

Board of Directors

AGENDA

Tuesday, February 17, 2026 @ 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: November 17, 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.	Q3 Operating Plan Progress Report*	
6.1.3.	Key Performance Indicators*	
6.2.	Research & Ethics Committee	Tracey Burkhardt
6.2.1.	Q3 Report of Committee Chair	
6.3.	Care Services Committee	Andrea Seymour
6.3.1.	Q3 Report of Committee Chair	
6.4.	Finance & Administration Committee	Pierre LeBlanc
6.4.1.	Q3 Report of Committee Chair*	
6.4.2.	Unaudited Financial Statements period ending December 31, 2025*	
6.4.3.	Overpayment Incident Update	
6.5.	Governance & Audit Committee	Lyne St-Pierre-Ellis
6.5.1.	Q3 Governance & Audit Report of Committee Chair	
6.5.2.	Governance Policies*	
	- Gov-Exec-E-420 Emergency Planning	
	- Gov-Exec-I-455 Internal Controls and Integrity of Reporting	
	- Gov-Exec-R-470 Relationship with Stakeholders	
	- Gov-Exec-T-475 Treatment of Staff	
6.5.3.	Briefing Note – Accreditation*	
6.5.4.	Board Members Terms of Office	
6.5.5.	Communication Strategy 2026 – 2028 for information*	
7.	New Business	
8.	Next Meeting: Monday, March 30, 2026 @ 5:30pm	

****Denotes attachment***

Proposed Motions

1. That the minutes of November 17, 2025, be approved.
2. That the Board of Directors approve the unaudited financial statements for the period ending December 31, 2025, as presented by the Finance & Administration Committee.
3. That the Board of Directors approve the following policies as presented by the Governance & Audit Committee.
 - Gov-Exec-E-420 Emergency Planning
 - Gov-Exec-I-455 Internal Controls and Integrity of Reporting
 - Gov-Exec-R-470 Relationship with Stakeholders
 - Gov-Exec-T-475 Treatment of Staff
4. That the Board of Directors approve York Care Centre to sign an agreement to pursue accreditation status with Accreditation Canada, as recommended by the Governance & Audit Committee.
5. That the Board of Directors approve that Marjorie Belzile, Tracey Burkhardt, Andrea Seymour and Deborah Wybou be reappointed to the Board of Directors for a three-year term effective June 16, 2025, as recommended by the Governance & Audit Committee.

**Minutes of meeting of the Board of Directors for York Care Centre,
100 Sunset Drive, Fredericton NB,
Meeting on November 17, 2025 at 5:30pm**

Present: Marjorie Belzile, Lyne St-Pierre-Ellis, Pierre LeBlanc, Andrea Seymour, Donna Curtis Maillet, Wayne Albert, Dana Burse, Rob Doyle, Tracey Burkhardt, Bryanna White-Aubé, Lee Mitchell(v), Tim Boone, Geri Geldart (non-voting)

Regrets: Jane Matthews-Clark, Deborah Wybou

1. **Call to Order** Ms. Marjorie Belzile, Board Chair called the meeting to order at 5:33 pm and introduced new members of the board.

2. **Declaration of Conflict of Interest**

Ms. Belzile 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 Tracey Burkhardt and seconded by Andrea Seymour that the agenda be approved as presented. All in favour. - Motion carried

4. **Approval of Previous Minutes – September 22, 2025**

It was moved by Tracey Burkhardt and seconded by Andrea Seymour that the minutes of September 22, 2025 be approved as amended with spelling adjustment. 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 2025 - 2030 Strategic Plan has been formally released, both internally and externally.
- We have submitted our application for license renewal.
- The “critical state” provision implemented on August 20th by the Minister of Social Development, which prioritized hospital ALC patients for 120 days, expired on November 13th. It has been extended for the DECH, with no expiry date indicated.

- We welcomed Wayne Solomon to the team as our new CFO on November 10th.
- The provincial government has announced it will proceed with work on recommendations from the 2021 Finn-McLaughlin report on the Official Languages Act.
- We were awarded the Business Excellence Award of the Non-Profit Sector by the Fredericton Chamber of Commerce.

6.1.2 Q2 Operating Plan Progress Report

The Q2 Operating Plan Progress Report will be distributed to the Board of Directors via email. Results indicate that objectives are falling slightly behind due to recent employee turnover.

6.1.3 Key Performance Indicators

The Q2 Key Performance Indicators dashboard was distributed to the membership for review.

6.1.4 Briefing Note – Partnership Opportunity

Ms. Geldart provided a brief outlining discussions held with a property development group, 627842 NB Limited, based in Hampton, NB. They are exploring building 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 and are proposing a possible joint venture with York Care serving as the operational partner.

***It was moved by Andrea Seymour and seconded by Dana Burse that Geri Geldart, CEO engages in conversation to investigate the possibility of partnership with 627842 NB Limited. All in favour.
- Motion carried***

Wayne Albert joined the meeting at 6:19pm.

6.2 Research & Ethics Committee

6.2.1 Q2 Report of Committee Chair

Ms. Burkhardt provided an update on the Research & Ethics Committee meeting. Highlights included:

- CIHR - Strengthening Resilient and Equitable Public Health Systems – The letter of intent was accepted. Next step – the University of Montreal will be preparing / sharing a detailed proposal in the new year. Our future involvement will be determined at that time.
- As a member of the SQLI group, CiRA has been invited to be part of a discussion group focused on research on Heart Function in Long Term Care. We are awaiting approval of the planning grant.
- Beacon Clinical Group have inquired if they could move the Excellence in Aging Award, that was presented in previous years at the annual aging symposium, to their proposed long term care conference. It was agreed that this award should remain with York Care Centre to present.

6.2.2 Code of Ethics Short Form

The Code of Ethics short form was presented to the Board of Directors for approval.

***It was moved by Tracey Burkhardt and seconded by Wayne Albert that the long-form Code of Ethics be replaced by the amended short-form Code of Ethics as presented by the Research & Ethics Committee. All in favour.
- Motion carried***

6.2.3 Research Priorities

The proposed research priorities briefing note was shared. The approved priorities will serve as a framework when assessing whether potential research projects align with our mission. They will also be used to promote the research opportunities available at York Care Centre.

***It was moved by Tracey Burkhardt and seconded by Andrea Seymour that the Board of Directors adopt the research priorities as recommended by the Research & Ethics committee. All in favour.
- Motion carried***

6.3 Care Services Committee

6.3.1 Q2 Report of Committee Chair

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

- Education this quarter was focused on wound care.
- Bedside audit results showed that 95% of the audit criteria were met.
- There was one covid outbreak during this quarter on Tower 3 that affected 3 residents, who all recovered with mild symptoms.
- NHWW have 114 clients registered. Two new staff members were added to the compliment.
- There are 69 active volunteers registered. This is an increase of 12 from the last quarter.
- Hawkins House survey results provided three major areas for improvement: meals/dining experience, education on safety plan along with improved orientation for new tenants.

6.4 Finance & Administration Committee

6.4.1 Q2 Report of Committee Chair

Mr. LeBlanc presented the Q2 Finance & Administration Committee report which reflected all companies with a positive variance, except for CiRA, which has a slight deficit due to winddown expenses.

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

6.5 Governance & Audit Committee

6.5.1 Q2 Governance & Audit Report of Committee Chair

Ms. St-Pierre-Ellis presented the Q2 report of the Governance & Audit Committee.

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.

***It was moved by Lyne St-Pierre-Ellis and seconded by Dana Bursey 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-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

It was moved by Lyne St-Pierre-Ellis and seconded by Bryanna White-Aubé that the Board of Directors approve the following policies as presented by the Governance & Audit Committee:
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
All in favour. ***- Motion carried***

6.5.4 Accreditation

Ms. St-Pierre-Ellis outlined two options for accreditation, which were included in the meeting package.

It was moved by Lyne St-Pierre-Ellis and seconded by Andrea Seymour that the Board of Directors approve the Governance & Audit Committee to pursue accreditation status with Accreditation Canada. All in favour. ***- Motion carried***

7. Next meeting: Tuesday, February 17, 2026 @ 5:30pm

The meeting was adjourned at 7:02 on a motion by Andrea Seymour.

Marjorie Belzile, Chair

Jennifer Vos, Recorder



Report to the Board

President & Chief Executive Officer

For the period: Nov 14 – February 12, 2026

Prepared By:

Geri Geldart, President & Chief Executive Officer
Presented on February 17, 2026

1.0 STRATEGIC PLAN, OPERATIONAL GOALS AND KPI DASHBOARD

- I am not sure where the last few months have gone. It has been extremely busy with holiday events, implementation of a new NBNU collective agreement and the associated retroactive payment calculations, orientation of a new CFO, etc. Although these events impact the full team, the greatest impact has been on the HR department. They have been diligent in their work and have met all deadlines. I would like to consider some form of recognition for the three non-union individuals in this department.
- We have continued to promote the elements of our strategic plan internally and on social media. We delayed our plans to share the plan with key community stakeholders as it would have been a conflict with the busy holiday season. We will resume our plan later this month.
- Included in our meeting package is the Q3 Progress Report for the 2025/26 Operating Plan. We are tracking slightly behind targets, with 10 objectives (15%) falling behind.
- The Senior Leadership Team is meeting on Feb 13th to begin operational planning for the upcoming fiscal year.

2.0 CARE SERVICES

2.1 CARE COMPLIANCE

- I am very pleased to share that we have maintained our Care Compliance at 100.85% since April 1st. We saw a reduced number of resignations in the last quarter. There is a general sense that the labour market has tightened in favour of the employer, however, we will continue to closely monitor as our situation could change quickly.

3.0 PEOPLE AND CULTURE

3.1 LABOUR RELATIONS

- **NBNU** – A final agreement was signed with the New Brunswick Nurses Union (NBNU) in December. Retroactive payments were calculated and paid in early February. We are still waiting for updated wage grids for our LPNs whose wages are supposed to be in alignment with the hospital sector.

3.2 ADMINISTRATION STAFFING

- We have seen significant turnover in the Finance Department. With the most recent resignation of our Accounts Payable clerk, we will have seen a complete turnover of four positions within the last 6 months. Wayne and Barbara are doing a fabulous job, but there is a steep learning curve, made even more complicated by the unexpected turnover.

4.0 FACILITIES AND INFRASTRUCTURE

4.1 MAJOR CAPITAL PROJECTS

- The ventilation project, which will bring cooling to resident rooms, is now underway in Birch Grove and the Tower.
- The Best Building entrance doors have seen better days and with a recent failure, they are no longer repairable. We are in the process of connecting with contractors to arrange for replacement. This will be an unbudgeted expenditure. We will submit a budget amendment request. If not approved, we can use the deferred revenue from the Worksafe NB funds.

5.0 OTHER ITEMS

5.1 NB ASSOCIATION OF NURSING HOMES.

- The NB Association of Nursing Homes continues its work on a strategic plan. We submitted our feedback to the original draft – encouraging the association to take on a service delivery role, rather than just an advocacy role. I expect the plan will be released at the May AGM.

5.2 YORK CARE FOUNDATION

- The Foundation has concluded a very successful fundraising campaign in support of Tower 2. The original target was \$150,000. The Foundation is pleased to share that they raised just over \$220,000!!

5.3 OTHER

- We received our renewed Nursing Home License in December – once again it is a modified license due to the number of repeat infractions. Most are related to documentation and meeting certain time targets for things such as admission assessments / care plans, resident review meetings, etc. Jamie and her team continue to fine tune their processes to prevent these infractions.
- Even though there are continued reports of hospital overcrowding, we have not been placed in the overcapacity protocol which provides priority to hospital patients over home-based individuals who are on our wait list. In late December, all homes were asked to complete a questionnaire which seemed to be probing for opportunities to increase capacity in long term care facilities. Certain homes interpreted the request as a potential threat, worried that we would be asked to “double-up” – putting two residents in a room designed for one. I think it was probably an over-reaction... but I have been surprised before. We have heard that a new long term care plan is supposed to be released in the “next few weeks”. NBANH is lobbying for three priorities – increased hours of care from the current 3.1 to 4.1 hours per resident per day, an increase in the capacity and infrastructure of the long term care sector, and an updated funding model which would address the changing acuity of long term care residents (see attached letter).
- Thanks to all for providing your identification information for CRA. We have submitted the required information and are now waiting for a response from CRA.
- Loch Lomond Villa reported suspected resident abuse to police. Not much has been reported in the media beyond the initial story. LLV seems to have handled the situation well. This is a good example of the rationale for having a crisis communication plan. Tara and I will make this a priority
- Some of you may still be receiving emails from Vaughn Barnet. There is no need to respond.

6.0 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 Oct 1, 2025 – December 31, 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
February 12, 2025

November 19, 2025

Hon. Cindy Miles

Minister of Social Development
Minister responsible for the Economic
and Social Inclusion Corporation

706 rue Queen
Fredericton, NB
E3B 1C5

Hon. Lyne Chantal Boudreau

Minister responsible for Seniors
Minister responsible for Women's Equality

70 rue Queen
Fredericton, NB
E3B 1C5

Subject: Urgent Need to Address Hours of Care, Bed Capacity, and Infrastructure in New Brunswick Nursing Homes

Dear Ministers Boudreau and Miles,

On behalf of the **New Brunswick Association of Nursing Homes (NBNH)**, I would like to express our sincere appreciation for the across-the-board, much-needed salary adjustments that have been implemented and are continuing across the nursing home sector.

I am also writing to express our deep concern regarding critical issues in the New Brunswick Nursing Home sector, including **insufficient hours of care, bed shortages, and aging infrastructure**.

Currently, nursing homes in our province are funded for an **average of 3.09 hours of care per resident per day (HPRD)**. This level of staffing is inadequate given the **increasing acuity and complexity** of residents' needs. Over the past several years, residents have become older and frailer, requiring higher levels of clinical and personal support.

While our teams continue to provide compassionate care, the current staffing model is **unsustainable**, placing significant pressure on staff, contributing to burnout, and making recruitment and retention increasingly difficult.

Other provinces are taking meaningful steps to address these issues. **Nova Scotia**, for example, has committed to a provincial standard of **4.1 hours of care per resident per day**, with nearly all homes signed on to meet this target by the end of 2025. New Brunswick must take similar action to ensure seniors receive safe, high-quality care.

In addition to staffing, NBNH is also calling attention to two other urgent priorities:

Bed capacity and the ALC crisis: New Brunswick faces ongoing challenges with **Alternate Level of Care (ALC) patients** in hospitals and seniors waiting in the community for placement in the appropriate setting. Many regions require additional long-term care beds to meet current and projected demand. Without expanding bed capacity, hospital congestion and delayed discharges will continue to affect both patients and the broader health system.

Long-term infrastructure and bed planning: A majority of nursing homes in the province still contain **double-occupancy rooms**, which limit residents' privacy and quality of life. Furthermore, several homes are **obsolete and do not meet current standards**, requiring total replacement. NBANH urges the government to develop a **comprehensive long-term bed plan** that addresses:

- Phased replacement of outdated homes
- Reduction of double-occupancy rooms
- Expansion of capacity based on regional demand

NBANH respectfully urges the Government of New Brunswick to:

- **Commit to increasing funded care hours** to at least 4.1 HPRD in alignment with evolving residents' needs.
- **Update the provincial funding model** to reflect the true acuity and care needs of residents.
- **Develop and implement a long-term bed and infrastructure plan** addressing regional bed shortages, double-occupancy rooms, and replacement of obsolete facilities.
- **To continue to engage NBANH and sector partners** to collaboratively plan workforce development, recruitment, and implementation strategies. Our Association is ready to work with your department to develop a sustainable plan that ensures residents receive the care they deserve and that care teams are properly supported.

Thank you for your attention and leadership on this critical matter affecting New Brunswick seniors and the long-term care sector.

Sincerely,

Richard Losier

Chief Executive Officer - New Brunswick Association of Nursing Homes (NBANH)

c.c. Jim Meehan – Deputy Minister
Pauline Roy – President – Board of Directors (NBANH)



Richard Losier
Chief Executive Officer
New Brunswick Association of Nursing Homes
1133 Regent Street, Suite 206
Fredericton, New Brunswick E3B 3Z2

Monsieur Richard Losier
Chef de la direction
Association des foyers de soins du Nouveau-Brunswick (AFSNB)
1133, rue Regent, bureau 206
Fredericton (Nouveau-Brunswick) E3B 3Z2

December 1, 2025

Le 1^{er} décembre 2025

Dear Richard:

Monsieur,

Thank you for your letter of November 19, 2025 regarding priority areas for improvement in the nursing home sector in New Brunswick. These priorities very much align with the needs that I have seen for myself over the past year in my many visits to nursing homes. These priorities also align with what staff in Social Development are hearing from the sector.

Je vous remercie de votre lettre du 19 novembre 2025 concernant les thèmes prioritaires pour l'amélioration du secteur des foyers de soins au Nouveau-Brunswick. Ces priorités correspondent tout à fait aux besoins dont j'ai personnellement pris connaissance au cours de la dernière année lors de mes nombreuses visites dans des foyers de soins. Elles correspondent également aux observations recueillies par le personnel de Développement social au sein du secteur.

I'm pleased to provide the below update on these items.

Je suis heureuse de vous faire part du compte rendu ci-dessous à ce sujet.

Hours of Care: I completely agree that additional staffing hours are needed to properly care for residents of New Brunswick nursing homes. As you mention in your letter, the care needs of residents today are much greater than it was in the past. I also have heard directly from several nursing homes that this is their number one priority from government. As you know, our government has committed to increase hours of care to nursing home residents in our platform. Proposals are currently being developed, and it is my hope that we will see the first of a multi-year plan to increase hours of care starting in the 2026-27 Budget. We would welcome any input or advice from the New

Heures de soins : Je suis tout à fait d'accord qu'il est nécessaire d'augmenter le nombre d'heures de travail du personnel pour garantir des soins adéquats aux pensionnaires des foyers de soins du Nouveau-Brunswick. Comme vous le mentionnez dans votre lettre, les besoins des pensionnaires en matière de soins sont beaucoup plus importants aujourd'hui qu'ils ne l'étaient dans le passé. De plus, des représentants de plusieurs foyers de soins m'ont fait savoir qu'il devrait s'agir, selon eux, de la principale priorité du gouvernement. Comme vous le savez, le gouvernement s'est engagé, dans son programme électoral, à augmenter le nombre d'heures de soins pour les pensionnaires des foyers de soins. Des

Brunswick Association of Nursing Home on how the increase should be implemented.

Bed Capacity: Recent growth in the nursing home waitlist and hospital capacity challenges, along with a continued increase in the number of seniors, points to a need for additional long-term care bed capacity in New Brunswick. With all of the additional beds under the 2018-2023 Nursing Home Plan awarded (with the last of the new facilities scheduled to open in 2026), we have now turned our attention to the next bed plan. Internal analysis has shown a need for new beds at all levels of care over the next five years, particularly level 3A beds. Since the number of new beds that are needed will depend on how successful we are in supporting people to age in place, we expect that the new bed plan will be a critical component of the broader long-term care plan that is currently being worked on.

Infrastructure: As you are aware, I have prioritized visiting our older nursing homes to see for myself the state of the infrastructure and its impact on residents, staff, and families. While the care that residents receive at these facilities is excellent, there is no question that lack of space and aging infrastructure presents many challenges at certain facilities. We are

propositions sont en cours d'élaboration, et j'espère que le premier volet du plan pluriannuel d'augmentation des heures de soins sera mis en œuvre dès l'exercice financier 2026-2027. Nous invitons l'Association des foyers de soins du Nouveau-Brunswick à nous faire part de ses conseils et commentaires concernant les modalités de mise en œuvre de cette augmentation.

Nombre de lits : L'augmentation récente de la liste d'attente des foyers de soins et les défis liés à la capacité des hôpitaux, ainsi que la croissance de la population vieillissante, mettent en évidence la nécessité d'accroître le nombre de lits de soins de longue durée au Nouveau-Brunswick. Tous les lits supplémentaires prévus dans le Plan pour les foyers de soins 2018-2023 ayant été attribués (l'ouverture du tout dernier nouvel établissement doit avoir lieu en 2026), nous nous penchons désormais sur le prochain plan relatif aux lits. Une analyse interne a montré la nécessité d'ajouter de nouveaux lits à tous les niveaux de soins au cours des cinq prochaines années, en particulier des lits de niveau 3A. Étant donné que le nombre de nouveaux lits requis dépendra de notre capacité à aider les personnes à vieillir chez elles, nous nous attendons à ce que le nouveau plan relatif aux lits constitue un élément essentiel du plan plus large en matière de soins de longue durée qui est en cours d'élaboration.

Infrastructure : Comme vous le savez, j'ai accordé la priorité à la visite de nos foyers de soins les plus anciens afin de juger par moi-même de l'état de l'infrastructure et des conséquences pour les pensionnaires, le personnel et les familles. Si les soins prodigués aux pensionnaires dans ces établissements sont excellents, il ne fait aucun doute que le

working on options to start addressing these challenges and hope to have more to announce in the near future.

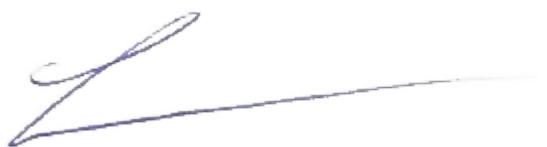
manque d'espace et le vieillissement des infrastructures posent de nombreux problèmes dans certains cas. Nous réfléchissons à des solutions qui permettraient de commencer à relever ces défis et espérons pouvoir vous en dire davantage sous peu.

Thank you again for sharing your feedback on these important matters.

Je vous remercie encore une fois de nous avoir fait part de vos commentaires sur ces enjeux importants.

Sincerely,

Veuillez agréer, Monsieur, mes salutations distinguées.



Hon. Lyne Chantal Boudreau, Ph.D.
Minister Responsible for Women's Equality and Seniors

L'hon. Lyne Chantal Boudreau, Ph. D.
Ministre responsable de l'Égalité des femmes et des Aînés

Cc: Hon. Cindy Miles, Minister, Department of Social Development
Jim Mehan, Deputy Minister, Department of Social Development
Ben Mersereau, Assistant Deputy Minister, Department of Social Development
Pauline Roy, President, New Brunswick Association of Nursing Homes Board of Directors

c. c. L'hon. Cindy Miles, ministre du Développement social
Jim Mehan, sous-ministre du Développement social
Ben Mersereau, sous-ministre adjoint du Développement social
Pauline Roy, présidente du conseil d'administration de l'Association des foyers de soins du Nouveau-Brunswick



YORK CARE CENTRE

EXCELLENCE IN LONG-TERM CARE

**Operating Plan
2025 – 2026
Q3 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. 	<ul style="list-style-type: none"> • License will only need to be updated in Q4 for Family Portal. • Q3 - Falling behind 60% done
	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 • COMPLETE for Q3 – set goal of 100 hrs and achieved 175 hrs. Goal set for Q4 is 150 hrs.
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 	<ul style="list-style-type: none"> • COMPLETE for Q3
	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. 	FALLING BEHIND – Should be completed 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 	Falling behind – New project plan is in development.
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, Work began in January 2025</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 complete • FALLING BEHIND – YCC Building Condition Assessment report not yet complete.
	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 • Audit completed for Q3
	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. 	FALLING BEHIND – Launch delayed until Q4
Professional Development and Training	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"> • COMPLETE – Change Management - Offered Nov.19/25
	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 by end of Q4 	<ul style="list-style-type: none"> • Q3 – COMPLETE – Progra expanded to LPNs. Decision made not to expand to DA’s and LA’s
Staff Well-being and Work-life Balance	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>Q3 Report provided to F&A Committee.</p> <ul style="list-style-type: none"> • Staff Appreciation Fall Meal • Staff Halloween Costume Contest • Shining Stars Recognition – Nov. (15 employees) • YCC Family Swim – Nov. • Staff Christmas Open House • Unit Decorating Contest-Dec. • Staff Holiday Meal – Dec. • Staff Holiday Gift Cards – Dec.
	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 • Envi. Att. by end of Q4. 	<ul style="list-style-type: none"> • COMPLETE – LPN & Cook rotations • COMPLETE – Laundry Attendant rotations
	To support employee wellness, provide 2 mental health mini session on units	<ul style="list-style-type: none"> • Offer sessions in Q2 and Q3 	Falling Behind – planning underway Q4 – dependent on facilitator availability.
	Update Attendance Support Program.	<ul style="list-style-type: none"> • Complete by end of Q3 	• COMPLETE
	Attendance improvement in high use departments	<ul style="list-style-type: none"> • SLT to review 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. 	Falling Behind – Needs /Interests Survey complete. Timing is an issue for participants. May be deferred until next fiscal year.
	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 	In Progress - Senior Team will be discussing at upcoming planning day.
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 	Fundraising complete. Target exceeded. Refurbishment underway with projected completion by May/June 2026.
	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. Hired PT Wellness Coordinator in Q2. Plan to hire casual Navigation Support Specialist in Q4.
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 	SLT recommendation ready for Board consideration.

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 • FALLING BEHIND – May be deferred until 26/27
	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 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"> • Q2 – COMPLETE • Q3 – COMPLETE
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 	<ul style="list-style-type: none"> • COMPLETE for Q3
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 done in Q3. Expect results in March 2

	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 done in Q3. Expect results in March 26

	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

	Q1 25/26	Q2 25/26	Q3 25/26	Target*	Progress
Antipsychotics-no Dx psychosis (%)	9	10	12	15	Stable
Residents with Pain (% of residents)	0	3	1	5	Stable
Residents with Worsened Pain (%)	12	11	7	12	Stable
Symptoms of Depression Worsened	25	21	20	18	Improved
Falls in last 30 days (% of residents who fell)	18	17	20	20	Stable
Falls with major injury - %	0	0	2	0	Worse
Pressure Ulcer Worsened	5	1	1	3	Stable
Physical Restraints (%)	22	28	22	14	Stable
Hospitalizations (%) Includes overnight stays	5	6	5	3	Stable

Dashboard Updated on 01 February, 2026 by Geri Geldart

Quality of Worklife

Next internal survey will occur in 26/27 - Still waiting for SQLI

	24/25	25/26	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

	Q1 25/26	Q2 25/26	Q3 25/26	Target	Progress
Care Hour (Short / Over)	1	1	8	"± 5"	Over Target
RN hrs act to standard (%) in quarter	89	89	95	>97	Improved
Retention Rate -12 month look-back (%)	87	87	86	>85	Stable
Temp Agency Use Hours in Quarter	0	0	0	0	Stable
Resignations in 1st year employed	2	2	3	< 5	On Target
Sick time / 1957 paid hours (std)	14.9	14.9	14.8	13	Stable
Overtime % of Pd Hrs in quarter	5.6	5.6	6.2	4	Worse
Worksafe Claims in quarter	5	5	4	0	Stable

Financial & Support Indicators NEW

	Q2 25/26	Q1 25/26	Q3 25/26	Target	Progress
YC Fdn - Net Profit Calendar Yr as of Dec 2025			36,384	17,630	Above Target
Food Cost per Resident Day \$	12.79	13.46	13.12		Rising
Temp Agency Use \$ in Quarter	-	0	0	-	At target
Wait List for Independent Apartments	-	96	84	>25	Above Target
Wait List for Supportive Housing	-	23	27	>10	Above Target

Operating Plan NEW

	Q1 25/26	Q2 25/26	Q3 25/26	Q3 Target	Progress
% of Annual Objectives Complete	12%	31%	52%	68%	Slightly behind

**Finance Committee Chair’s Summary Report to Board of Directors
Nine months ending December 31, 2025**

- The Finance Committee met on February 10, 2026.
- Reviewed the December 31, 2025 quarterly reports.
- Recommended financial reports to December 31, 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	\$3 850 000	\$4 210 000	\$ 1 181 000
York Developments Inc.	651 000	187 000	4 000
CIRA			
Totals	\$4 501 000	\$4 397 000	\$1 185 000

Observations - financial:

- All companies have a cash balance.
- All payables can be paid as they become due.
- CIRA has wound down operations. Will report next quarter.
- 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 85% to 86%.
- Sick days per FTE has increased from 12.87 days in 2024 to 14.92 days in 2026. Upward pressure due to CUPE contract wellness days.
- Overtime hours stable at 6.2 %.
- RN hours worked is stable at 95% of target.
- Professional care hours (RN/LPN) at 100% of target.

Facilities, building and Infrastructure

- 28 rooms at YCC and 4 units at YDI have been refurbished.
- Facility Condition Assessment completed on July 18 by Nadine International. SD organized the review. Report expected in Q3 but has been delayed.
- Resident TV service for residents switched to Rogers. Multiple issues. Many complaints. Issues being worked through.
- Facility cleanliness ratings very good with housekeeping at 100% and overall at 98.2%.

- Food costs per resident per day at \$13.12/day compared to \$12.80 per day a year ago. Down from \$13.46 in Q2.
- Michel has prepared initial report on Critical Infrastructure Maintenance and Replacement Plan. Excellent work and necessary as the facilities age.

Financial

- New CFO – Wayne Solomon
- Some staff turnover
- Preparing for Year end
- Preparing T4's
- Busy time of year

Pierre LeBlanc, Chair
Finance Committee
2026-02-11

York Care Centre - Summary Financial Position - Report to the Board							
December 2025							
				YCC	YDI	CIRA	COMBINED
Cash and Receivables							
Unrestricted Cash				\$ 3,850,054	\$650,607	-	\$ 4,500,661
Total Receivables				\$ 112,738	\$ 35,687	-	\$ 148,425
Total Liabilities							
Trade				\$ 1,408,307	\$186,981	-	\$ 1,595,288
Accrued Salary/Payroll Costs				\$ 1,115,611			\$ 1,115,611
Accrued Vacation / Stats				\$ 1,356,584			\$ 1,356,584
Pension Payable to Social Development				\$ 329,383			\$ 329,383
Summary Observations - Results from Operations							
<p>YCC finished slightly better than budget resulting in a positive variance of \$57,572 mostly due to non-recurring Budget Amendments.</p> <p>YDI finished in a negative primarily due to some high maintenanceluding teh roofing expense,which was reimbursed by Housing. Supportive 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.</p> <p>Capital Expenditure Update: The commercial washer & dryer was delivered and installed in Q3. Video Surveillance - quotes received and going through the review process. 50 new beds ordered with delivery and installation for the first 25 expected in early February. Best door replacement has been ordered for a cost of \$37,000. AC upgrades Phase I are underway for Birch Grove.</p> <p>YDI Building Update- Full funding was received from NB Housing for roof replacement at 91 Sunset Drive. There is an insurance claim being processed.</p>							
Key Performance Indicators							
York Care Centre				Independent Apartments			
Revenue per resident day				\$266	Revenue per Unit per month YTD		\$ 671
Expenditures / resident day				\$253	Expenditures per Unit per month YTD		\$ 720
Number of beds				216	Number of Units		72
Vacant bed days subject to penalty - YTD				34	Supportive Housing		
Resident days Apr-Dec				59,766	Revenue per Unit per month YTD		\$2,584
Staffing		<i>Perm Positions</i>	<i>Vacant</i>	<i>Rent revenue/unit/month</i>		\$1,001	
Admin/HR		11	1	<i>Care revenue/unit/month</i>		\$708	
Care		167	11	<i>Service fee revenue/unit/month</i>		\$659	
Support		62	4	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		\$ 60,275	
Salary and Benefits	\$	15,153,745	69.5%	Adult Day Program			
Supplies & Other Expenses	\$	5,287,875	24.2%	Revenue per client day		\$ 75	
Depreciation & Mortgage	\$	1,369,315.00	6.3%	Expenditures per client day		\$ 65	
				Client Days YTD Actual		1856	

YORK CARE CENTRE INC
Statement of Financial Position
31-Dec-25

	Current Month	Prior Month	Difference
ASSETS			
CURRENT			
CASH AND CASH EQUIVALENTS	3,850,054.17	3,457,171.09	392,883.08
CASH - RESTRICTED FUNDS	54,983.49	52,779.21	2,204.28
ACCOUNTS RECEIVABLE			
- RESIDENTS	(4,383.42)	43,507.14	(47,890.56)
- DEPT of SOCIAL DEVELOPMENT	3,264.63	3,264.63	0.00
- HST	19,220.81	44,318.12	(25,097.31)
- OTHER	94,635.60	118,397.99 1*	(23,762.39)
INVENTORIES	83,318.77	83,318.77	0.00
PREPAID EXPENSES	163,649.99	217,844.09 2*	(54,194.10)
LONG TERM RECEIVABLE	0.00	0.00	0.00
TOTAL CURRENT ASSETS	4,264,744.04	4,020,601.04	244,143.00
CASH RESTRICTED FOR FUTURE CAPITAL	0.00	0.00	0.00
LAND, BUILDING AND FURNITURE (Net)	24,938,690.09	25,069,420.65 3*	(130,730.56)
TOTAL FIXED ASSETS	24,938,690.09	25,069,420.65	(130,730.56)
TOTAL ASSETS	29,203,434.13	29,090,021.69	113,412.44
LIABILITIES			
CURRENT			
PAYABLES & ACCRUALS	4,342,748.94	4,002,883.69	339,865.25
DEFERRED REVENUE	742,920.70	583,347.90	159,572.80
TOTAL CURRENT	5,085,669.64	4,586,231.59	499,438.05
LONG TERM			
LONG TERM DEBT	8,267,141.31	8,550,465.48 4*	(283,324.17)
DEFERRED CONTRIBUTIONS	2,053,872.90	2,084,791.60 5*	(30,918.70)
TOTAL LIABILITIES	10,321,014.21	10,635,257.08	(314,242.87)
FUND BALANCES			
FUNDS RESTRICTED	67,200.97	68,784.27	(1,583.30)
UNRESTRICTED	12,548,132.45	12,548,132.45	0.00
NET INCOME (LOSS) FOR PERIOD	1,181,416.86	1,251,616.30	(70,199.44)
TOTAL FUNDS	13,796,750.28	13,868,533.02	(71,782.74)
TOTAL LIABILITIES & FUNDS	29,203,434.13	29,090,021.69	113,412.44
Notes:			
1. Decrease as Intercompany transactions were paid out.			
2. Prepaid expenses are being paid on a monthly basis			
3. Accumulated depreciation applied on a monthly basis.			
4. Loan payments continuing monthly.			
5. Amortization of deferred contribution.			

YORK CARE CENTRE INC				
Statement of Operations - Year to Date				
9 Months ending 31 Dec 2025				
	Actual	Budget	Variance	
	Current	Current	Budget	
	YTD	YTD	vs Actual	
REVENUE AND RECOVERIES				
Operating Revenue	21,775,690	19,625,090	2,150,601	
Recurring Budget Amendments	0	0	0	
Non-recurring Budget Amendments	278,608	33,653	244,955	
Administration	319,726	308,576	11,149	
Care Services	64,707	38,231	26,476	
Operations	262,732	260,038	2,694	
Deferred Contributions	278,268	248,300	29,968	
TOTAL REVENUE AND RECOVERIES	<u>22,979,731</u>	<u>20,513,887</u> *1.	<u>2,465,843</u>	
OPERATING EXPENSES				
Administration	3,911,549	3,673,275	*2. -238,273	
Care Services	10,593,893	8,968,097	*3. -1,625,796	
Operations	5,936,179	5,379,356	*4. -556,824	
Mortgage Interest & Depreciation	1,356,693	1,369,315	*5. 12,622	
TOTAL EXPENSES	<u>21,798,314</u>	<u>19,390,043</u>	<u>-2,408,271</u>	
NET SURPLUS (DEFICIT)	<u>1,181,417</u>	<u>1,123,845</u>	<u>57,572</u>	
Less: Transfer to replacement reserve	0	0	0	
(Increase) or Decrease in Operating Fund	<u>1,181,417</u>	<u>1,123,845</u>	<u>57,572</u>	
Notes (Actual to Budget):				
1. The variance is still due to higher Retro funding applied after the payout in August. Deferred contributions (60k) for Nurse on Call system.				
2. Increase due to Admin expenses were higher than budget due to salary Retro payments from August. Other expenses remain on track.				
3. Care services expenses higher due to salary Retro payments made in August. All other Care Service expense are on track.				
4. Operations expenses higher due to salary Retro payment made in August Additionally, electricity expense remains higher than budgeted, along with minor equipment and computer software and hardware expenses.				
5. Increase in Depreciation expenses due to Nurse on Call system (60k) continuing.				

YDIDAT YORK DEVELOPMENT INC			
Statement of Financial Position - CONSOLIDATED			
31-Dec-25			
	Current Quarter	Prior Quarter	Difference
ASSETS			
CURRENT ASSETS			
CASH	650,607	729,771	79,163
ACCOUNTS RECEIVABLE	35,687	34,051	1,636
HST RECEIVABLE	20,974	2,393	18,581
PREPAID EXPENSES	13,221	47,222	-34,001
TOTAL CURRENT ASSETS	720,490	813,437	-92,947
RESTRICTED CASH AND DEPOSITS			
REPLACEMENT RESERVE FUND	334,625	328,625	6,000
DEFERRED VACANCY SUBSIDY	48,721	48,721	0
TOTAL RESTRICTED CASH & DEPOSITS	383,345	377,345	6,000
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	993,032	968,032	25,000
ACCUMULATED DEPRECIATION	-4,621,649	-4,583,687	37,962
TOTAL FIXED ASSETS	1,775,177	1,788,139	12,962
TOTAL ASSETS	2,879,013	2,978,922	99,909
LIABILITIES			
CURRENT LIABILITIES			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	186,981	200,166 1*	-13,185
DEFERRED REVENUE	167,206	165,648	1,558
TOTAL CURRENT LIABILITIES	354,187	365,814	-11,627
LONG TERM DEBT			
MORTGAGE 116 SUNSET DRIVE	1,370,022	1,404,726	-34,704
TOTAL LONG TERM LIABILITIES	1,370,022	1,404,726	-34,704
DEFERRED CONTRIBUTIONS			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	252	502	-250
TOTAL DEFERRED	252	502	-250
FUND BALANCES			
REPLACEMENT RESERVE RESTRICTED	337,625	328,625	9,000
VACANCY SUBSIDY RESERVE	48,721	48,721	0
EARNED SURPLUS	764,285	773,285	-9,000
NET INCOME (LOSS) FOR PERIOD	3,926	57,254	-53,329
TOTAL EQUITY	1,154,556	1,207,884	-53,329
TOTAL LIABILITIES & FUND BALANCES	2,879,017	2,978,926	-99,909
Note:			
1. Intercompany transactions paid			

YORK DEVELOPMENT INC				
Statement of Operations - CONSOLIDATED				
MONTH ENDING 31 DEC 2025				
	Actuals	Budget	Variance	
	YTD December 31	YTD December 31		
Independent Housing				
Total Revenue	434,876	442,441		-7,565
Operating Expenses				
Wages & Benefits	50,287	62,018		11,731
Maintenance	256,389	192,729		-63,660
Administration	145,338	146,308		970
Depreciation	14,425	14,425		0
Total Operating	466,439	415,481		-50,959
Net Earnings	-31,563	26,960	*1	-58,524
Supportive Housing				
Total Revenue	720,885	689,159		31,726
Operating Expenses				
Wages & Benefits	330,458	300,866		-29,593
Tenant Support Costs	61,611	61,153		-459
Maintenance	113,264	127,381		14,117
Administration	100,108	100,027		-81
Depreciation	99,460	99,459		-1
Total Operating	704,901	688,885		-16,016
Net Earnings	15,984	274	*2	15,710
ADP				
Total Revenue	139,984	132,050		7,934
Operating Expenses				
Wages & Benefits	94,681	97,350		2,669
Program Support Costs	16,540	20,289		3,749
Administration	9,242	12,626		3,384
Depreciation	0	0		0
Total Operating	120,463	130,265		9,802
Net Earnings	19,521	1,785	*3	17,736
NHWW				
Total Revenue	174,002	238,718		-64,716
Operating Expenses				
Wages & Benefits	144,375	172,106		27,732
Program Support Costs	16,652	42,536		25,884
Administration	12,976	24,075		11,099
Depreciation	0	0		0
Total Operating	174,002	238,718		64,716
Net Earnings	0	0	*4	0
TOTAL NET EARNINGS	3,942	29,019		-25,078
Notes:				
1 Savings in wages but increase due to new Roof.				
2 Savings in maintenance				
3 ADP revenue higher as program useage increaded an Clients pay. Savings in program and admin expenses.				
4 Savings in Wages & Benefits due to vacancies throughout the year and overall lower program expenses than anticipated. Expenses were matched to revenues.				

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: EMERGENCY PLANNING	Page: 1 of 1
Approved by: Board of Directors	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: Board of Directors	Gov-Exec-E-420
Date Reviewed/Revised: 01/14; 10/20; <u>01/26/25</u>	

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.

Procedure:

Accordingly, the President & CEO shall not:

1. Operate without current emergency plans which address:

- Missing resident
 - 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

~~3.2.~~ 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

~~4.~~ Allow more than 12 months to pass without conducting emergency drills testing the following emergency scenarios each type of emergency scenario.

3.

- Code Red – Fire
- Code Green – Evacuation
- Code Black – Workplace Threat
- Code Yellow – Missing Resident
- Code White – Personal Violence Threat

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; 01/26	

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.

Procedure:

Accordingly, the President & CEO shall not:

1. Operate without current emergency plans which address:
 - Missing resident
 - 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
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 the following emergency scenarios
 - Code Red – Fire
 - Code Green – Evacuation
 - Code Black – Workplace Threat
 - Code Yellow – Missing Resident
 - Code White – Personal Violence Threat
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.

REVISED

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: INTERNAL CONTROLS AND INTEGRITY OF REPORTING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-I-455
Date Reviewed/Revised: 01/14; 01/21	

Policy:

The President & CEO shall ensure that financial reporting is timely, soundly based and reasonably prudent in application of accounting flexibility allowable within Generally Acceptable Accounting Principles.

Procedure:

The President & CEO shall:

1. Operate within internal controls appropriate to ensure integrity in financial reporting and related disclosures.
2. Get approval of the Board before implementing changes in accounting policy or application of accounting policies.
3. Present the Board with audited Financial Statements for the corporations or part of the corporation with our audit opinion(s).
4. Cooperate with the work of the internal or external auditors to support their ability to achieve their responsibility on behalf of the Board.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: INTERNAL CONTROLS AND INTEGRITY OF REPORTING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-I-455
Date Reviewed/Revised: 01/14; 01/21; <u>01/26</u>	

Policy:

The President & CEO shall ~~not cause or allow ensure that~~ financial reporting ~~or internal controls that lack integrity, timeliness or is timely, soundly based and reasonable prudence~~ in the application of accounting flexibility allowable within Generally Acceptable Accounting Principles (GAAP).

Procedure:

The President & CEO shall not:

1. Operate with out in internal controls appropriate to ensure integrity in financial reporting and related disclosures.
- ~~1.2.~~ Allow financial reporting that does not conform with GAAP.
- ~~2.3.~~ Get approval of the Board before implementing changes in accounting policy or application of accounting policies without prior approval of the Board.
- ~~3.4.~~ Fail to pPresent the Board with audited Financial Statements for the corporations or part of the corporation with ~~our~~ audit opinion(s).
- ~~4.5.~~ Cooperate with impede the work of the internal or external auditors ~~to support thereby~~ compromising their ability to achieve their responsibility on behalf of the Board.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: INTERNAL CONTROLS AND INTEGRITY OF REPORTING	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-I-455
Date Reviewed/Revised: 01/14; 01/21; 01/26	

Policy:

The President & CEO shall not cause or allow financial reporting or internal controls that lack integrity, timeliness or reasonable prudence in the application of accounting flexibility allowable within Generally Acceptable Accounting Principles (GAAP).

Procedure:

The President & CEO shall not:

1. Operate without internal controls appropriate to ensure integrity in financial reporting and related disclosures.
2. Allow financial reporting that does not conform with GAAP.
3. Implement changes in accounting policy or application of accounting policies without prior approval of the Board
4. Fail to present the Board with audited Financial Statements for the corporations or part of the corporation with audit opinion(s).
5. Impede the work of the internal or external auditors thereby compromising their ability to achieve their responsibility on behalf of the Board.

YORK CARE CENTRE
Corporate Governance Policy

Type: Executive Limitation	Date Issued: November 30, 2009
Title: RELATIONSHIP WITH STAKEHOLDERS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-R-470
Date Reviewed/Revised: 01/14	

With respect to interactions with stakeholders, the President & CEO shall not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.

ORIGINAL

YORK CARE CENTRE
Corporate Governance Policy

Type: Executive Limitation	Date Issued: November 30, 2009
Title: RELATIONSHIP WITH STAKEHOLDERS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-R-470
Date Reviewed/Revised: 01/14; <u>01/26</u>	

Policy:

With respect to interactions with stakeholders residents, families, employees, volunteers, donors, community members and other stakeholders, the President & CEO shall not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.

Procedure:

Accordingly, the President and CEO shall not:

1. Operate without clear policies and procedures that define respectful treatment of all stakeholders and mechanisms for addressing concerns and complaints.
2. Fail to inform stakeholders of their rights, available services, complaint procedures and how to access assistance or advocacy.
3. Deny stakeholders the right to be heard, to receive timely responses to concerns, or to have complaints addressed through fair and transparent processes.
4. Fail to protect vulnerable persons from abuse, neglect, or unsafe conditions.

**YORK CARE CENTRE
Corporate Governance Policy**

Type: Executive Limitation	Date Issued: November 30, 2009
Title: RELATIONSHIP WITH STAKEHOLDERS	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-R-470
Date Reviewed/Revised: 01/14; 01/26	

Policy:

With respect to interactions with residents, families, employees, volunteers, donors, community members and other stakeholders, the President & CEO shall not cause or allow conditions, procedures or decisions that are unlawful, unsafe, undignified, unnecessarily intrusive, or that fail to provide appropriate confidentiality or privacy.

Procedure:

Accordingly, the President and CEO shall not:

1. Operate without clear policies and procedures that define respectful treatment of all stakeholders and mechanisms for addressing concerns and complaints.
2. Fail to inform stakeholders of their rights, available services, complaint procedures and how to access assistance or advocacy.
3. Deny stakeholders the right to be heard, to receive timely responses to concerns, or to have complaints addressed through fair and transparent processes.
4. Fail to protect vulnerable persons from abuse, neglect, or unsafe conditions.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: TREATMENT OF STAFF	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-T-475
Date Reviewed/Revised: 01/14; 01/21	

Policy:

With respect to treatment of employees, the President & CEO shall ensure conditions, procedures and decisions that are lawful, safe, fair, dignified and provide confidentiality and privacy.

Procedure:

Accordingly, the President & CEO shall:

1. Ensure the organization is operating with written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.
2. Not discriminate against any staff member for expressing dissent.
3. Ensure to employees are aware of their rights under this policy.
4. Not terminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.
5. Ensure adequate orientation and training is provided for new employees.
6. Encourage a culture of accountability, innovation, productivity, ethical conduct and high morale.

YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: TREATMENT OF STAFF	Page: 1 of 1
Approved by: <i>Board of Directors</i>	Gov-Exec-T-475
Date Reviewed/Revised: 01/14; 01/21; <u>01/26</u>	

Policy:

With respect to treatment of employees, the President & CEO shall not cause or all ensure conditions, procedures and decisions that are unlawful, unsafe, unfair, undignified and or fail to provide confidentiality and privacy.

Procedure:

Accordingly, the President & CEO shall not:

1. Fail to comply with employment standards legislation, workplace health and safety regulations, human rights laws, privacy legislation and all applicable collective bargaining agreements.

1.2. ~~Ensure the organization is operating~~Operate without written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.

3. ~~Not d~~Discriminate against any staff member for expressing dissent.

5.4. ~~Fail to E~~nsure ~~that to~~ employees are aware of their rights under this policy.

7.5. ~~Not t~~erminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.

8. ~~Fail to E~~nsure adequate orientation and training is provided for new employees.

6.

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YORK CARE CENTRE Corporate Governance Policy	
Type: Executive Limitation	Date Issued: November 30, 2009
Title: TREATMENT OF STAFF	Page: 1 of 1
Approved by: Board of Directors	Gov-Exec-T-475
Date Reviewed/Revised: 01/14; 01/21; 01/26	

Policy:

With respect to treatment of employees, the President & CEO shall not cause or all conditions, procedures and decisions that are unlawful, unsafe, unfair, undignified or fail to provide confidentiality and privacy.

Procedure:

Accordingly, the President & CEO shall not:

1. Fail to comply with employment standards legislation, workplace health and safety regulations, human rights laws, privacy legislation and all applicable collective bargaining agreements.
2. Operate without written personnel policies that clarify rules for staff, provide for effective handling of grievances, and protect against wrongful conditions such as nepotism, harassment, and preferential treatment for personal reasons.
3. Discriminate against any staff member for expressing dissent.
4. Fail to ensure that employees are aware of their rights under this policy.
5. Terminate staff without due process and just cause for performance related reasons or without due process and/or appropriate severance for position elimination.
6. Fail to ensure adequate orientation and training is provided for new employees.
7. Fail to encourage a culture of accountability, innovation, productivity, and ethical conduct.

BRIEFING NOTE

To: Members – Governance and Audit Committee

From: Geri Geldart, President and CEO

Date: January 23, 2026

RE: Accreditation

A. PURPOSE

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.

The purpose of this briefing note is to inform the Committee of the elements of the proposal received from Accreditation Canada and to consider a recommendation to the Board regarding proceeding with the accreditation process.

B. THE ACCREDITATION CYCLE AND COSTS

In October 2025, the Board requested the CEO obtain a proposal from Accreditation Canada (attached). The proposal outlines a four-year process, with a total cost of approximately \$24,000 plus HST. The end-result of the process is an accreditation decision: either Accredited (good for four years), or Not Accredited.

Once an organization pays the initial administrative fee, they are linked with a Client Engagement Lead and the process of self-assessment begins. An accreditation team is established who are responsible for completing the self-assessment / attestation elements. There are two mandatory surveys – the first being a Governing Body Assessment which board members complete, and the second being a Global Workforce Survey. The organization is required to submit action plans based on the results of these surveys.

Near the end of the process, an external survey team is deployed to conduct an on-site assessment. The survey methodology tests compliance with the standards and audits/verifies the results of the attestation process. Shortly after the survey visit, the award decision is made. If accredited, the cycle begins again.

There are now two approaches for scheduling the elements of the cycle. The first approach takes a full four years to complete, and can result in a four-year “Accredited” award. For organizations who wish, there is now an option to conduct the assessment/survey elements in 18-24 months. If accredited, the award is good for four years.

C. CONSIDERATIONS

- **Cost** – the total cost of the process is \$24,037 plus HST over a four year period. I don't see these amounts to be prohibitive, but would need to be included in the annual budget. There is no funding from Social Development for this expense.
 - Year 1 - \$11,653
 - Years 2 & 3 - \$ 1,133
 - Year 4 - \$10,118
- **Board Engagement** – board members are expected to participate in the process by completing the Governing Body Assessment survey, developing an improvement action plan and implementing such plan. The topic of Accreditation readiness would need to become a standing agenda item.
- **Staff Engagement** – this process will demand effort and commitment from the senior leadership team and their direct reports, as much of the self assessment tools will be completed by these individuals. As well, once the self assessment is complete, improvement action plans will need to be developed and implemented.
- **Timing** – Determining if the organization wish to pursue accreditation over a four year period, or over the accelerated two year period is an issue which can be addressed in the early days of the cycle.

D. RECOMMENDATION

It is recommended that the Governance and Audit Committee recommend to the board that York Care Centre sign an agreement to pursue accreditation status with Accreditation Canada.



ACCREDITATION
CANADA

Accreditation Services for Long Term Care

Proposal Prepared for:

York Care Centre

November 20, 2025

Proprietary & Confidential

TRANSMITTED VIA MAIL

17 November 2025

York Care Centre

Subject: Proposal for Accreditation Services

Accreditation Canada (“AC”) is pleased to present to York Care Centre (“Client”) a Proposal for Accreditation Services.

This proposal includes the following sections (collectively, “**Proposal**”):

1. About Accreditation Canada
2. Accreditation Services Options
3. Investing in Quality

AC invites the Client to review the Proposal and indicate its acceptance by signing in the space provided below and returning it to Andrew Pauh (apauh@acdiagnostics.ca).

We look forward to your kind consideration.

Andrew Pauh
Business Development Lead
Canadian Accreditation

1 PROPOSAL ACCEPTANCE

After reviewing and considering the content of this Proposal, York Care Centre will be signing a service agreement with regards to accreditation within 15 days of signature of this proposal as submitted by Accreditation Canada.

Dated this _____ day of _____, 2025 (“Proposal Effective Date”).

I represent and warrant that I have the authority to bind York Care Centre

Signature: _____

Name: _____

Title: _____

Internal Use Only	
Accreditation Canada	
Signature: _____	Name: _____
Title: _____	Date: _____

2 Introduction

2.1 Background of Accreditation Canada

Since 1958, Accreditation Canada has been a pioneer in fostering quality improvement in healthcare. As a trusted partner, we understand the unique needs of the diverse communities we serve. Our collaboration with client organizations focuses on enhancing care and safety while reducing costs and risk. We offer a comprehensive portfolio of accreditation, education, and supplementary services, supported by our talented and experienced staff who provide continuous support and guidance.

Health Standards Organization (HSO)

Health Standards Organization (HSO), an affiliate of Accreditation Canada, is dedicated to unleashing the power and potential of people worldwide who share our passion for achieving quality health services for all. Our goal is to start a global movement that transforms healthcare standards and accreditation services. United under single leadership, HSO and Accreditation Canada are committed to saving and improving lives on a global scale.

Our Services and Approach

HSO specializes in developing best-in-class standards, innovative assessment methodologies, and tools. Accreditation Canada provides accreditation services, training, and consulting to clients both in Canada and internationally, ensuring that local contexts and needs are addressed. We work with governments, regional health authorities, hospitals, and community-based programs, supporting both private and public sectors. Our extensive experience across all 13 provincial and territorial health jurisdictions in Canada gives us unparalleled insight into diverse population needs.

Cultural Safety and Humility

We are deeply committed to cultural safety, humility, and addressing systemic racism. We acknowledge that our work takes place on the traditional territories of many Indigenous Peoples. Our dedication extends to fostering respectful and meaningful partnerships with Indigenous communities, ensuring our services are culturally relevant and supportive of Indigenous health practices. Our approach prioritizes the voices of patients, providers, and policymakers, embedding them at the heart of our work. This commitment drives a person-centered design in our products, standards, and assessments, ensuring that we address and mitigate systemic racism while promoting inclusivity and respect for all cultural backgrounds.

Empowering Senior Care Facilities

The primary purpose of HSO is to develop and provide standards, assessment programs, and tools that empower senior care facilities worldwide to deliver high-quality, safe, and effective care. As a not-for-profit organization rooted in nearly 65 years of experience by Accreditation Canada, HSO is dedicated to enhancing the capabilities of care providers by promoting continuous learning, accountability, and the adoption of evidence-informed practices, ultimately aiming to save and improve lives through rigorous accreditation processes.

Our Commitment to Quality

We believe that by incorporating patients into accreditation surveyor teams, including patients on the technical committees that review our standards, and offering unique solutions for person-centered care, we can make a real difference in improving quality and health outcomes. Our person-centered approach ensures that we put people first, helping organizations focus on what matters most: delivering exceptional care.

Our mission is to guide and support you in providing the best possible care for your residents, ensuring that your senior care facility excels in meeting and exceeding accreditation standards. Together, we can create a safer, more effective healthcare environment that truly makes a difference in people's lives.

2.2 HSO Standards: The Foundation for Excellence

HSO standards form the very foundation on which leading-edge accreditation programs and exceptional public policies are built. We are committed to maintaining the highest levels of rigour and diligence in our standards development process, ensuring that our standards meet both national and international requirements set by esteemed organizations such as the Standards Council of Canada (SCC).

Our standards development is guided by Standards Technical Committees through a participatory, co-creative process. This process ensures that the voices of patients, community members, families, health service providers, clinicians, and policymakers are integral to our work. By drawing upon the best global evidence and tailoring it to the specific conditions and contexts of each country or region, our standards remain both relevant and impactful.

By integrating these principles into our standards and processes, we ensure that your senior care facility is equipped with the most advanced, inclusive, and effective tools to provide high-quality, safe care. Together, we can build a healthcare environment that not only meets standards but sets new benchmarks for excellence.

2.3 Key Features of the Qmentum Global for Long-Term Care Cycle

Client Support Model

The client support model offered by Accreditation Canada ensures your senior care facility receives the expert advice and resources needed to succeed in the accreditation process. Through group learning sessions or one-on-one interactions with a dedicated advisor from the Client Engagement Team, your facility will gain valuable insights and guidance. This model supports your journey towards adopting accreditation practices seamlessly into your everyday operations, helping you understand and apply evidence-based, people-centered HSO standards.

Self-Assessment

Embark on a journey of continuous learning and improvement with our self-assessment feature. Tailored to your senior care facility, this self-assessment helps you evaluate conformity against our assessment criteria. By beginning this process early in the accreditation cycle, your team can reflect, collaborate, and engage to identify strengths and areas for growth. Benefits include understanding your current status, identifying gaps, focusing on specific quality or safety areas, and generating actionable plans for improvement.

The digital platform, OnboardQi, simplifies this process, allowing secure sharing and comprehensive analysis. For more details, refer to the Preparation Guide for Self-Assessment available in the client portal.

Survey Instruments

Our program includes two critical survey instruments:

1. **HSO Governing Body Assessment** - Completed by your governing body, this tool evaluates the effectiveness of governance and identifies areas for improvement.
2. **HSO Global Workforce Survey** - This comprehensive survey, completed by your workforce, links working conditions with safety culture, providing actionable data for improvement. It helps identify risks and highlight outstanding performance at various levels.

These instruments provide invaluable insights into quality and safety topics, helping your senior care facility make informed decisions. Detailed descriptions are available in the client portal.

Attestation

Attestation allows your senior care facility to conduct self-directed assessments, attesting to conformity with our criteria. This method engages leaders, governing bodies, and the workforce in the accreditation process, promoting transparency and accountability. While no evidence submission is required, documentation should be readily available. Third-party surveyors will reassess key practices and audit a sample of criteria during the on-site assessment, influencing the final accreditation decision.

On-site Assessment

Accreditation Canada's trained third-party surveyors conduct on-site assessments, following our tracer methodology to evaluate your senior care facility's conformity with assessment criteria. These in-person evaluations provide immediate feedback and highlight strengths and areas for improvement, documented in a final report that includes your accreditation decision.

This assessment promotes continuous excellence, with limited advance notice to encourage daily adherence to high standards of care. This approach reduces the burden of one-time assessments and supports ongoing improvement.

Quality Improvement Action Plan

Develop a strategic, digitally enabled Quality Improvement Action Plan using the OnboardQi platform. This tool helps your senior care facility plan, perform, and measure actions required for continuous improvement based on assessment results. It ensures systematic, people-centered enhancements to your care processes.

2.4 The Transformative Power of Accreditation with Accreditation Canada

Accreditation Canada is dedicated to enhancing the quality of senior care facilities through our rigorous accreditation process. This program not only supports your existing quality improvement efforts but also opens the door to innovative advancements in care and safety. Join us in our mission to save lives and improve health outcomes through our high standards and comprehensive support.

- **Foster Continuous Improvement:** Embrace a culture of ongoing quality enhancement, driving efficiencies at every level of your organization, from boardrooms to the front lines.
- **Boost Operational Effectiveness:** Implement advanced systems and processes that improve operational efficiency and lead to superior healthcare outcomes.
- **Standardize Excellence:** Develop and maintain standardized practices and processes that ensure the optimal use of healthcare resources, enhancing both efficiency and effectiveness.
- **Advance Quality and Safety:** Establish robust structures that support ongoing quality, safety, and risk management, ensuring your facility consistently delivers top-tier care.
- **Strengthen Team Dynamics:** Enhance the effectiveness of interdisciplinary teams and boost staff engagement, fostering a collaborative and motivated work environment.
- **Engage in Reflective Practice:** Take a step back from daily operations to assess and elevate your organization's performance, ensuring continuous improvement.
- **Enhance Communication and Collaboration:** Improve internal and external communication and collaboration, contributing to a safer, more cohesive care environment.
- **Engage the Entire Organization:** Mobilize your entire organization towards a unified goal of excellence in quality improvement, rather than isolating efforts within individual programs.
- **Demonstrate Commitment to Quality:** Showcase your dedication to quality and accountability, reinforcing trust and credibility with all stakeholders.
- **Promote Cultural Safety and Address Systemic Racism:** Embed cultural safety, humility, and systemic racism mitigation into your accreditation process, ensuring an inclusive and respectful environment for all.
- **Attract and Retain Skilled Professionals:** Create a supportive, high-performing work environment that attracts and retains talented healthcare professionals. By adhering to HSO guidelines, your facility can offer a structured atmosphere, ongoing professional development, and a commitment to quality that is highly appealing to potential employees.

Embrace a Healthier Future

This is your opportunity to transform your senior care facility. Accreditation is not just a mark of quality; it's a powerful tool for accountability and a roadmap to excellence. Take this chance to elevate your organization and demonstrate your unwavering commitment to the highest standards of care.

Who Benefits from Accreditation?

- **Board of Directors:** Strengthen your board's focus on quality improvement and enhance engagement across the organization.
- **Leadership:** Gain credibility for your quality improvement initiatives, support policy and procedure changes, and ensure consistency across multiple locations.
- **Staff:** Improve safety and quality for staff, streamline onboarding, and give staff a meaningful voice, promoting work-life balance and satisfaction.
- **Residents & Families:** Ensure quality and safety through a client- and family-centered care approach, partnering with those you serve to provide the best possible care.
- **Stakeholders:** Offer assurance to government, funders, suppliers, and partners that your organization is dedicated to investing in quality and safety.

Join us at Accreditation Canada and Health Standards Organization (HSO) in our mission to save lives through accreditation. Together, we can create a safer, more effective, and culturally respectful healthcare environment. Your journey to excellence starts now—let's make a difference together.

3 Accreditation Services

3.1 Qmentum® Long-Term Care Program: A pathway to excellence for senior care facilities

Year 1 and Year 2: Survey Instruments, Self-Assessment, and Quality Improvement Action Plan

The first two years of the accreditation cycle guide your senior care facility through a strategic sequence of activities that build on each other to enhance learning and drive improvements. You will begin with self-assessment and survey instruments, using the results to inform your quality improvement action plan. Our flexible accreditation cycle allows you to choose when and in what order to complete the self-assessment and survey instruments. This adaptability ensures that your facility can meet the needs of residents, staff, and the community while optimizing resources and integrating accreditation activities into existing strategies and plans.

Key Actions in Year 1 and Year 2

Self-Assessment:

- Begin your quality improvement journey with a self-assessment against criteria from the assessment manual. This foundational step supports progressive learning throughout the accreditation cycle.

- Perform a self-assessment on required organizational practices. Results are confidential and allow for open sharing in preparation for attestation.

Survey Instruments:

- Administer the HSO Global Workforce Survey and the HSO Governing Body Assessment. These surveys should be completed in year 1 or 2, preferably before attestation and on-site assessments, with a target response rate to meet accreditation and commendation standards.
- Submit at least two action items based on survey results into an action plan, which third-party surveyors will review before the on-site assessment in year 4.

Quality Improvement Action Plan:

- Develop or update your quality improvement action plan using the “action plans feature” in OnboardQi, based on self-assessment and survey results.
- Include actions from the current cycle and any unmet practices from previous cycles, ensuring continuous improvement and preparation for the attestation assessment in year 3.

Year 3: Attestation

In year 3, your facility will implement and build on actions from years 1 and 2 and assess its performance against attestable criteria. The attestation results will further refine your quality improvement action plan.

Key Actions in Year 3:

- Continue implementing actions from your quality improvement action plan.
- Access and complete the attestation assessment through OnboardQi.
- Review and update your quality improvement action plan based on attestation assessment results, preparing for the on-site assessment.

Year 4: On-site Assessment

In year 4, your facility will prepare for and participate in an on-site assessment conducted by third-party surveyors.

Key Actions in Year 4:

- Continue implementing your quality improvement action plan.
- Prepare for the on-site assessment by updating profile information, completing logistics checklists, reviewing assessment criteria, and submitting pre-assessment documents.
- Participate in the on-site assessment and review the accreditation status based on surveyor feedback and program guidelines.
- Update your quality improvement action plan to address assessment results and surveyor feedback, focusing on continuous quality improvement.

Embrace Continuous Quality Improvement

The completion of year 4 marks the end of one accreditation cycle and the beginning of preparation for the next. By continually updating and implementing your quality improvement action plan, your facility will stay committed to delivering high-quality care. Share your progress with your community and partners to demonstrate your dedication to improving resident care, workforce safety, and overall health outcomes.

Figure 1: Qmentum Long-Term Care™ Continuous Accreditation Cycle



3.2 Accreditation Program Resources: Your Path to Excellence

3.2.1 Client Services Team

Upon enrolling in our accreditation program, you will be partnered with a dedicated Client Engagement Team, providing you with ongoing support and coaching throughout the entire accreditation cycle.

Your Client Engagement Team will build a collaborative relationship, developing a tailored accreditation strategy that aligns with your needs. They will be available throughout your accreditation journey with expertise in survey preparation, implementation, and follow-up. This may include training, on-site survey preparation, and scheduling. They will provide support and guidance, facilitating on-site surveys as necessary, assisting with self-assessment setup and standards interpretation, and guidance through post-survey evidence submission and follow-up.

3.2.2 Surveyors

The virtual assessment in Phase 2 and the on-site assessment in Phase 4 are conducted by highly trained surveyors from Accreditation Canada. These surveyors are peers from other organizations and subject matter experts who possess the skills, attitudes, and behaviors essential for assessing a senior care facility's continuous quality improvement journey. They offer meaningful coaching and support, guiding your facility through the learning and improvement process.

Core Competencies of Qmentum Long-Term Care™ Surveyors Include:

- Lived experience in people-centered care as care providers, caregivers, or residents.
- Extensive knowledge and experience in senior care programming and practices.
- Proven experience in quality improvement activities and change project implementation.
- Strong understanding of organizational learning principles (learning practitioners).

3.2.3 Patient Surveyors

Since 2018, Accreditation Canada has been incorporating more patients into surveyor roles. While having a patient on your accreditation survey team is optional, it brings unique perspectives and valuable insights. If you are interested in this innovative initiative for your upcoming survey, please contact your accreditation team to discuss the potential benefits and logistics of including a trained patient surveyor in your on-site survey.

3.2.4 Empowering Your Facility

Our surveyors, acting as peer reviewers and champions of the accreditation process, bring invaluable experience, knowledge, and insights directly to your doors. By working closely with our experienced

team, your senior care facility will be well-equipped to meet and exceed accreditation standards, fostering an environment of continuous improvement and excellence.

3.2.5 Comprehensive Guidance Throughout Your Accreditation Journey

At Accreditation Canada, we assign a dedicated Accreditation team to support your senior care facility through the entire accreditation cycle. Our mission is to save lives by ensuring the highest standards of care, and we are here to guide you every step of the way. Our team's duties and responsibilities are detailed below, designed to ensure you achieve and maintain full accreditation.

Client Engagement Lead: Your Guide and Advocate

Your Client Engagement Lead is your primary guide, providing expert knowledge and support throughout the accreditation cycle. They will:

- **Develop Your Accreditation Plan:** Tailor, negotiate, and finalize an accreditation development plan that captures your facility's specific needs.
- **Provide Ongoing Support:** Assess your needs in relation to Accreditation Canada's standards and requirements, offering continuous guidance.
- **Manage Surveyors:** Consult with surveyors and facilitate on-site surveys as needed, ensuring a smooth and effective process.
- **Report and Coach:** Review survey reports and conduct post-survey activities to coach you through the follow-up process.
- **Leverage In-House Support:** Utilize expertise from our finance, HR, legal, communications, and IT teams to focus solely on your accreditation process.

For day-to-day administrative tasks, your Client Engagement Lead is supported by Accreditation Associates.

3.2.6 Education Support

Customized Training Sessions for Optimal Outcomes

In addition to your accreditation program, we offer specialized education support delivered by our dedicated Education Team. These customized training sessions, available as a fee-for-service offering, are tailored to meet your facility's unique needs. Our expert advisors provide in-depth guidance to ensure your team is well-prepared to meet and exceed accreditation standards. By leveraging these sessions, you can accelerate your quality improvement process and fully harness the transformative potential of accreditation as a powerful change mechanism.

3.2.7 Accreditation Decision Guidelines

Achieving and Maintaining Accreditation

The Qmentum Long-Term Care™ program applies specific decision guidelines throughout the four phases of the accreditation cycle. Your facility's progress is monitored to ensure compliance with all requirements. The Accreditation Decision Committee (ADC) reviews your assessment and survey results and may assign follow-up actions if necessary. After the Phase 4 on-site assessment, the ADC will render an accreditation decision of either Accredited or Not Accredited based on these guidelines.

3.2.8 Results and Final Report

Detailed Feedback for Continuous Improvement

Throughout Phases 1 to 4, your facility will receive results from completed assessments and survey instruments through our digital platform. Upon completing the Phase 4 on-site assessment, a detailed final report will be provided. This report includes your accreditation status, strengths, areas for improvement, and actionable feedback from surveyors. This valuable information supports your continuous quality improvement journey.

4 Investing in Quality

4.1 Application Fee

The one-time application fee covers the cost for enrollment in the Assessment Program and is due upon signature of the Quote and Service agreement. The Application fee will cover the cost associated with setting up the Client in Accreditation Canada information management systems, financial system and technical teach setting up of the portal, as well as assigning the Client to the Accreditation Canada Client services team, and scheduling the initial kick-off meeting with the Client. This fee is non-refundable.

4.2 Annual Program Fee

The costs of participating in the Qmentum Accreditation Program are as follows:

The 2025 annual program fee is a fixed fee of \$1133 or Variable fee calculated as 0.013% of Client Total revenue, whichever is higher. For the initial year of the program, the fee will be prorated to the number of months remaining in the year in which the Client joins the Accreditation Program, will be invoiced promptly following signature of and agreement. For successive years, the Annual Program Fee will be invoiced annually in January of each calendar year and will be payable by April 30th of that calendar year A Cost-of-Living-Adjustment (COLA) is applied on this rate in each calendar year. (The annual fee provides the Client with access to a secure online portal) The client portal is a web-based infrastructure that houses resources to support clients participating in the Accreditation program. These resources include standards, self assessments tools, instruments, tools and communications. The portal is also used to share information about the Accreditation process, and serves as a location where clients can submit data and monitor their quality improvement.

4.3 Survey Fee

The survey fee is based on the length of the on-site survey (number of days) times the number of surveyors visiting the client facilities, then the number of surveyor-days is multiplied by the rate in effect when the survey is performed (The 2026 SD Rate is \$2,820) A Cost-of-Living-Adjustment (COLA) is applied on this rate in each calendar year. The Survey Fee will cover the cost of conducting the on-site survey (i.e. surveyor's professional fees, travel, hotel, and meals) as well as other survey related costs such as a pre-survey teleconference, continuous support from the Accreditation Lead, Accreditation Coordinator and/or Associate, technical support, surveyor's training, surveyor resource management, analysis of data and information submitted by the Client and provision at the end of the on-site survey of a summary of the findings, strengths and areas for improvement.

4.4 Pricing Estimate

Deliverable - Qmentum LTC program	Date of invoice	Total Amount (CAD)
Application Fee (one-time fee)	Payable upon signature	\$1,535.00
Annual Fee (Annual Fee (invoiced annually in January; Variable fee calculated as 0.013% of Client Total revenue, whichever is higher.)	Invoiced annually in January.	\$1,133.00
Qmentum Survey Fees 2028 (payable in installments) 2 surveyors X 3 days X \$ 2,995.00 (Total Surveyor days x Surveyor Daily Rate = Survey Fees)	50% invoiced in year 2025, remaining invoiced in 2028	\$17,970.00
TOTAL Due upon signature (CAD)		\$1,535.00



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BRIEFING NOTE

To: Members – Governance and Audit Committee

From: Geri Geldart, President and CEO

Date: January 26, 2026

RE: Board Members – Terms of Office

Purpose

To retroactively approve the appointment of four board members for terms beginning in June 2025, and to establish a plan for considering the reappointment of four board members in June 2026

Background

1. The terms of four board members (Marjorie Belzile, Tracy Burkhardt, Andrea Seymour and Deborah Wybou) expired in June 2025. In preparation for the annual meeting, each of the four confirmed they were prepared to serve an additional term. A motion to approve their next terms was not presented at the June 2025 Annual Meeting of Members. This omission should be corrected by approving their terms at the upcoming board meeting in February.
2. Four board members (Donna Curtis Maillet, Bryanna White-Aubé, Wayne Albert and Dana Bursey) will be completing their first three-year term in June 2026. Plans should be made to determine if these directors should be re-appointed.

Recommendation

1. That the Governance & Audit Committee recommend to the Board of Directors that Marjorie Belzile, Tracy Burkhardt, Andrea Seymour and Deborah Wybou be reappointed to the Board of Directors for a three-year term effective June 16, 2025.
2. That the Chair of the Governance and Audit Committee undertake to determine if the four Directors whose terms are expiring in June 2026 should be re-appointed.



Communication Strategy 2026 – 2028

COMMUNICATION STRATEGY

A consistent and purposeful communication strategy for the York Care Centre group of companies is essential to achieve the goals defined in the Strategic Plan 2025-2030, by sharing messages regarding the work we carry out and by being recognized as leaders in the long-term care sector.

The following objectives collectively aim to elevate our organizational presence, build trust, attract talent, and build our brand in the community.

1. To increase recognition and awareness of our organization, we will execute targeted campaigns showcasing the scope of our services.
2. To foster trust in our services, we will communicate success stories and testimonials.
3. To share our vision and strategies, we will utilize a variety of channels to regularly communicate our strategic plan.
4. To attract and retain top talent, we will highlight our culture and career opportunities.
5. To establish a strong, recognizable brand, we will create a cohesive narrative across channels reflecting our values.

The overall objectives have not changed as compared to the 2023-2025 plan.

TARGET AUDIENCES AND PRIMARY MESSAGES

Over the next two years, our strategy will focus on the following audiences:

Audience	Primary Messages
Residents and Families	<ul style="list-style-type: none"> • Welcome to York Care Centre • Scope of services, key people and policies • Activities and events providing opportunities for family engagement. • Operational changes (visiting, infection control)
Staff	<ul style="list-style-type: none"> • General news • Strategic plan and operating plan • New policies/programs • Opportunities – jobs, education, activities, fun events • Recognition • Quality of care and service • The importance of a positive workplace culture • Accomplishments • Research activity
Community	<ul style="list-style-type: none"> • Highlight our mission, service, events and achievements with a focus on building awareness and trust. • Employee recruitment messages highlighting culture and opportunity. • Volunteer recruitment messages highlighting opportunity to contribute. • Fundraising support highlighting accomplishment, events and opportunities to contribute. • Marketing of new programs, such as Nursing Home Without Walls • Sharing of research outcomes.
Government (provincial, municipal, schools)	<ul style="list-style-type: none"> • Communication which highlights accomplishments and challenges. • Highlight opportunities for collaboration with schools.

CHANNELS

Over the next two years, our priority will be to develop and utilize the following channels to share our primary messages.

Channel	Target Audience	Objectives / Primary Messages
Website	<ul style="list-style-type: none"> Families Community 	<ul style="list-style-type: none"> Scope of service Updates Activities and events
Email	<ul style="list-style-type: none"> Staff Families Potential Donors 	<ul style="list-style-type: none"> Updates
Social Media	<ul style="list-style-type: none"> Community Residents and Families Supporters / Donors 	<ul style="list-style-type: none"> Strategic directions Activities and events Volunteer and employment recruitment Building awareness and trust
Electronic Display Boards	<ul style="list-style-type: none"> Staff Residents / Families 	<ul style="list-style-type: none"> Activities and Events Accomplishments Quality Improvement work
Family Advocacy Meetings	<ul style="list-style-type: none"> Families 	<ul style="list-style-type: none"> Scope of services, key people and policies Activities and events providing opportunities for family engagement. Operational changes (visiting, infection control)
Resident Handbook	<ul style="list-style-type: none"> Residents and Families 	<ul style="list-style-type: none"> Welcome to York Care Centre Scope of services, key people and policies
Newsletters	<ul style="list-style-type: none"> Staff Residents & Families 	<ul style="list-style-type: none"> New policies/programs Opportunities – jobs, education, activities, fun events Positive Workplace Culture messages Recognition General news
Formal Documents	<ul style="list-style-type: none"> Community Donors 	<ul style="list-style-type: none"> Annual reports for YCC and YCF Program specific pamphlets and brochures. Strategic Plan (long and short version)

2023 – 2025 PRIORITIES - PROGRESS

1. Continue to use and develop standard branded communication tools (email advisories, poster formats, newsletter format, PowerPoint standard, etc) - **Complete and ongoing**
2. Continue to use social media to promote awareness and foster trust.- **Complete and ongoing**
3. Complete the development and distribution of the Resident Handbook in 2023. **Complete**
4. Introduce Virtual Family Advocacy Meetings in 2023, in addition to the regular in-person meetings.- **Complete**
5. Develop a twelve-month rolling content calendar to support strategic communication.- **Complete and ongoing**
6. Develop marketing strategies for major fundraising events (golf tournament and Fall Dinner). **Complete for golf tournament and Tower 2 project**
7. Introduce a communication strategy to support staff recruitment.- **Not fully operationalized. Limited to sharing postings on social media.**
8. Introduce a communication strategy to support volunteer recruitment. – **Complete and ongoing**
9. Complete a website refresh in 2024.- **Complete**
10. Introduce Staff E-boards in 2024.- **Complete**
11. Consider the development of a crisis communication plan in 2024.- **Not yet developed.**

2026 – 2028 PRIORITIES

1. **Internal Communication Enhancement** – Strengthen 2-way communication to support employee engagement and the Employer of Choice pillar
 - a. Monthly staff newsletter
 - b. Feedback mechanisms (surveys, all staff meetings)
 - c. Enhance use of staff e-boards
 - d. Communication protocols for change management projects
2. **Strategic Plan Communication Campaign** – Develop stakeholder understanding and engagement with the 2025-2030 strategic plan and its three pillars
 - a. Social media posts which explain each strategic pillar
 - b. Integrate strategic priorities into all communications
 - c. Share success stories demonstrating progress toward strategic goals
 - d. Annual plan updates for staff, board and community.
3. **Employee Recruitment and Retention Communication** – position York Care Centre as an employer of choice through internal and external communication
 - a. Highlight employee recognition through newsletters, e-boards and celebrations.
 - b. Develop brand messaging which highlights culture and opportunity
 - c. Consider social media campaign targeting hard to recruit positions
4. **Research and Innovation** – position York Care Centre as a Centre of Excellence through strategic communication of research activities and quality improvements.
 - a. Develop research priorities communication plan aligned with the Research and Ethics Committee direction.
 - b. Highlight innovative programs, such as Nursing Home Without Walls
 - c. If appropriate, communicate accreditation pursuit and quality achievements.
5. **Crisis Communication Protocol** – develop protocols to ensure timely, transparent and effective communication during emergencies / sensitive situations
 - a. Communication plan with decision tree, message templates, designated spokespersons, etc.
6. **Digital Presence Enhancement** – strengthen our digital communication to broaden our audience reach.
 - a. Conduct website content audit and implement ongoing refresh cycle
 - b. Develop video content strategy (facility tours, educational content)
 - c. Social media plan with consistent posting schedule, targeting each platform (Facebook, Instagram and LinkedIn)

KEY MESSAGES

1. **Leadership in Long-Term Care Excellence** - York Care Centre sets the standard for excellence in long-term care. Our commitment goes beyond caregiving to actively driving positive change and advocating for the overall well-being of seniors, making a lasting impact in our sector.
2. **Comprehensive Continuum of Care** – From long-term care and assisted living to independent living and innovative community programs, we offer a complete spectrum of services/
3. **Person-Centred, Individualized Approach** – We provide high-quality care that honors each person’s unique preferences, needs and dignity. Our approach aims to ensure that residents feel safe, respected and genuinely care for in an environment that feels like home. We create engaging environments and meaningful activities that contribute to a more fulfilling life for our residents.
4. **Deep Community Roots** – Firmly rooted in Fredericton, we cherish our rich history and ongoing community connections. These relationships inspire us to design services that meet the unique needs of our residents, families and the broader community.
5. **Skilled Compassionate Team** - We have a team of caring experts who bring skill, compassion, and a genuine commitment to providing high quality care to our residents and families. We invest in our people through ongoing education, recognition and a supportive workplace culture.
6. **Innovation and Research Commitment** – As a Centre of Excellence, we actively pursue innovation, conduct meaningful research and implement evidence-based practices. Our pursuit of accreditation and our commitment to continuous improvement demonstrate our dedication to the highest standards of care.
7. **Exceptional Place to Work and Volunteer** – York Care Centre is more than a workplace – it’s a community where staff and volunteers feel supported, have opportunities for personal and professional growth and meaningful contributions.
8. **Strategic Community Partnerships** – Through meaningful collaborations with our Foundation, educational institutions, government partners and community organizations, we extend our impact and enhance the care experience for residents and their families.

QUICK PITCH – YORK CARE CENTRE

York Care Centre is a comprehensive long-term care organization serving over 300 residents across a full continuum of services – from long-term care and assisted living to independent living and innovative community programs. We are dedicated to transforming care for older adults through person-centred approaches, research and innovation, and deep community engagement.

As we advance our 2025 – 2030 Strategic Plan, we are focused on three pillars: being a Residence of Choice where quality of life thrives, an Employer of Choice that attracts exceptional talent, and a Centre of Excellence that leads the sector in innovation and best practices.

With a committed team of 300 staff and volunteers, strong partnerships, and a reputation for compassionate, high-quality care, York Care Centre is shaping a future where senior care is not just a service but a positive experience for residents, families, staff and our community.

RESOURCE REQUIREMENTS

Most resources which will be required to support this plan are currently available or in the current year budget, including:

1. Staff – Marketing and Communications Coordinator
2. Software – graphic design
3. Social media accounts
4. Website
5. Equipment – photography, display monitors
6. Advertising budget

CONCLUSION

This strategy provides a comprehensive framework to advance our mission and support our 2025 – 2030 Strategic Plan and strengthen connections with all stakeholders. By aligning communication efforts with our three strategic pillars, we will amplify our impact and reinforce our leadership position in the long-term care sector.