f) The Board may dissolve any Special Committee at any time.
- g) The Committee Chair, with the approval of the Board, may appoint community members of the Board to the committee he/she chairs. A community member shall have the same privileges as a regular Board member, but only at the committee level. A community member shall be appointed for a two year term which will be renewable at the discretion of the Board.
- h) The following shall be members of the appropriate committees:
 - (1) Executive Committee
 - (i) The Chair who shall chair the Committee.
 - (ii) The Vice-Chair who shall serve as Chair in the Chair's absence.
 - (iii) The Secretary.
 - (iv) The Treasurer.
 - (v) The Past Chair of the Board.
 - (vi) The Chair of the Finance and Administration Committee
 - (vii) The Chair of the Care Services Committee.
 - (viii) The Chair of the Governance and Audit Committee.
 - (ix) The Chair of the Research and Ethics Committee.
 - (2) Finance and Administration Committee
 - (i) The Treasurer who shall be the Chair of the Committee
 - (3) Care Services Committee
 - (i) A Chair appointed by the Board from within its membership.
 - (4) Governance and Audit Committee
 - (i) A Chair appointed by the Board from within its membership.

- (ii) The Secretary of the Board.
 - (iii) No less than two Board members who are not on the Executive Committee.
- (5) Ethics and Research Committee
- (i) A Chair appointed by the Board from within its membership.
- Standing Committees shall have at least two other Board Members in addition to the Chair.

15. EXECUTIVE COMMITTEE

The Executive Committee shall exercise the full powers of the Board, except those duties stated in Article 28, in the management and direction of the Corporation: when delegated by the Board; in emergency circumstances between Board meetings.

16. PROCEDURES

- a) The statutory declaration of the Secretary that notice has been given pursuant to the Bylaws shall be sufficient and conclusive evidence of the giving of such notice.
- b) No error or omission in giving notice for a meeting of the Board shall invalidate or make void any proceedings taken or had at such meeting and any member may, at any time, waive notice of any such meeting and may ratify and approve any or all proceedings taken or had thereat.
- c) Any Officer or Director of the Corporation shall cease to hold office and any member of the Board shall cease to be a member of a Committee upon resolution of the Board. Such resolution shall require a two-thirds majority of a properly constituted Board meeting.
- d) Minutes shall be kept for all meetings of the Board and all meetings of the Committees.
- e) Questions arising at any meeting of the Board and Committees shall be decided by majority of votes. The Chair shall not vote with the exception that, in the case of an equality of votes, the Chair shall have the deciding vote, all votes to be taken by a show of hands. A declaration by the Chair that a resolution has been carried and any entry to that effect in the Minutes shall be admissible in evidence as prima facie proof of the fact without proof of the number or proportion of the votes recorded in favour of or against such resolution. The names of the Proposer and Seconder of each resolution shall be recorded in the Minutes.

17. DUTIES OF THE CHAIR

The Chair of the Board shall:

- a) Preside at the Annual Members Meeting and at all meetings of the Board of Directors.
- b) Be Chair of the Executive Committee.

- c) Be a member ex-officio, with voting privileges, of all Standing and Special Committees.
- d) Report at each Annual Members Meeting concerning the operation of the Corporation.
- e) Represent York County Properties Inc. at public or official functions.
- f) Sign all instruments which require the Chair's signature, perform all duties incident to the office and shall have such powers and duties as may from time to time be assigned by the Board.

18. DUTIES OF THE VICE-CHAIR

The Vice-Chair of the Board shall:

- a) Be the Vice-Chair of the Corporation.
- b) Have all the powers and perform all the duties of the Chair in the absence or disability of the Chair.
- c) Perform such other duties, as the Board may direct.

19. DUTIES OF THE TREASURER

The Treasurer of the Corporation shall:

- a) Be the custodian of the Books of Accounts and accounting records of the Corporation as required to be kept by provisions of the Companies Act and other applicable Legislation.
- b) Submit a financial statement at each regular meeting of the Board, indicating the financial position of York County Properties Inc. at the close of the preceding period.
- c) Perform such other duties as the Board may direct.
- d) The Treasurer shall, upon request by a Member of the Board, make available for examination the books and accounts of the Corporation at all reasonable times during normal business hours.

20. DUTIES OF THE SECRETARY

The Secretary shall:

- a) Attend the Annual Members Meeting and all meetings of the Board.
- b) Keep a record of all Minutes.
- c) Attend to all official Board correspondence.
- d) Prepare all reports required under any Act or Regulation of the Province of New Brunswick.
- e) Be the custodian of all Minute Books, Documents and Registers of the Corporation required to be kept by the provisions of the Companies Act.
- f) Be the custodian of the Corporate Seal.
- g) Keep copies of all testamentary documents and trust instruments by which benefits are given, bequeathed or devised to or for the use of the Corporation.

- h) Perform such other duties as the Board may direct.
- i) Sign with the Chair or other signing officer or officers of the Corporation such instruments as require such signature.
- j) Issue or cause to be issued Notices of all Meetings.
- k) Keep a book wherein shall be recorded the following:
 - (1) A copy of the Special Act and copy of the incorporation and any amending statutes and copies of all Bylaws.
 - (2) The names of all persons who are or have been members of the Corporation.
 - (3) The address of every person while a Member.
 - (4) The names and addresses of all persons who are or have been Directors of the Corporation, with the several dates at which each became or ceased to be such a Director.

21. BONDING

- a) Directors, Officers and Employees, as the Board may designate, shall secure from a guarantee company, a bond of fidelity in an amount approved by the Board.
- b) At the discretion of the Board, the requirements of subsection a) may be met by a blanket position bond.
- c) All costs of fidelity bonds shall be paid by the Corporation.

22. PROTECTION OF DIRECTORS

- a) Each and every Director of the Corporation, each and every member of any Committee created hereunder of York County Properties Inc., hereinafter referred to as the Director or Member, shall assume office on the express understanding, agreement and condition that every Director or Member of the Corporation and his or her heirs, executors or administrators, estate and effects respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the Corporation from and against all costs, losses, charges and expenses whatsoever which such Director or Member sustains or incurs in or about any action, suit or proceeding which is brought, commenced or prosecuted against him or her for or in respect to any act, deed, matter or thing whatsoever made, done or permitted by him or her in or about the execution of the duties of his or her office, and also against all other costs, losses, charges and expenses whatsoever, including travelling expenses, which he or she sustains or incurs in or about or in relation to the affairs of the Corporation except such costs, losses, charges or expenses as are occasioned by his or her own willful neglect or default. No Director or Member, for the time being, of the Corporation shall be liable for the acts, receipts, neglects or defaults, of any other Director, Member, Officer or Employee of the Corporation or for joining in any receipt or act for conformity or for any loss, damage or expense happening to the Corporation through the insufficiency or

deficiency of title to any property acquired by order of the Board for or on behalf of the Corporation or for the insufficiency or deficiency of any security in or upon which any of the money of or belonging to the Corporation shall be placed out or invested, or for any loss or damage arising from the bankruptcy, insolvency or tortious act of any person, firm or corporation with whom or which any moneys, securities or effects of the Corporation shall be lodged or deposited or for any loss, damage or misfortune whatsoever which may happen to the Corporation in the execution of the duties of his or her respective office or trust or in relation thereto unless the same shall happen by or through his or her own willful neglect or default.

- b) In addition to and not to restrict the generality of the foregoing, the Corporation shall further indemnify and save harmless any Director or Member, its staff and any witnesses or proceedings or investigations before the Board or any Committee for anything said or done in good faith in the course of any meeting, proceedings or other investigation or other witnesses of a Committee of the Board.

23. BANKING

- a) The Chair, Treasurer or Secretary, and the President and Chief Executive Officer or Comptroller, jointly are hereby authorized and in the name of the Corporation:
- (1) To draw, accept, sign and make all or any bills of exchange, promissory notes, cheques and orders for payment of money.
 - (2) Subject to the approval of the Board, to assign and transfer to the bank all or any stocks, bonds and other securities.
 - (3) Subject to the approval of the Board, from time to time to borrow money from a bank by incurring an overdraft or otherwise.
 - (4) Generally, for and in the name and on behalf of York County Properties Inc., to transact with the said bank any business they may think fit.
- b) Any officer of the Corporation or any official as may from time to time be designated by the Board is hereby authorized on behalf of the Corporation:
- (1) To negotiate with, deposit with, endorse or transfer to a bank, but for the credit of the Corporation only, all or any bills of exchange, promissory notes, cheques or orders for the payment of money and other negotiable paper.
 - (2) From time to time to arrange, settle, balance and certify all books and accounts between the Corporation and the Corporation's Bank.
 - (3) To receive all paid cheques and vouchers.
 - (4) To sign the Bank's form of settlement of balances and release.
 - (5) To receive all monies and to give receipts for same.

24. EXECUTION OF CONTRACTS

- a) The Chair or, in the Chair's absence, the Vice-Chair and the Secretary or, in the Secretary's absence, the Treasurer, shall sign on behalf of the Corporation and affix the Corporate Seal to all contracts, agreements or other documents requiring the Corporate Seal.
- b) The Board shall, by resolution, authorize for execution any other document by the President and Chief Executive Officer or such other officers or employees as the Board may deem necessary.
- c) Deeds, transfer documents, assignments, contracts and obligations on behalf of the Corporation may be signed by the Chair or, in the Chair's absence, the Vice-Chair and the Secretary or, in the Secretary's absence, the Treasurer, and the Corporate Seal shall be affixed to such instruments.

25. CORPORATE FUNDS

- a) The Board may transfer or loan funds, or other financial instruments, with interest to be established by the Finance and Administration Committee, to Corporate Affiliates or to a Foundation that has as its purposes and objects those that are in agreement with the purposes and objects of this corporation.
- b) The Board may invest in securities authorized by the Trustee Act of the Province of New Brunswick, the following:
 - (1) All endowment monies bequeathed in trust to the Board for the use of the Corporation or other monies accruing to the Corporation by lawful means;
 - (2) All Corporation monies not required for operating expenses.
- c) Notwithstanding the provision of Paragraph a), the Board may, in its discretion, retain investments not authorized by the Trustee Act which are given or bequeathed to the Corporation in specie.
- d) No benefit given, devised or bequeathed in trust to or for the use of the Corporation for endowment purposes, shall be hypothecated, transferred or assigned to obtain credit or to receive funds.

26. OTHER SERVICES

The Board may also from time to time require other services, such as legal and medical, which may be required on an ongoing basis, and for which a professional fee may be paid, or require the provision of goods with a high service content and not ordinarily subject to the tendering process. Should such a service be required, the individual or firm may be appointed by the Board, by appropriate means. The individual or individuals so appointed shall not be a Member of the Corporation, nor shall they be in a partnership with a Member of the Board, nor an employee, nor a spouse of a Member of the Corporation.

The remuneration for such a service shall be determined from time to time by the Board.

27. APPOINTMENT AND DUTIES OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

The President and Chief Executive Officer shall be appointed or dismissed, only by resolution of the Board of Directors.

The Board of Directors shall appoint a President and Chief Executive Officer whose qualifications, authority and duties shall be defined in a written statement approved by the Board of Directors.

The President and Chief Executive Officer shall be responsible to the Board for the operation of York County Properties Inc.

The President and Chief Executive Officer should be qualified by education and/or experience appropriate to the discharge of the required duties.

The President and Chief Executive Officer, acting within policies and authority established by the Board of Directors, shall be the Chief Executive Officer and responsible for the management of York County Properties Inc.

The President and Chief Executive Officer shall be a non-voting ex officio member of all Standing Committees of the Board, except the Governance and Audit Committee.

28. RESERVE OR TRUST FUNDS

The Board may from time to time set aside such sums as they deem fit as a reserve fund or funds to meet contingencies for repairing, improving and maintaining any of the property of the Corporation, replacing wasting assets, forming an insurance fund and for such other purposes as the Board shall, in their absolute discretion, think conducive to the interest of the Corporation. It may divide the reserve fund into such special funds as may be thought fit, with full power to employ the assets constituting the reserve fund in the business of the Corporation without being bound to keep the same separate from other assets.

29. AMENDMENT OF BYLAWS

These Bylaws may be amended at an annual, regular or special Meeting of the Board of York County Properties Inc., but such amendments require a minimum of one month's Notice of Motion. The Notice of Motion must be submitted in writing with the proposed amendment, together with the names of the Mover and Seconder and shall be posted at York County Properties Inc. for a period of at least ten days prior to the meeting at which the amendment is to be moved. Such amendment shall be circulated to the Board Members and, for adoption, shall require a two-thirds majority of those present, provided a quorum is present. Such amendments shall be effective when approved by the Board of Directors and subject to conformity with Provincial Acts and Regulations.

30. REPEAL

ALL BYLAWS hereto enacted are repealed from and after coming into force of this Bylaw Number 1 without prejudice to any action theretofore taken hereunder.

31. COMING INTO FORCE

This Bylaw shall come into force on November 17, 2025 through a Board of Directors Meeting of the Corporation.

Enacted this 17 day of November 2025.

WITNESS the Corporate Seal of the Corporation.

CHAIR

SECRETARY

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMERGENCY PLANNING	Page: 1 of 1
Approved by: <i>Board of Directors</i>	Gov-Exec-E-420
Date Reviewed/Revised: 01/14; 10/20	

Policy:

The President & CEO shall ensure that an emergency plan is in place for York Care Centre by providing a predetermined appropriate response to all potential situations that could endanger residents, employees, the public, or the environment.

Procedure:

The President & CEO shall:

1. Ensure that emergency planning documents are up to date and in place with key personnel and outside agencies who would direct such emergency plans.
2. Ensure that emergency plans are tested through mock emergency exercises on a timely basis.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMERGENCY PLANNING	Page: 1 of 1
Approved by: <i>Board of Directors</i>	Gov-Exec-E-420
Date Reviewed/Revised: 01/14; 10/20	

Policy:

The President & CEO shall not allow York Care Centre to operate without a comprehensive emergency preparedness plan that protects residents, employees, visitors and organizational assets. Accordingly, the President & CEO shall not:

1. Operate without current emergency plans which address:
 - Natural disasters and severe weather events
 - Fire, power outages and infrastructure failures,
 - Infectious disease outbreaks,
 - Security threats and workplace violence
 - Cyber security incidents and data breaches
 - Supply chain disruptions affecting resident care
 - Labour disruptions
2. Fail to ensure emergency plans include:
 - Clear command structure and communication protocols
 - Resident evacuation and shelter-in-place procedures
 - Staff deployment and back-up coverage plans
 - Coordination protocols with emergency services
 - Business continuity measures for essential operations
3. Allow more than 12 months to pass without conducting emergency drills testing each type of emergency scenario.
4. Fail to maintain current emergency supplies and equipment sufficient for a minimum 72-hours period of operations.
5. Neglect to train key personnel in emergency procedures.
6. Fail to coordinate emergency plans with local emergency services and other relevant organizations.
7. Allow emergency contact lists and communication systems to become outdated or non-functional.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMERGENCY PLANNING	Page: 1 of 1
Approved by: <i>Board of Directors</i>	Gov-Exec-E-420
Date Reviewed/Revised: 01/14; 10/20	

Policy:

The President & CEO shall not allow York Care Centre to operate without a comprehensive ensure that an emergency preparedness plan is in place for York Care Centre by providing a predetermined appropriate response to all potential situations that could endanger protects residents, employees, visitors and organizational assets. the public, or the environment.

Procedure: Accordingly,

tThe President & CEO shall not::

1. Operate without current emergency plans which address:

- Natural disasters and severe weather events
- Fire, power outages and infrastructure failures,
- Infectious disease outbreaks,
- Security threats and workplace violence
- Cyber security incidents and data breaches
- Supply chain disruptions affecting resident care ~~Ensure that emergency planning documents are up to date and in place with key personnel and outside agencies who would direct such emergency plans.~~
- Labour disruptions

2. Fail to ensure emergency plans include:

- Clear command structure and communication protocols
- Resident evacuation and shelter-in-place procedures
- Staff deployment and back-up coverage plans
- Coordination protocols with emergency services
- Business continuity measures for essential operations

3. Allow more than 12 months to pass without conducting emergency drills testing each type of emergency scenario.

4. Fail to maintain current emergency supplies and equipment sufficient for a minimum 72-hours period of operations.

5. Neglect to train key personnel in emergency procedures.

6. Fail to coordinate emergency plans with local emergency services and other relevant organizations.

7. Allow emergency contact lists and communication systems to become outdated or non-functional.

~~2. Ensure that emergency plans are tested through mock emergency exercises on a timely basis.~~

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21	

With respect to employment, compensation, and benefits to employees, the President & CEO shall ensure appropriate processes are in place that prevent jeopardy to fiscal integrity or public image.

The President & CEO shall:

1. Seek Board approval before changing employee compensation and benefits.
2. Seek Board approval before changing compensation or other benefits of non-unions pay systems applicable to York Care Centre employees, if such a change would create a deviation from the approved budget.
3. Seek Board approval before establishing early retirement programs or establishing or changing pension benefits.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21; 10/25	

~~The President & CEO shall not cause or allow employment practices, compensation, or benefits that create risk to fiscal integrity or organizational reputation. With respect to employment, compensation, and benefits to employees, the President & CEO shall ensure appropriate processes are in place that prevent jeopardy to fiscal integrity or public image.~~

~~Accordingly, t~~The President & CEO shall not:

- ~~1. Seek Board approval before C~~hangeing employee compensation and benefits without Board approval.
- ~~2. Seek Board approval before C~~hangeing compensation or other benefits of non-unions pay systems applicable to York Care Centre employees, without Board approval, if such a change would create a deviation from the approved budget.
- ~~3. Seek Board approval before E~~establishing early retirement programs or establishing or changeing pension benefits without Board approval.
- ~~3.4.~~ Create compensation arrangements for the President and CEO position or approve the President and CEO's own compensation adjustments. This authority rests solely with the Board.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMPLOYMENT, COMPENSATION AND BENEFITS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-E-430
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President & CEO shall not cause or allow employment practices, compensation, or benefits that create risk to fiscal integrity or organizational reputation.

Accordingly, the President & CEO shall not:

1. Change employee compensation and benefits without Board approval.
2. Change compensation or other benefits of non-union pay systems applicable to York Care Centre employees, without Board approval, if such a change would create a deviation from the approved budget.
3. Establish early retirement programs or establish or change pension benefits without Board approval.
4. Create compensation arrangements for the President and CEO position or approve the President and CEO's own compensation adjustments. This authority rests solely with the Board.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21	

With respect to the actual ongoing financial conditions and activities, the President & CEO shall ensure there is no fiscal jeopardy or a significant deviation of actual expenditures from Board priorities established in Ends policy.

The President & CEO shall:

1. Immediately notify the Board of any unexpected deviation from the approved budget.
2. Inform the Board in a timely manner of any emergency unbudgeted purchase or commitment to protect the residents, public, employees, assets, or the environment.
3. Not Initiate, terminate or settle significant litigation without Board approval.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21; 10/25 6	

~~With respect to the actual ongoing financial conditions and activities, t~~The President & CEO shall not cause or allow the development of ~~ensure there is no~~ fiscal jeopardy or a ~~material significant~~ deviation ~~of actual expenditures~~ from Board priorities as established in Ends policy.

Accordingly, tThe President & CEO shall not:

1. Allow cash flow to become insufficient to meet:
 - a. Payroll obligations and statutory remittances
 - b. Critical supplier payments necessary for uninterrupted resident care
 - c. Debt service obligations
 - d. Regulatory fee payments

~~1. Immediately notify the Board of any unexpected deviation from the approved budget.~~
2. Make unbudgeted capital purchases or commitments exceeding \$10,000 without board approval, except when:
 - a. Required for emergency protection of residents, staff, or facilities
 - b. Necessary to meet regulatory compliance deadlines
 - c. Such emergency expenditures are reported to the Board within 10 business days with full justification.
- ~~2. Inform the Board in a timely manner of any emergency unbudgeted purchase or commitment to protect the residents, public, employees, assets, or the environment.~~
3. Acquire or dispose of real property without Board approval.
4. Fail to maintain adequate insurance coverage that meets or exceeds the requirements specified in the Asset Protection policy.
- ~~3.5. Not~~ Initiate, terminate or settle significant litigation without Board approval.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL CONDITION AND ACTIVITIES	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-435
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President & CEO shall not cause or allow the development of fiscal jeopardy or a material deviation from Board priorities as established in Ends policy.

Accordingly, the President & CEO shall not:

1. Allow cash flow to become insufficient to meet:
 - a. Payroll obligations and statutory remittances
 - b. Critical supplier payments necessary for uninterrupted resident care
 - c. Debt service obligations
 - d. Regulatory fee payments
2. Make unbudgeted capital purchases or commitments exceeding \$10,000 without board approval, except when:
 - a. Required for emergency protection of residents, staff, or facilities
 - b. Necessary to meet regulatory compliance deadlines
 - c. Such emergency expenditures are reported to the Board within 10 business days with full justification.
3. Acquire or dispose of real property without Board approval.
4. Fail to maintain adequate insurance coverage that meets or exceeds the requirements specified in the Asset Protection policy.
5. Initiate, terminate or settle significant litigation without Board approval.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21	

Policy:

Timely financial planning prior to any fiscal year or the remaining part of any fiscal year shall not deviate significantly from the Board's Ends priorities, risk financial jeopardy, or fail to be based on a multi-year strategic plan.

Procedure:

Accordingly, the President & CEO shall ensure budgeting that:

1. Contains sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. Expenditures in any fiscal year are in line with funds that are conservatively projected to be received in that period.
3. Receives Board approval prior to implementation on all strategic plans and business plans as well as all operating and capital budgets if exceeding approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21; <u>10/25</u>	

The President and CEO shall not cause or allow

Policy:

~~Timely financial planning and budgeting prior to any fiscal year or the remaining part of any fiscal year shall not that~~ deviates significantly materially from the Board's Ends priorities, risks financial jeopardy, or fails to be based on a multi-year strategic plan.

Procedure:

Accordingly, the President & CEO shall ~~not ensure budgeting that:~~

1. ~~Submit budgets for board approval that lack~~ Contains sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. ~~Plan e~~Expenditures in any fiscal year ~~are in line with funds~~that exceed revenues that are conservatively projected to be received in that period.
3. ~~Allow operations to begin in any fiscal year without Board-approved operating or capital budgets. Receives Board approval prior to implementation on all strategic plans and business plans as well as all operating and capital budgets if exceeding approved budgets.~~
- ~~3.4.~~ Implement new initiatives prior to receiving board approval if exceeding previously approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: FINANCIAL PLANNING AND BUDGETING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-F-440
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President and CEO shall not cause or allow financial planning and budgeting that deviates materially from the Board's Ends priorities, risks financial jeopardy, or fails to be based on a multi-year strategic plan.

Accordingly, the President & CEO shall not:

1. Submit budgets for board approval that lack sufficient information to enable credible projection of revenues and expenses, separation of capital and operating items, cash flow, and disclosure of planning assumptions.
2. Plan expenditures in any fiscal year that exceed revenues that are conservatively projected to be received in that period.
3. Allow operations to begin in any fiscal year without Board-approved operating or capital budgets.
4. Implement new initiatives prior to receiving board approval if exceeding previously approved budgets.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21	

Policy & Procedure:

The President & CEO shall ensure all practices, activities, decisions and organizational circumstance that are safe, lawful, prudent and in line with commonly accepted business and professional ethics.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21; <u>10/25</u>	

Policy & Procedure:

The President & CEO shall ~~not cause or allow any organizational ensure all~~ practices, activities, decisions ~~and organizational~~ circumstance that ~~is~~are unsafe, unlawful, imprudent ~~and in line~~ violation of ~~with~~ commonly accepted business and professional ethics.

Accordingly, the President and CEO shall not:

1. Operate in violation of applicable laws, regulations, or contractual obligations, including healthcare licensing requirements, collective agreements, and regulatory directives.
2. Allow practices that are unsafe for residents, employees, visitors, or the community.
3. Permit activities that violate long-term care standards or undermine public trust in the organization.
4. Allow financial practices that jeopardize fiscal integrity or fail to protect assets.
5. Permit employment practices that discriminate or violate privacy and confidentiality obligations.
6. Fail to ensure that systems and practises are in place to protect personal health information and confidential records.
7. Allow conflicts of interest involving the President & CEO, staff, or Board members that compromise objective decision-making.
8. Permit misrepresentation of the organization's services or capabilities, or make commitments beyond authorized authority.
9. Jeopardize professional relationships with regulatory authorities, funders, or long-term care system partners.
10. Make decisions without appropriate analysis, due diligence, or consideration of risks and consequences.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: GLOBAL EXECUTIVE CONSTRAINT	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-G-445
Date Reviewed/Revised: 01/14; 01/21; 10/25	

The President & CEO shall not cause or allow any organizational practice, activity, decision or circumstance that is unsafe, unlawful, imprudent or in violation of commonly accepted business and professional ethics.

Accordingly, the President and CEO shall not:

1. Operate in violation of applicable laws, regulations, or contractual obligations, including healthcare licensing requirements, collective agreements, and regulatory directives.
2. Allow practices that are unsafe for residents, employees, visitors, or the community.
3. Permit activities that violate long-term care standards or undermine public trust in the organization.
4. Allow financial practices that jeopardize fiscal integrity or fail to protect assets.
5. Permit employment practices that discriminate or violate privacy and confidentiality obligations.
6. Fail to ensure that systems and practices are in place to protect personal health information and confidential records.
7. Allow conflicts of interest involving the President & CEO, staff, or Board members that compromise objective decision-making.
8. Permit misrepresentation of the organization's services or capabilities, or make commitments beyond authorized authority.
9. Jeopardize professional relationships with regulatory authorities, funders, or long-term care system partners.
10. Make decisions without appropriate analysis, due diligence, or consideration of risks and consequences.

BRIEFING NOTE

To: Members – Governance and Audit Committee

From: Geri Geldart, President and CEO

Date: October 17, 2025

RE: Accreditation

A. Purpose

To consider if York Care Centre should pursue accreditation status, and if so, with either Accreditation Canada or the Commission on Accreditation of Rehabilitation Facilities (CARF).

B. Executive Summary

The Strategic Plan 2025 – 2030 has identified the organization’s intention to develop its role as a Centre of Excellence. As part of this strategic pursuit, York Care Centre should consider achieving formal accreditation status.

Formal accreditation would provide independent, third-party verification of our standards and would demonstrate to stakeholders that our service meets recognized benchmarks. The accreditation process can help identify gaps and prioritize improvement opportunities. The ongoing requirements of maintaining accreditation would embed continuous quality improvement into our operations.

Across Canada, 67% of long-term care homes are accredited by Accreditation Canada, while 16% are accredited by CARF Canada. Both organizations are recognized by provincial governments, though accreditation requirements vary by province, with mandatory accreditation in five provinces. For New Brunswick specifically, accreditation appears to be voluntary rather than mandatory, though achieving accreditation can provide significant benefits for quality improvement and public confidence.

C. ACCREDITATION CANADA (Qmentum Global™ for Long-Term Care)

Accreditation Canada's Qmentum Global for Long-Term Care program is in use by over 70% of Canadian long-term care homes. In New Brunswick, only Loch Lomond Villa and Shannex are currently accredited under this program. The program operates on a four-year accreditation cycle enabling homes to move through an evidence-informed plan-do-study-act approach to implement and sustain improvements.

Key Features:

- The program incorporates CAN/HSO 21001:2023 Long-Term Care Services standard, which was shaped by feedback from over 18,800 Canadians
- Focuses on resident-centred care through shared decision making and individualized care planning, with content on preventing abuse and neglect, and managing residents' responsive behaviours. The first step of the assessment process focuses on Governance Standards.
- Includes 24 Required Safety Practices (streamlined from 38 Required Organizational Practices), providing more direct impact on patient safety

- Uses cloud-based secure digital platforms with customizable self-assessments, survey instruments measuring governance and safety culture, and self-directed assessments for on-site preparation
- Consolidated reports provide valuable insights on progress, strengths and areas of improvement to contribute to Quality Improvement Action Plans
- Provides end-to-end support with personalized expert guidance from a dedicated team

Pros of Accreditation Canada

- **Dominant Market Leader:** 67% market share in Canadian long-term care demonstrates widespread acceptance and recognition
- **Canadian-Specific Standards:** Standards are aligned with CAN/HSO 21001:2023 and shaped by extensive Canadian consultation
- **Workforce Focus:** Program helps organizations understand how to support and maintain a healthy workforce, ensuring staff receive appropriate training and safe working conditions
- **Continuous Improvement Model:** Four-phase program cycle allows homes to pace accreditation requirements sustainably, maintaining ongoing focus on planning, implementing, and evaluating improvements
- **Experienced Survey Team:** Expert peer surveyors provide insights from experience in healthcare and long-term care.

Cons of Accreditation Canada

- **Cost:** Costs are based on size of facility and the number of surveyor days required to complete the on-site assessment. It is anticipated that accreditation of an organization such as York Care Centre could cost \$25,000 over the course of a three-year period.
- **Limited Evidence of Safety Impact:** Regardless of the emphasis on safety within the program, a study of Ontario long-term care homes found that out of five safety areas examined, accreditation was only associated with lower occurrence of falls, with no observed relationship to other safety measures.
- **Preparation Time:** The comprehensive nature requires significant staff time and resources to prepare documentation and implement systems
- **Mandatory Workforce Survey:** Starting in 2024, all clients must use the HSO Global Workforce Survey as part of the program, which adds another layer of requirements.

D. CARF (Commission on Accreditation of Rehabilitation Facilities)

CARF Canada was incorporated in 2002 with headquarters in Edmonton, Alberta, operating through a consultative peer-review accreditation process. CARF holds 16% market share in Canadian long-term care accreditation. There are no long term care facilities in New Brunswick that are currently accredited with CARF.

Key Features:

- CARF accreditation uses the ASPIRE to Excellence framework: Assess the environment, Set strategy, Persons served and other stakeholders - obtain input, Implement the plan, Review results, Effect change
- Evaluation against over 1,500 internationally recognized standards
- Focuses on quality improvement and outcomes in senior living.
- Two-phase process: Self-assessment phase where the organization measures performance against national standards, followed by on-site survey by health experts from CARF
- Consultative peer-review process promotes dynamic planning focused on impact and outcomes

- Surveyors are selected by matching their expertise and field experience with the facility's unique characteristics, following a consultative rather than inspective approach

Pros of CARF

- Lower Costs: Application fee is \$995, with survey fees of \$1,670 per surveyor per day. For a typical 2-surveyor, 2-day survey, total cost would be approximately \$7,670. The survey may result in a 1 year award or a 3-year award.
- Preparation Timeline: Preparation typically takes 6-9 months for both new accreditation and re-accreditation.
- Consultative Approach: CARF takes a consultative approach during surveys, providing facilities with feedback and recommendations that create a collaborative atmosphere. Designated CARF resource specialist provides guidance and technical assistance throughout the accreditation process
- Annual Compliance Monitoring: CARF requires submission of Annual Conformance to Quality Report and annual Quality Improvement Plans to ensure ongoing compliance between surveys

Cons of CARF

- Lower Market Share in Canada: Only 16% of Canadian long-term care homes are CARF-accredited compared to 67% with Accreditation Canada, which may impact peer networking opportunities
- Less Canada-Specific: While CARF operates in Canada, it's an American-founded organization with international standards that may not reflect uniquely Canadian long-term care considerations as closely
- Resource Intensive: Preparation is substantial, requiring organizations to update or create policies, develop quality tracking systems, train staff on new procedures, and possibly upgrade facilities
- Over 1,500 Standards: The process requires compliance with over 1,500 standards, which can be overwhelming.
- Limited LTC-Specific Recognition: CARF is well-respected in behavioral health and rehabilitation but doesn't carry the same weight as some other accreditors.
- Annual Reporting Requirements: Organizations must submit annual reports by the first and second certification anniversary dates, creating ongoing administrative burden

E. RECOMMENDATION

Given the board's focus on developing YCC's role as a Centre of Excellence, the Board of Directors should pursue accreditation status with Accreditation Canada and should direct the CEO to obtain a proposal from Accreditation Canada.