

**Board of Directors  
AGENDA  
Monday, May 11, 2026 @ 5:30pm**

<b>Item</b>	<b>Description</b>	<b>MRP</b>
1.	<b>Call to Order</b>	<b>Marjorie Belzile</b>
2.	<b>Declaration of Conflict of Interest</b>	<b>Marjorie Belzile</b>
3.	<b>Approval of Agenda*</b>	<b>Marjorie Belzile</b>
4.	<b>Approval of Previous Minutes: February 17, 2026*</b>	<b>Marjorie Belzile</b>
5.	<b>Business Arising from the Minutes</b>	
6.	<b>Standing Reports</b>	
6.1.	<b>Quarterly Update from the President &amp; CEO</b>	<b>Geri Geldart</b>
6.1.1.	Report from President & CEO*	
6.1.2.	Q4 Operating Plan Progress Report*	
6.1.3.	Key Performance Indicators*	
6.2.	<b>Research &amp; Ethics Committee</b>	<b>Tracey Burkhardt</b>
6.2.1.	Q4 Report of Committee Chair	
6.2.2.	Centre of Excellence Role Definition* for discussion	
6.2.3.	Recognition as an Employer of Choice	
6.2.4.	Committee Structure	
6.3.	<b>Care Services Committee</b>	<b>Andrea Seymour</b>
6.3.1.	Q4 Report of Committee Chair	
6.3.2.	Quality Framework – Progress Report* for information	
6.4.	<b>Finance &amp; Administration Committee</b>	<b>Pierre LeBlanc</b>
6.4.1.	Q4 Report of Committee Chair*	
6.4.2.	Unaudited Financial Statements period ending March 31, 2026*	
6.4.3.	Deferred Revenue – Worksafe Rebate* for discussion	
6.4.4.	York Care Foundation Projects* - for discussion	
6.5.	<b>Governance &amp; Audit Committee</b>	<b>Lyne St-Pierre-Ellis</b>
6.5.1.	Q4 Governance & Audit Report of Committee Chair	
6.5.2.	Governance Policy* - Gov-N-261 York Foundation Representative	
6.5.3.	Board Executive and Committee Chair positions	
6.5.4.	Statement of Confidentiality – for signature	
6.5.5.	Board & Committee Meeting Schedule*	
7.	<b>New Business</b>	
8.	<b>Next Meeting: Monday, June 15, 2026 @ 5:30pm</b>	

**\*Denotes attachment**

## Proposed Motions

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1. That the minutes of February 17, 2026, be approved.
2. That the Board of Directors approve to defer the Best Places to Work Certification until 2027/2028 and pursue Accreditation Canada in 2026/2027 as recommended by the Research & Ethics committee.
3. That the Board of Directors approve that the Research & Ethics Committee be suspended and the activities be distributed by the Executive Committee for 2026/2027 as recommended by the Research & Ethics Committee.
4. That the Board of Directors approve the unaudited financial statements for the period ending March 31, 2026, as presented by the Finance & Administration Committee.
5. That the Board of Directors approve year-end adjustments to utilize \$135,556 of deferred revenue to fund the 25/26 purchase of the following items – easy stand, washer, dryer, tractor and computer hardware upgrade as presented by the Finance & Administration Committee.
6. That the Board of Directors approve the plan to use \$443,000 of deferred revenue to purchase the following items – activity program equipment, staff lounge furniture replacement, fascia replacement in Birch Grove/Best, CCTV extension, consulting fees for an admin review and a new bus as presented by the Finance & Administration Committee.
7. That the Board of Directors approve the following items to be presented to the York Care Foundation as potential fundraising projects – contribution towards the purchase of a new bus \$300,000, a wheelchair accessible garden swing \$30,000, and a games room in Dixon \$10,000 as presented by the Finance & Administration Committee.
8. That the Board of Directors approve the following policy as presented by the Governance & Audit Committee.  
Gov-N-261 York Foundation Representative
9. That the Board of Directors appoint the 2026 – 2027 executive & committee chairs as presented by the Governance & Audit Committee.

**Minutes of meeting of the Board of Directors for York Care Centre,  
100 Sunset Drive, Fredericton NB,  
Meeting on February 17, 2026 at 5:30pm**

Present: Marjorie Belzile, Lyne St-Pierre-Ellis, Pierre LeBlanc, Jane Matthews-Clark(v), Deborah Wybou, Donna Curtis Maillet, Wayne Albert(v), Tracey Burkhardt(v), Bryanna White-Aubé, Lee Mitchell, Tim Boone, Geri Geldart (non-voting)

Regrets: Andrea Seymour, Dana Burse, Rob Doyle

1. **Call to Order** Ms. Marjorie Belzile, Board Chair called the meeting to order at 5:33 pm.
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**  
The agenda was approved with the change of item 6.4.3 Overpayment Incident Update to item 7.1 in camera session including the CEO and addition of item 7.2 in camera session with Board members only.

*It was moved by Donna Curtis Maillet and seconded by Deborah Wybou that the agenda be approved as amended. All in favour. - Motion carried*

4. **Approval of Previous Minutes – November 17, 2025**

*It was moved by Pierre LeBlanc and seconded by Bryanna White-Aubé that the minutes of November 17, 2025 be approved presented. 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 third quarter was extremely busy especially for the HR department. They have been diligent in their work and have met all deadlines. Would like the Board to consider a monetary recognition for the three non-union individuals in the department.
- The final agreement was signed with the New Brunswick Nurses Union (NBNU) in December. Retroactive payments were calculated and paid in early February.

- There has been 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.
- 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. The completion target date is expected summer 2026. A letter of congratulations will be sent to York Care Foundation from the York Care Centre Board of Directors.
- NBANH is lobbying to address the need for additional beds in LTC. The focus is on 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.

### **6.1.2 Q3 Operating Plan Progress Report**

The Q3 Operating Plan Progress report was included in the meeting package. Results indicate that objectives are falling slightly behind due to staff turnover in finance and awaiting external organization availability.

### **6.1.3 Key Performance Indicators**

The Q3 Key Performance Indicators dashboard was distributed to the membership for review.

## **6.2 Research & Ethics Committee**

### **6.2.1 Q3 Report of Committee Chair**

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

- Currently there are no active research projects. A letter of support has been sent to CIHR - Strengthening Resilient and Equitable Public Health Systems. Ms. Geldart has joined the steering committee of the Community Based Seniors Services (CBSS) Role in Economic Prosperity and Security of Older Women – HelpAge Canada.
- The Excellence in Aging Award will be presented by the York Care Centre at the May NBANH meeting. Awaiting confirmation from the Lieutenant-Governor's office.
- A briefing note was shared regarding staff acceptance of gifts from residents. Staff will no longer be permitted to accept individual gifts from residents or families.

***It was moved by Wayne Albert and seconded by Lee Mitchell that the Code of Ethics and Professional Conduct be updated to reflect that staff are not permitted to accept individual gifts from residents or families as presented by the Research & Ethics Committee. All in favour.***

***- Motion carried***

- An outline of the options available for consideration in pursuing recognition as an Employer of Choice was provided.

***It was moved by Deborah Wybou and seconded by Jane Matthews-Clark that York Care Centre pursue the Best Places to Work Certification within the 26/27 fiscal year, conditional on a reasonable fee (less than \$5,000), and pursue the Atlantic Canada program in 27/28 and monitor the Canada's Top 100 Employers program for future consideration as presented by the Research & Ethics committee. All in favour.***

***- Motion carried***

### 6.3 Care Services Committee

#### 6.3.1 Q3 Report of Committee Chair

Ms. St-Pierre-Ellis provided an update on behalf of Ms. Seymour for the Care Services Committee meeting. Highlights included:

- There were no outbreaks this quarter. There were 475 vaccines administered during this quarter.
- There was a total of 73 days used for relief care this quarter.
- There were 23 admissions and 23 discharges in long term care. There were 2 move outs, 2 move ins and one internal transfer in Hawkins House.
- NHWW has 143 clients registered. A STU social work student has been secured this quarter and hiring is underway for a casual Navigation Support Specialist.
- There are 75 active volunteers registered. This is an increase of 6 from the last quarter.
- York Development currently has 84 people waiting for an apartment and 27 awaiting an assisted living placement.
- The Department of Social Development has approved additional funding until March 30, 2026 for 2 additional activity coordinators and 6 resident attendants - dedicated exclusively to bathing services throughout the facility. This temporary funding offers an opportunity to trial the Bathing Team Model, which has added one bath team per unit to the current compliment. The activity coordinator funding has provided the rehab team the opportunity to introduce 2 exercise activities each week.

### 6.4 Finance & Administration Committee

#### 6.4.1 Q3 Report of Committee Chair

Mr. LeBlanc presented the Q3 Finance & Administration Committee report which reflected all companies with a positive variance, except for CiRA, which has wound down operations and will be reported in the next quarter.

***It was moved by Pierre LeBlanc and seconded by Bryanna White-Aubé that the Board of Directors approve the unaudited financial statements for the period ending December 31, 2025, as presented by the Finance & Administration Committee. All in favour. - Motion carried***

### 6.5 Governance & Audit Committee

#### 6.5.1 Q3 Governance & Audit Report of Committee Chair

Ms. St-Pierre-Ellis presented the Q3 report of the Governance & Audit Committee.

#### 6.5.2 Governance Policies

Ms. Geldart presented the following policies for review:

- 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

***It was moved by Lyne St-Pierre-Ellis and seconded by Tim Boone 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 and amended policy (changing wording from all to allow) as presented by the Governance & Audit Committee:**

**Gov-Exec-T-475 Treatment of Staff**

**All in favour.**

**- Motion carried**

### **6.5.3 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 Deborah Wybou 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. All in favour.**

**- Motion carried**

### **6.5.4 Board Members Terms of Office**

Ms. St-Pierre-Ellis reviewed the briefing note on the board members terms of office to retroactively approve the reappointment of four board members for three year terms beginning in June 2025.

**It was moved by Lyne St-Pierre-Ellis and seconded by Donna Curtis Maillet 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. All in favour.**

**- Motion carried**

### **6.5.5 Communication Strategy 2026 - 2028**

The 2026 – 2028 Communication Strategy was included in the meeting package for information.

## **7. New Business**

### **7.1 Overpayment Incident Update – In Camera**

Ms. Vos left the meeting.

### **7.2 In Camera Session**

Ms. Geldart left the meeting.

## **8. Next meeting: Monday, March 30, 2026 @ 5:30pm**

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

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Marjorie Belzile, Chair

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Jennifer Vos, Recorder



## **Report to the Board**

President & Chief Executive Officer

For the period: February 13 – May 6, 2026

### **Prepared By:**

Geri Geldart, President & Chief Executive Officer  
Presented on May 11, 2026

## 1.0 STRATEGIC PLAN, OPERATIONAL GOALS AND KPI DASHBOARD

- It is hard to believe we have passed the end of another fiscal year! Included in our meeting package is the Q4 Progress Report for the 2025/26 Operating Plan. We achieved 80% of our milestones, with 7% “in progress” and 13% deferred until 26/27. The delays encountered were due primarily to staff turnover and waiting on other organizations. I consider this to have been a very successful year, and I have thanked the staff for their time, dedication and results.
- The Senior Leadership Team are in the process of finalizing their operational goals for the 26/27 year. We will share this at our annual meeting.
- I had the opportunity to meet with Minister Luke Randall, the MLA for Fredericton North to update him on our strategic plan, to inform him of our funding request for additional hours of care, and to lobby for summer students. I also had the opportunity to speak with David Myles, the MP for Fredericton and I took the opportunity to lobby for federal summer students. I have to think these conversations were successful as we were approved for more summer students than last year.
- The Key Performance Indicator Dashboard is attached. There is new data for the following:
  - Quality of Life Survey results – Resident and Family Surveys. The scores indicate stable or slight improvement in all areas. We see strong results in all areas except Social Life and Food.
  - Quality of Care Indicators – all are at target with the exception of restraint use.
  - Human Resource Indicators – Most are at target with the exception of Care Hours – we are slightly over-staffed, and Overtime which is up slightly.

## 2.0 CARE SERVICES

### 2.1 TEMPORARY FUNDING FROM THE DEPARTMENT OF SOCIAL DEVELOPMENT

- In late December, we submitted a proposal to DSD for increased funded for Activity Coordinators and Resident Attendants. The proposal was quickly approved, but only for a three month period – as the department was unable to approve any permanent adjustment in our funding. With the short approval period we were unable to increase the Activity Coordinator positions, but we were able to conduct a trial of a “Bathing Team”, hoping to address one of the areas of concern which has been identified in our Resident Quality of Life surveys. Jamie has presented the results of the trial at the Care Services Committee.
- We have resubmitted our request for funding to DSD, but, so far, have received no response. We added to our request, the need for HR positions and a social worker. Given the recent release of the Long Term Care Plan and the very limited attention to increasing the hours of care, I am not hopeful this will be approved.

## 3.0 PEOPLE AND CULTURE

### 3.1 ORIENTATION

- A significant amount of work has been done to ensure that our internal HR policies are aligned with our Code of Ethics and Professional Conduct. I am happy to say the work is complete and has been incorporated into our staff orientation, ensuring that all employees are aware of, and sign acknowledgement of the expectations.

### 3.2 ADMINISTRATION STAFFING

- Jennifer Vos has submitted her resignation effective June 16<sup>th</sup>. I am annoyed 😞 but I wish her well as she jumps into retirement mode. Happy trails Jennifer. We have recruited a replacement for Jennifer. Jaime Watson will be joining us on June 1<sup>st</sup>. This will give us the opportunity to provide Jaime an orientation before Jennifer leaves. Jaime will be at our June meetings.

### **3.3 IEN TRANSITION**

- We are providing clinical placements for IEN's pursuing their RN credentials who are enrolled in new program, through CCNB. The program requires that the IEN complete 600 hours of clinical practice under the supervision of an CCNB instructor. Several of our IENs are participating and although it will be great for them to get their RN credentials, we are likely to lose them as Resident Attendants. The team is considering the best approach for RA recruitment.

### **3.4 ALZHEIMERS SOCIETY**

- Jamie and I met with Chandra MacBean of the NB Alzheimer's Society to discuss how York Care Centre and the Society could partner to increase the number of people who are able to complete the U-First Dementia Training which has been funded under the GNB Dementia Strategy. This is still under discussion, but we have offered to serve as a host training site for UFirst – including our own staff, as well as staff from other facilities. There is also the potential for YCC to host for the Alzheimer Journey Learning series and the Care Partner U-First training – both programs which would focus on individuals with dementia and their care partners. Not only is this a benefit for our staff, but I believe it aligns with our centre of excellence vision.

## **4.0 OTHER ITEMS**

### **4.1 NB ASSOCIATION OF NURSING HOMES.**

- The Annual General Meeting of the NBANH is scheduled for May 13-14, 2026. The agenda looks much more promising than in recent years.
- We will be presenting the Lieutenant-Governor's Excellence in Aging Award during the opening ceremonies. I would like to thank Marjorie, Lyne and Bryanna for assisting with the selection process. We received several nominations, but I think it is safe to say that there was complete agreement on the selection of the recipients. Lyne and Marjorie will do the formal announcement of the recipients, and the L-G will present the awards.
- The Association presents several awards during the annual meeting. We submitted two nominations – Hector Losier for the Lifetime Achievement Award and Jamie Roy for the Nursing Leadership Award. Fingers crossed.

### **4.2 INSPECTION**

- We are anticipating an inspection visit any time soon.

### **4.3 OVERPAYMENT ISSUE - UPDATE**

- A demand letter was issued by our legal counsel and sent by registered mail. Canada Post confirms the letter was picked up and signed for by the nurse's sister.
- A complaint has been submitted to the College of Nurses of New Brunswick regarding the RN who has not repaid the overpayment error.

## **5.0 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 January 1, 2026 – March 31, 2026 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

May 6, 2026



**Operating Plan  
2025 – 2026  
Q4 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
<b>Quality of Life</b>	To improve our ability to plan and provide resident-centered activities, implement Activity Pro Gold	<ul style="list-style-type: none"> <li>• Update license and train staff on program enhancements by Q1</li> <li>• Complete resident assessments by Q3</li> <li>• Complete Family Portal by Q4.</li> </ul>	<ul style="list-style-type: none"> <li>• License will only need to be updated in Q4 for Family Portal.</li> <li>• <b>COMPLETED</b></li> <li>• <b>COMPLETED</b></li> </ul>
	To support the delivery of resident-centred activities, increase the availability of volunteers.	<ul style="list-style-type: none"> <li>• Continue to assess baseline volunteer participation (hours) in Q1 and Q2.</li> <li>• Establish and achieve improvement goal for Q3 &amp; Q4</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE for Q1</b></li> <li>• <b>COMPLETE for Q2</b></li> <li>• <b>COMPLETE for Q3</b> – set goal of 100 hrs and achieved 175 hrs. Goal set for Q4 is 150 hrs.</li> <li>• <b>COMPLETE for Q4</b> - achieved 189 hrs.</li> </ul>
<b>Quality of Care</b>	To improve our ability to provide resident-centred care, examine bathing frequency preferences and options.	<ul style="list-style-type: none"> <li>• Resident survey re preferences in Q3</li> <li>• Analyse and develop plan in Q4</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE for Q3</b></li> <li>• <b>COMPLETE</b>– did bathing team trial for 8 weeks and submitted request to SD for funding in new fiscal year</li> </ul>
	To provide residents and families with current information regarding YCC, complete a refresh of the Resident Handbook	<ul style="list-style-type: none"> <li>• Review and update handbook by end of Q3</li> <li>• Print in Q4.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b></li> </ul>
	To improve the dining experience, conduct a 2nd trial of the Suzy-Q to determine the most appropriate use of the technology.	<ul style="list-style-type: none"> <li>• Complete trial on a long term care unit by end of Q3.</li> <li>• Determine ongoing plan by end of Q4</li> </ul>	<b>Falling behind</b> – Project deferred until Q3 - 2026/27
<b>Safe and Home-Like Environment</b>	To improve resident comfort, introduce air conditioning/ cooling in resident rooms (multi-year project)	<ul style="list-style-type: none"> <li>• Assist DTI with project as needed.</li> </ul>	<p><b>Phase 1</b> – Birch Grove and Tower - <b>Contract awarded</b>, Work continues</p> <p><b>Phase 2</b> (Dixon Back) Plans, Specs and bid document in progress,</p> <p><b>Phase 3</b> (Dixon Front) Plans in progress</p>

Priority Area	Operational Goal	Measure of Performance	Progress
<b>Safe and Home-Like Environment (continued)</b>	To ensure a safe environment, establish a maintenance plan for critical infrastructure at YCC	<ul style="list-style-type: none"> <li>• Complete inventory of critical infrastructure elements by end of Q2.</li> <li>• Establish maintenance plan with timeline for each item by end of Q3.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b> -Inventory complete</li> <li>• <b>IN PROGRESS</b> – YCC Facility Condition Report received. Maintenance Plan to be developed for Q2 - 2026/27</li> </ul>
	To improve the quality of environment services, conduct facility cleanliness audits	<ul style="list-style-type: none"> <li>• Develop audit plan by end of Q1.</li> <li>• Report on results in Q2, 3 &amp;4.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b> -Audit plan completed and placed into action effective July 2025</li> <li>• Audit <b>completed</b> for Q2</li> <li>• Audit <b>completed</b> for Q3</li> <li>• Audit <b>completed</b> for Q4</li> </ul>
	To ensure a safe environment, establish a Maintenance Plan for YDI	<ul style="list-style-type: none"> <li>• Facility Condition Assessments completed for 91, 95 and 120 Sunset Drive by end of Q1</li> <li>• Maintenance Plan Developed for each building by end of Q2.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b> Facility Condition Assessments completed for 91, 95 and 120 Sunset Drive</li> <li>• <b>IN PROGRESS:</b> Maintenance Plan for 26/27 developed, but further work required to develop a long term plan.</li> </ul>
<b>Resident Satisfaction</b>	To identify opportunities for improvement, introduce a Tenant Survey in Hawkins House	<ul style="list-style-type: none"> <li>• Develop and conduct tenant survey by end of Q2.</li> <li>• Consider the development of a survey for tenants of independent apartments</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b> – plan to implement survey in 2026/27</li> </ul>

## 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
<b>Foundation of Character and Culture of Excellence</b>	To support a culture of excellence, re-introduce the 20 Tenets of Culture Program	<ul style="list-style-type: none"> <li>Achieve and maintain 60% participation rate by end of Q3.</li> </ul>	<ul style="list-style-type: none"> <li><b>IN PROGRESS</b> - Have achieved 53% participation. Year 2 of program will run until mid-Dec 2026.</li> </ul>
<b>Professional Development and Training</b>	To support professional development, offer a Leaders' level workshop in Fall 2025	<ul style="list-style-type: none"> <li>Workshop to be delivered by end of Q3.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – Change Management offered Nov.19/25</li> </ul>
	To support professional development, expand the mentorship program to include LPNs, DA's and EA's	<ul style="list-style-type: none"> <li>Program expansion in Q2 and Q3</li> <li>Final evaluation by end of Q4</li> </ul>	<ul style="list-style-type: none"> <li><b>Q3 – COMPLETE</b> – Program expanded to LPNs. Decision made to not expand to DA's and LA's at this time.</li> <li>Evaluation deferred until sufficient number of orientees have participated.</li> </ul>
<b>Staff Well-being and Work-life Balance</b>	To enhance staff recognition, provide monthly activities to highlight achievements, committee work, etc.	<ul style="list-style-type: none"> <li>Quarterly report of recognition activities and events.</li> </ul>	<p><b>Q4 Report</b> provided to F&amp;A Committee.</p> <ul style="list-style-type: none"> <li>Staff Popcorn Day</li> <li>12 staff draws for Cineplex Gift cards (\$25)</li> <li>Valentine Treats</li> <li>Smoothies in Dave's Café</li> <li>Karaoke Night</li> <li>4 staff draws - \$250 gift cards</li> <li>20 staff draws for completing Get Inspired Survey (\$25)</li> <li>Shining Stars Recognition – Q4 (15 employees)</li> </ul>
	To support a positive work-life balance, review staff rotations for EA's, LA's and LPN's	<ul style="list-style-type: none"> <li>LPN and Cook schedule review by Q2.</li> <li>Laundry review by Q3</li> <li>Envi. Att. by Q4.</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b> – LPN &amp; Cook rotations</li> <li><b>COMPLETE</b> – LA rotations</li> <li><b>COMPLETE</b> – EA rotations</li> </ul>
	To support employee wellness, provide 2 mental health mini session on units	<ul style="list-style-type: none"> <li>Offer sessions in Q2 and Q3</li> </ul>	<p><b>Falling Behind</b> – dates identified for April based on CMHA facilitator availability.</p>
	Update Attendance Support Program.	<ul style="list-style-type: none"> <li>Complete by end of Q3</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE</b></li> </ul>
	Attendance improvement in high use departments	<ul style="list-style-type: none"> <li>SLT to review each quarter.</li> <li>Monitor impact of new wellness days</li> </ul>	<ul style="list-style-type: none"> <li><b>COMPLETE and ongoing</b></li> <li><b>COMPLETE and ongoing</b></li> </ul>

## 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
<b>Leader in Aging Care</b>	Host a Region 3 Support Service Managers Forum.	<ul style="list-style-type: none"> <li>• Session to be held by end of Q3.</li> </ul>	<b>DEFERRED:</b> Will consider for 26/27
	Explore the possible elements of the Centre of Excellence role with NBANH and Region 3 Administrators	<ul style="list-style-type: none"> <li>• Initial role definition for the Centre of Excellence to be developed by the end of Q4</li> </ul>	<b>COMPLETE:</b> Concept to be shared with Board in Q4 meeting
<b>High Standard of Care and Support.</b>	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"> <li>• Project to be completed, pending funding, by the end of Q4</li> </ul>	<b>Fundraising complete.</b> Target exceeded. Refurbishment underway with projected completion by May/June 2026.
	Expand the Nursing Home Without Walls Program	<ul style="list-style-type: none"> <li>• Expand service delivery to meet program deliverables – to be articulated.</li> </ul>	<b>COMPLETE.</b> Additional staff hired. Expanding service area. Hired PT Wellness Coordinator in Q2. Hired Casual Navigation Support Specialist in Q4. Monitoring data shared in Q4 report -
<b>Employer of Choice</b>	Examine the feasibility / requirements for recognition as a top employer.	<ul style="list-style-type: none"> <li>• Investigate options and provide recommendations to S.L.T. by end of Q3</li> </ul>	<b>COMPLETE:</b> 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
<b>General Administration</b>	Official Launch of the 2025–2030 Strategic Plan	<ul style="list-style-type: none"> <li>• Launch by the end of Quarter 2</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul>
	Update Communication Plan for 2025 – 2026 to support strategic plan.	<ul style="list-style-type: none"> <li>• Update to plan complete by end of Q2.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul>
	Establish Quality Improvement Plan for 2025 – 2026	<ul style="list-style-type: none"> <li>• Updated plan completed by end of Q1</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul>
	Year 2 of a 3- year plan to update all policies.	<ul style="list-style-type: none"> <li>• 33% of policies will be updated by Q4.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul>
	Identify and document all critical finance functions.	<ul style="list-style-type: none"> <li>• Critical function list developed by end of Q2</li> <li>• Documentation to be complete by Q4</li> </ul>	<ul style="list-style-type: none"> <li>• <b>IN PROGRESS</b></li> </ul> <p style="text-align: center;">DEFERRED until 26/27</p>
	To improve efficiency and reliability, complete the Administration Process review.	<ul style="list-style-type: none"> <li>• Update time scan / process by end of Q1.</li> <li>• Update Trust account policy / process by Q3</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b></li> </ul>
	To manage the risk and cost associated with contracted services, establish a current contract register	<ul style="list-style-type: none"> <li>• Contract register to be complete by end of Q2</li> <li>• Review of all contracts to be complete by Q4.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>DEFERRED UNTIL 26/27</b></li> </ul>
	Develop cost centre managers expertise re expense coding and variance analysis	<ul style="list-style-type: none"> <li>• Cost Centre Manager review meetings in Q2 and Q3</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Q2 – COMPLETE</b></li> <li>• <b>Q3 - COMPLETE</b></li> </ul>
<b>Care Services</b>	To improve efficiency, trial Care carts and wipes on one unit. Expand if deemed successful.	<ul style="list-style-type: none"> <li>• Trial cart on one unit by end of Q3.</li> <li>• Develop roll-out plan by end of Q4</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> <li>• <b>COMPLETE</b> – results show care carts not needed so plan to roll out different trial in new fiscal year.</li> </ul>
<b>York Developments</b>	To improve the sustainability of the independent housing units, review/update policies for rent and insurance.	<ul style="list-style-type: none"> <li>• Complete policy review for rental rates and insurance by Q2.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>COMPLETE</b></li> </ul>

- 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 2025 NEW

	2023	2024	2025	Rank	Progress
Personal Control (max 25)	15	16.2	17.0	●	↑
Staff Responsiveness (max 25)	17.6	19.8	20.0	●	↑
Social Life (max 30)	14	12.9	13.6	●	↑
Food (max 9)	5.6	4.6	5.1	●	↑
Caring Staff (max 14)	8.6	10.0	10.0	●	↔

## Quality of Life - Family Survey SQLI - Most recent data - Dec 2025 NEW

	2023	2024	2025	Rank	Progress
Basic Needs	72	80	76	2/10	Stable
Respect and Trust	69	66	69	1/10	Stable
Visiting the Facility	69	68	73	1/10	↑
Engaging in Care	63	65	66	1/10	↑
Global Rating	62	61	63	2/10	Stable

## Quality of Care NEW

	Q1 25/26	Q2 25/26	Q3 25/26	Target*	Progress
Antipsychotics-no Dx psychosis (%)	9	12	10	15	Stable
Residents with Pain (% of residents)	0	1	0	5	Stable
Residents with Worsened Pain (%)	12	7	8	12	Stable

Symptoms of Depression Worsened	25	20	15	18	Improved
Falls in last 30 days (% of residents who fell)	18	20	16	20	Stable
Falls with major injury - %	0	2	0	0	At target

Pressure Ulcer Worsened	5	1	2	3	Stable
Physical Restraints (%)	22	22	23	14	Stable
Hospitalizations (%) Includes overnight stays	5	5	6	3	Stable

## Quality of Worklife

	24/25	25/26	Target	Progress
<i>Next internal survey will occur in 26/27 - Still waiting for SQLI</i>				
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

	Q2 25/26	Q3 25/26	Q4 25/26	Target	Progress
Care Hour (Short / Over)	1	8	21	"± 5"	Over Target
RN hrs act to standard (%) in quarter	89	95	101	>97	Improved
Retention Rate -12 month look-back (%)	87	86	87	>85	Stable
Temp Agency Use Hours in Quarter	0	0	0	0	Stable
Resignations in 1st year employed	2	3	2	< 5	Stable
Sick time / 1957 paid hours (std)	14.9	14.8	13.2	13	Stable
Overtime % of Pd Hrs in quarter	5.6	6.2	6.7	4	Worse
Worksafe Claims in quarter	5	4	0	0	Improved

## 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 \$	13.46	13.12	11.29		Stable
Wait List for Independent Apartments	96	84	104	>25	Above Target
Wait List for Supportive Housing	23	27	26	>10	Above Target

## Operating Plan NEW

	Q2 25/26	Q3 25/26	Q4 25/26	Q4 Target	Progress
% of Annual Objectives Complete	31%	51%	80%	100%	Slightly behind

## BRIEFING NOTE

**To:** Research and Ethics Committee of the Board of Directors

**From:** Geri Geldart, President and CEO

**Date:** April 20, 2026

**RE: Discussion – Role of the Centre of Excellence**

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### A. PURPOSE

This briefing note presents a draft role description for York Care Centre's proposed Centre of Excellence. It is intended to prompt discussion at the Research and Ethics Committee level, and to invite feedback prior to broader consultation. The Committee's input will help refine both the scope and parameters of this role as the organization moves forward under its 2025–2030 Strategic Plan.

### B. BACKGROUND

York Care Centre's 2025–2030 Strategic Plan is anchored by three pillars: Residence of Choice, Employer of Choice, and Centre of Excellence. The Centre of Excellence pillar reflects the organization's aspiration to not only lead in the quality of care and services it provides, but to extend its expertise outward — supporting smaller long-term care homes and providers across the region who may lack access to the same depth of resources, knowledge, and operational capacity.

At its recent Senior Leadership Team planning day, the leadership group engaged in a structured review of organizational strengths, identifying where York Care Centre excels. Areas of recognized strength include:

- Staff scheduling and rotation review processes
- Labour relations and union partnerships
- Attendance support programming
- Clinical operations and management
- Physical infrastructure and building condition
- Management and Operational processes

From this analysis, the Senior Leadership Team identified four domains where York Care Centre is best positioned to provide meaningful, structured external support. These domains form the basis of the draft role description below.

## C. OBSERVED GAPS IN THE LONG TERM CARE SECTOR

An important premise of the Centre of Excellence concept is that there are meaningful, unmet needs across the long-term care sector — particularly among smaller homes that operate with fewer resources and less organizational infrastructure than York Care Centre. Based on the Senior Leadership Team's collective sector experience, the following areas have been identified as potential gaps where a Centre of Excellence could add value:

- Policy resources and development: Homes frequently lack the time, expertise, or templates to develop and maintain current, evidence-informed policies. A shared policy resource or collaborative could help address this gap.
- Policy standardization: Inconsistency in policies across homes creates variability in practice standards and can contribute to inequitable resident experiences and outcomes.
- Clinical support: Smaller homes often do not have the depth of clinical expertise needed to navigate complex cases, support staff practice development, or stay current with evolving standards of care.
- Management support services: The scope of management support services would include guidance on staff scheduling and rotation development, attendance management, organizational culture, and change management. This scope reflects, in part, the nature of calls and inquiries York Care Centre already receives from peer organizations.
- Education for support services: Education and training opportunities are disproportionately focused on regulated staff. Support service workers (housekeeping, dietary, maintenance) are an underserved group with significant learning needs.
- Innovation and emerging models: There is limited regional infrastructure to explore or test innovations such as the small home model or other alternative care frameworks.

**Important Caveat:** *York Care Centre has not yet conducted a formal, sector-wide needs assessment. The gaps identified above reflect the perspective of the Senior Leadership Team, informed by sector experience and observation. They should be treated as assumptions which need to be validated. The organization recognizes the importance of engaging the broader sector before drawing firm conclusions about where a Centre of Excellence could most meaningfully contribute.*

## D. PRELIMINARY CONSIDERATIONS

### 1. Region Three Discussions

The CEO has held an initial conversation with administrators in the region 3 area to explore receptivity to the Centre of Excellence concept. This discussion was exploratory in nature and was somewhat one-sided at this early stage. It has not yet generated the depth of two-way dialogue needed to draw reliable conclusions about sector interest or priorities. That said, there was discussion that a shared policy resource would be welcome. York Care Centre also receives a regular volume of calls and informal inquiries from other homes seeking management guidance and operational advice. This pattern of outreach is an indicator that management support is an area of genuine need across the sector.

### 2. Role of NBANH

In considering the Centre of Excellence's potential role, it is important to understand the positioning of the New Brunswick Association of Nursing Homes (NBANH) as the provincial sector association. York Care Centre has an interest in ensuring that any role it assumes is complementary to NBANH's mandate and activities.

NBANH is about to release its new strategic plan. Their appetite for taking on new functions at this time appears to be limited. Rather it appears their role, in the next few years, will be focused on advocacy, legal and labour relations. Informally, NBANH has indicated it is not in a position to take on a clinical resource role due to its own resource constraints. They have identified the opportunity to *“Strengthen member connections to enhance collaboration, knowledge exchange, and access to expanded services.”* This may open the door to York Care Centre developing a model for regional collaboration for key services.

York Care Centre will need to navigate this landscape carefully, ensuring it does not inadvertently compete with or undermine its sector partner, while also not allowing NBANH's current limitations to leave a vacuum of unmet need in the sector.

### **3. Role of the Department of Social Development**

The Department of Social Development provides services to homes through the Liaison Officers and other staff positions. York Care Centre will need to be sure that any services offered through the Centre of Excellence do not come in conflict with direction from the regulator / funder.

### **4. Internal Capacity Considerations**

The Senior Leadership Team has been candid in its assessment of organizational readiness. While the team is genuinely open to the Centre of Excellence opportunity, there is a clear boundary: the team cannot take on additional external responsibilities without corresponding additional resources. This is not reluctance to engage; it is a responsible acknowledgment that York Care Centre's first obligation is to its own residents and staff.

Any Centre of Excellence model that is developed will need to be resourced appropriately — whether through fee-for-service arrangements, provincial funding, or other mechanisms. The proposed “beginning approach” described below has been shaped by this reality.

## **E. DRAFT ROLE DESCRIPTION: CENTRE OF EXCELLENCE**

York Care Centre's Centre of Excellence serves as a regional resource and collaborative partner for long-term care providers, offering knowledge transfer and practical guidance across five core service domains. The Centre works in a spirit of partnership rather than prescription.

The Centre of Excellence is not a regulatory or oversight body. Its role is advisory and supportive, designed to help smaller homes and providers strengthen their own organizational capacity in areas where York Care Centre has demonstrated sustained excellence.

**Core Service Domains:** *The Centre of Excellence will provide support across the following four domains:*

### **1. Management Support and Consultation**

*Providing operational and leadership guidance to management teams in long-term care settings.*

- *One-on-one consultations for care home managers and leadership teams on operational challenges*
- *Peer mentorship and coaching for emerging managers and supervisors*
- *Advisory support on organizational structure, staff relations, and day-to-day management practices*
- *Facilitation of management forums for regional knowledge sharing and problem-solving*
- *Guidance on scheduling, workforce planning, and rotation review processes*

### **2. Clinical Support and Guidance**

*Offering clinical expertise and best practice knowledge to support strong care outcomes.*

- *Clinical consultation and guidance on care planning, documentation, and resident management*
- *Sharing of clinical protocols, care pathways, and practice standards developed at York Care Centre*
- *Review and feedback on clinical policies, procedures, and documentation practices*

### **3. Attendance Management Support Program**

*Providing guidance on evidence-informed approaches to attendance management.*

- *Sharing of York Care Centre's attendance management framework and program design*
- *Advisory support on documenting, tracking, and reporting attendance trends*

### **4. Education Services**

*Delivering professional development and training opportunities that strengthen the regional workforce.*

- *Workshops for care staff, support service staff, supervisors, and leaders*
- *Access to York Care Centre's internal learning resources, modules, and education programming*

## **F. CONSIDERATIONS FOR THE RESEARCH AND ETHICS COMMITTEE**

As York Care Centre considers the potential for its role as a Centre of Excellence, the following elements warrant further consideration:

- Is the proposed scope of the Centre of Excellence role appropriate and feasible given York Care Centre's organizational capacity?
- Are there ethical considerations related to providing advisory services to external organizations — including questions of liability or confidentiality that should be addressed in the role description or in a governance framework?
- Are there domains not included in this draft where the Board believes York Care Centre has relevant expertise to share?
- What safeguards should be in place before external engagements are undertaken?
- How should this work be positioned relative to York Care Centre's primary mandate of the delivery of person-centred care to its own residents, to ensure internal quality and capacity are protected?

## **G. RECOMMENDED BEGINNING APPROACH**

Given the early stage of sector consultation, the resource constraints on the Senior Leadership Team, and the signals received to date, York Care Centre proposes a focused, manageable starting point rather than attempting to launch the full scope of the Centre of Excellence simultaneously. The recommended beginning approach centres on two areas where sector need appears clearest, organizational capability is strongest, and the risk of overextension is most manageable:

### ***1. Policy Development Collaborative***

York Care Centre proposes to establish a policy development collaborative — a shared resource available to long-term care homes in the region to support the creation, review, and standardization of organizational policies. This responds directly to the signal received in early sector conversations that a policy resource would be welcomed, and it aligns with an area where York Care Centre has demonstrated strength.

A collaborative model, rather than a consultative one, is intentional: it distributes ownership across participating homes, reduces dependency on any single organization, and creates an opportunity for York Care Centre to convene and lead without having to carry the full weight alone. It also creates a natural entry point for relationship-building with potential longer-term partners.

### ***2. Support Services Education***

York Care Centre also proposes to begin offering structured education programming specifically targeted at support services staff, an area that is chronically underserved across the sector. This aligns with the organization's existing education infrastructure and internal expertise, and can be built incrementally.

Support services education also represents a lower-stakes entry into the Centre of Excellence role — it is unlikely to create tension with NBANH's positioning, carries less liability risk than clinical or management consultation, and addresses a recognized gap.

*This beginning approach is not intended to constrain the longer-term vision of the Centre of Excellence. Rather, it reflects a deliberate choice to start where the evidence is strongest and the investment necessary is minor. This approach can help build credibility and relationships that can support broader expansion over time.*

#### **H. Proposed Next Steps**

Following the Committee's review and discussion, the following steps are proposed:

- Incorporate Committee feedback into a revised draft role description
- Present the revised description to the Board of Directors for awareness and endorsement in principle
- Undertake a structured sector needs assessment — including meaningful two-way dialogue with NBANH, the Department of Social Development and region 3 nursing homes to validate identified gaps and confirm sector priorities
- Develop an operational framework for the Policy Development Collaborative, including governance, participation model, and resource requirements
- Design an initial Support Services Education offering and identify a pilot cohort of participating homes
- Clarify NBANH's positioning through direct dialogue, with the goal of establishing a complementary rather than competitive relationship
- Develop a resourcing strategy to support Centre of Excellence activities without drawing on existing operational capacity
- Align all Centre of Excellence development milestones with York Care Centre's 2025–2030 Strategic Plan

## BRIEFING NOTE

**To:** Care Services Committee  
**From:** Geri Geldart, President and CEO  
**Date:** April 23, 2026  
**RE:** Quality Framework Progress Report

### Purpose

To provide a progress report on the 2025-26 Quality Framework Annual Plan.

### Background

YCC continues to follow the Quality Framework which was established in 2023. Annual goals are established to ensure that we maintain our focus on our quality improvement priorities – quality of care, quality of life and safety.

### Current Status

This was certainly a busy year and I am pleased to report that most objectives were met. We have not yet attempted the second test of the SuzyQ cart – but we plan to do so in 26/27.

DOMAIN	Objective	Progress
<b>Key Performance Indicators for all domains of quality.</b>	1. Senior leaders will report on key performance indicators quarter	<b>Complete</b> – KPIs are reported at Care Services and Finance and Admin Committees with a full dashboard presented at Quarterly board meetings.
<b>Quality of Life and Quality of Care Domains</b>	1. Continue participation in the Seniors Quality Leap Initiative with a focus on the following: <ul style="list-style-type: none"> <li>a) Examine bathing frequency preferences and options</li> <li>b) Improve the dining experience in long-term care and supportive housing by conducting a second trial of Suzy-Q and exploring options for Hawkins House</li> <li>c) To improve ability to plan and provide resident-centred activities, implement Activity Pro Gold,</li> </ul>	<p><b>Complete</b> – results reported at Care Committee. Resulted in trial of a bathing team concept.</p> <p><b>Not completed</b> – will reconsider for 26/27 with change management support from VP Care Services</p> <p><b>In Progress</b> – resident assessments are underway. The family portal will be introduced</p>

DOMAIN	Objective	Progress
	<p>including resident assessments and the introduction of a family portal.</p> <p>d) To support the delivery of resident-centred activities, increase the availability of volunteers.</p> <p>2. Annual bedside audit process to improve compliance with care standards.</p>	<p>in a gradual manner to ensure effective support.</p> <p><b>Complete</b> – target met and exceeded</p> <p><b>Complete</b> – results presented at Care Services Committee.</p>
<b>Safe and Supportive Environment Domain</b>	1. To reduce workplace injuries, provide All the Right Moves (ATRM) training to all employees	<b>In progress</b> – have not yet reached all staff.
	2. To improve resident comfort, improve mechanisms for cooling air in resident rooms.	<b>In Progress</b> – This is a DTI project. Phase 1 work underway which will provide cooling in Birch Grove and the Tower. Phases 2 and 3 which will service Dixon have not yet been approved.
	3. Work with NB Housing to improve building maintenance in the apartment buildings	<b>Complete</b> - Two roof replacements were completed with forgivable loans from NB Housing
	4. With support of York Care Foundation, refresh the Tower 2 environment.	<b>In Progress</b> - Funding raising project complete. Refurbishment work nearly completion.
	5. Introduce Facility Cleanliness Audits	<b>Complete</b> – results reported at Finance and Admin Committee.
	6. Conduct regular Hand Hygiene Audits	<b>Complete</b>
	7. Introduce hand hygiene dispensers in all resident rooms.	<b>Not Started</b> – Working to deplete stock of current product before switching supplier.
<b>Best Place to Work Domain</b>	<p>1. Implement the employee engagement framework – 25/26 initiatives:</p> <p>a) Annual engagement survey</p>	<b>Complete</b>

DOMAIN	Objective	Progress
	b) Professional development focus for 25/26 – workplace wellness and quality improvement	<b>Partial</b> – Topics were adjusted. Session on change management and dealing with complacency. Wellness sessions delayed due to instructor availability.
	c) Continue promotion of 20 Tenets program	<b>In Progress</b> – Year 2 of 3 underway.
	d) Expand mentorship program to include LPNs, DAs and EAs	<b>Complete</b>
	e) Review staff rotations for EAs and LAs	<b>Complete</b>

**Next Action**

The senior leadership team will be considering their quality improvement priorities during the 26/27 operational planning process which is currently underway.

G. Geldart  
 April 23, 2026

**Finance Committee Chair’s Summary Report to Board of Directors  
Twelve months ending March 31, 2026**

- The Finance Committee met on May 5, 2026.
- Reviewed the March 31, 2026 quarterly reports.
- Recommended financial reports to March 31, 2026 to be presented to the Board of Directors.
- Budget will be presented at a later date. Received letter from Social Development dated April 27. The provincial budget had been tabled by that date. Most supplies will receive a 2% increase except for electricity (4.75%). Food (2.4%). Management salary increases of 1% on April 1 and again on October 1. The vacant bed day penalty will increase from \$125/day to \$182/day effective July 1, 2026. Hours of nursing care will increase by .1 hour per resident per day on July 1, 2026.
- The Finance Committee is recommending to the board the projects to use the Worksafe NB rebate.

**Summary of unrestricted financials as of March 31 2026:**

<b>Company</b>	<b>Unrestricted Cash Balance</b>	<b>Payables/Accruals</b>	<b>Surplus(deficit)</b>
York Care Centre	\$3 254 000	\$3 264 000	\$ 1 574 000
York Developments Inc.	760 000	140 000	131 000
<b>Totals</b>	<b>\$4 014 000</b>	<b>\$3 404 000</b>	<b>\$1 705 000</b>

**Observations - financial:**

- All companies have a cash balance.
- All payables can be paid as they become due.
- The external auditors are scheduled to for the week of May 11<sup>th</sup>.

**KPI observations over past 12 months:**

All KPIs are on target or near target

**Facilities, building and Infrastructure**

- 17 rooms at YCC and 8 at YDI have been refurbished.
- Facility Condition Assessment completed on July 18 by Nadine International. Has been received. It is 934 pages in length and confirms most of what had been assessed by Michel Boyer and his team. One new element was in the dietary department where the report suggests that the replacement of dietary equipment should be a higher priority that had been determined by our internal reviews.
- Facility cleanliness ratings very good with the overall just below 100%.
- Food costs per resident per day at \$11.19/day compared to \$13.12 per day in Q3.

## Financial

- Staff turnover has been exceptional this year. Replacement staff has been recruited but are in the learning curve at this time.
- T-4 slips and charitable donation receipts were issued on time.
- Multiple budget amendments were submitted and approved by SD.

Pierre LeBlanc, Chair

Finance Committee

2026-05-11

**YORK CARE CENTRE INC**  
**Statement of Financial Position**  
**3/31/2026**

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT</b>			
CASH AND CASH EQUIVALENTS	3,254,233	3,807,612	(553,379)
CASH - RESTRICTED FUNDS	51,941	53,033	(1,093)
ACCOUNTS RECEIVABLE			
- RESIDENTS	5,796	(4,383)	10,179
- DEPT of SOCIAL DEVELOPMENT	360,362	3,265	357,097
- HST	4,224	19,221	(14,997)
- OTHER	(71,203)	94,636	(165,839)
INVENTORIES	83,319	83,319	-
PREPAID EXPENSES	10,397	163,650	(153,253)
LONG TERM RECEIVABLE	-	-	-
<b>TOTAL CURRENT ASSETS</b>	<u>3,699,068</u>	<u>4,220,352</u>	<u>(521,284)</u>
CASH RESTRICTED FOR FUTURE CAPITAL	-	-	-
LAND, BUILDING AND FURNITURE (Net)	24,461,818	24,938,690	(476,872)
<b>TOTAL FIXED ASSETS</b>	<u>24,461,818</u>	<u>24,938,690</u>	<u>(476,872)</u>
<b>TOTAL ASSETS</b>	<u><b>28,160,886</b></u>	<u><b>29,159,042</b></u>	<u><b>(998,156)</b></u>
<b><u>LIABILITIES</u></b>			
<b>CURRENT</b>			
PAYABLES & ACCRUALS	3,264,493	4,165,493	(901,000)
DEFERRED REVENUE	762,695	875,784	(113,090)
<b>TOTAL CURRENT</b>	<u>4,027,188</u>	<u>5,041,277</u>	<u>(1,014,090)</u>
<b>LONG TERM</b>			
LONG TERM DEBT	7,724,207	8,267,141	(542,934)
DEFERRED CONTRIBUTIONS	2,220,459	2,053,873	166,586
<b>TOTAL LIABILITIES</b>	<u>9,944,666</u>	<u>10,321,014</u>	<u>(376,348)</u>
<b><u>FUND BALANCES</u></b>			
FUNDS RESTRICTED	67,091	67,201	(110)
UNRESTRICTED	12,548,132	12,548,132	-
NET INCOME (LOSS) FOR PERIOD	1,573,808	1,181,417	392,391
<b>TOTAL FUNDS</b>	<u>14,189,032</u>	<u>13,796,750</u>	<u>392,282</u>
<b>TOTAL LIABILITIES &amp; FUNDS</b>	<u><b>28,160,886</b></u>	<u><b>29,159,042</b></u>	<u><b>(998,156)</b></u>

**YORK CARE CENTRE INC**  
**Statement of Operations - Year to Date**  
**12MONTHS ENDING 3/31/2026**

	Actual Previous YTD	Actual Current YTD	Budget Current YTD	Variance Budget vs Actual
<b>REVENUE AND RECOVERIES</b>				
Operating Revenue	23,037,833	25,738,355	25,645,377	92,978
Recurring Budget Amendments	0	0	0	0
Non-recurring Budget Amendments	646,966	0	33,653	-33,653
Administration	423,881	382,711	386,102	-3,391
Care Services	182,052	84,838	50,974	33,864
Operations	378,847	352,897	346,384	6,513
Deferred Contributions	337,339	371,024	371,025	-1
<b>TOTAL REVENUE AND RECOVERIES</b>	<u><u>25,006,918</u></u>	<u><u>26,929,826</u></u>	<u><u>26,833,515</u></u> *1.	<u><u>96,311</u></u>
<b>OPERATING EXPENSES</b>				
Administration	4,796,309	4,596,902	4,802,162	*2. 205,260
Care Services	10,592,530	11,882,219	11,734,029	*3. -148,190
Operations	6,366,958	7,030,614	7,149,803	*4. 119,190
Mortgage Interest & Depreciation	1,852,060	1,846,283	1,825,754	*5. -20,529
<b>TOTAL EXPENSES</b>	<u><u>23,607,857</u></u>	<u><u>25,356,017</u></u>	<u><u>25,511,748</u></u>	<u><u>155,730</u></u>
<b>NET SURPLUS (DEFICIT)</b>	<u><u>1,399,060</u></u>	<u><u>1,573,808</u></u>	<u><u>1,321,767</u></u>	<u><u>252,041</u></u>
Less: Transfer to replacement reserve		<u>0</u>	<u>0</u>	<u>0</u>
(Increase) or Decrease in Operating Fund		<u><u>1,573,808</u></u>	<u><u>1,321,767</u></u>	<u><u>252,041</u></u>

YDIDAT YORK DEVELOPMENT INC  
Statement of Financial Position - CONSOLIDATED  
3/31/2026

	Current Quarter	Prior Quarter	Difference
<b><u>ASSETS</u></b>			
<b>CURRENT ASSETS</b>			
CASH	760,375	759,635	741
ACCOUNTS RECEIVABLE	7,985	11,192	-3,207
HST RECEIVABLE	5,586	20,974	-15,388
PREPAID EXPENSES	0	13,221	-13,221
TOTAL CURRENT ASSETS	773,946	805,021	-31,075
<b>RESTRICTED CASH AND DEPOSITS</b>			
REPLACEMENT RESERVE FUND	341,562	334,625	6,938
DEFERRED VACANCY SUBSIDY	49,801	48,721	1,081
TOTAL RESTRICTED CASH & DEPOSITS	391,364	383,345	8,018
<b>FIXED ASSETS</b>			
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	993,032	0
ACCUMULATED DEPRECIATION	-4,659,611	-4,621,649	-37,962
TOTAL FIXED ASSETS	1,737,216	1,775,177	-37,962
TOTAL ASSETS	2,902,525	2,963,544	-61,019
<b><u>LIABILITIES</u></b>			
<b>CURRENT LIABILITIES</b>			
ACCOUNTS PAYABLE & ACCRUED LIABILITIES	139,529	186,976	-47,447
DEFERRED REVENUE	146,421	251,677	-105,256
TOTAL CURRENT LIABILITIES	285,950	438,653	-152,704
<b>LONG TERM DEBT</b>			
MORTGAGE 116 SUNSET DRIVE	1,335,318	1,370,022	-34,704
TOTAL LONG TERM LIABILITIES	1,335,318	1,370,022	-34,704
<b>DEFERRED CONTRIBUTIONS</b>			
DEFERRED CONTRIBUTIONS RELATED TO CAPITAL ASSETS	2	252	-250
TOTAL DEFERRED	2	252	-250
<b>FUND BALANCES</b>			
REPLACEMENT RESERVE RESTRICTED	341,737	337,625	4,112
VACANCY SUBSIDY RESERVE	49,801	48,721	1,081
EARNED SURPLUS	767,330	764,330	3,000
NET INCOME (LOSS) FOR PERIOD	122,388	3,942	118,446
TOTAL EQUITY	1,281,256	1,154,617	126,639
TOTAL LIABILITIES & FUND BALANCES	2,902,525	2,963,544	-61,019

**YORK DEVELOPMENT INC**  
**Statement of Operations - CONSOLIDATED**  
**MONTH ENDING MARCH 31, 2026**

	Actuals YTD March 31	Budget YTD March 31	Variance
<b>Independent Housing</b>			
Total Revenue	590,080	591,185	-1,105
Operating Expenses			
Wages & Benefits	69,257	81,175	11,918
Maintenance	232,965	253,938	20,973
Administration	191,684	192,714	1,030
Depreciation	19,234	19,234	0
Total Operating	513,140	547,061	33,921
<b>Net Earnings</b>	<b>76,940</b>	<b>44,124</b>	<b>32,816</b>
<b>Supportive Housing</b>			
Total Revenue	946,597	918,879	27,718
Operating Expenses			
Wages & Benefits	424,030	401,154	-22,876
Tenant Support Costs	80,402	81,537	1,135
Maintenance	148,496	171,008	22,512
Administration	132,204	132,377	173
Depreciation	132,613	132,612	-1
Total Operating	917,746	918,688	942
<b>Net Earnings</b>	<b>28,851</b>	<b>191</b>	<b>28,660</b>
<b>ADP</b>			
Total Revenue	183,810	176,067	7,743
Operating Expenses			
Wages & Benefits	125,256	129,800	4,544
Program Support Costs	21,003	27,052	6,049
Administration	12,235	16,835	4,600
Depreciation	0	0	0
Total Operating	158,493	173,687	15,193
<b>Net Earnings</b>	<b>25,317</b>	<b>2,380</b>	<b>22,937</b>
<b>NHWW</b>			
Total Revenue	218,806	291,766	-72,960
Operating Expenses			
Wages & Benefits	182,748	210,352	27,605
Program Support Costs	21,246	51,989	30,743
Administration	14,813	29,425	14,612
Depreciation	0	0	0
Total Operating	218,806	291,766	72,960
<b>Net Earnings</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL NET EARNINGS</b>	<b>131,108</b>	<b>46,695</b>	<b>84,413</b>

Notes:



## BRIEFING NOTE

**To:** Finance and Administration Committee of the Board of Directors

**From:** Geri Geldart, President and CEO

**Date:** April 28, 2026

**RE:** Deferred Revenue – WorksafeNB Rebate

### A. PURPOSE

This briefing note provides a status report on the status of the plan to utilize the WorksafeNB rebate which has been placed in deferred revenue.

### B. BACKGROUND

York Care Centre received an unexpected rebate of \$525,980.27 in 2025. At that time, we were asked to submit a plan to DSD for how the funds would be used.

Category	Estimated Cost	Status
Resident-focused equipment (beds, scales, easy stand, activity equipment)	\$169,000	Beds were funded through a budget amendment. Easy stand purchased, in part, through a donation.
Building Equipment (Evacuation supplies, autoscrubber, washing machine, dryer, security cameras)	\$171,000	Evacuation supplies and security cameras funded through a budget amendment. Autoscrubber removed. Replaced with purchase of new tractor.
Infrastructure (ductless split for ADP)	\$10,000	Not a priority
Employee Engagement (professional development, wellness/culture initiatives)	\$100,000	Activities held – but did not need to use deferred revenue.
Budget Challenges (anticipated deficit in 25/26)	\$70,000	Did not experience a deficit.

### C. UPDATE

At this time, it appears that none of the deferred revenue funds have been used for purchases in 2025/26. In addition, YCC received an additional WSNB rebate of \$159,572.80, for a total of \$685,553.07.

As deferred revenue, these funds must have an associated purchase plan. As such, we are now proposing the following for the Board’s consideration.

**D. CONSIDERATIONS**

**1. Year End Adjustments** – For purchases which occurred in 2025/26 which were not covered by budget amendments, a year-end adjustment should be made to utilize a portion of the deferred revenue.

a. Easy Stand	\$ 6,500
b. Washer and Dryer	\$ 43,451
c. Tractor	\$ 54,739
d. Computer Hardware Upgrade	<u>\$ 30,866</u>
TOTAL	\$135,556

**2. Plan to Purchase in 2026/27**

a. Activity Program Equipment	\$25,000
b. Staff Lounge furniture replacement	\$20,000
c. Fascia Replacement – Birch Grove/Best*	\$33,000
d. CCTV Extension*	\$40,000
e. Consulting Fees – Admin Review	\$25,000
	\$143,000

**3. For further consideration**

- These expenditures total \$278,556, leaving \$406,997 in deferred revenue.
- We will pursue budget amendments for the fascia replacement and the CCTV extension, but we will proceed with the projects in advance of any decision regarding the budget amendment request.
- The Senior Leadership Team recommend that the remaining funds be used to purchase a new bus. We anticipate the cost of a new bus to be approximately \$300,000 – but a final price is not available until the team is able to determine the array of options / configurations which would best suit our program. We propose that the York Care Foundation consider this as a potential fundraising campaign, reducing the amount that would be required of YCC.
- Any remaining deferred revenue purchases will be considered for purchase in 26/27 or 27/28, pending board approval.

**E. RECOMMENDATIONS**

- That the Board of Directors approve year-end adjustments to utilize \$135,556 of deferred revenue to fund the 25/26 purchases of the following items – Easy Stand, Washer, Dryer, Tractor, Computer Hardware Upgrade.
- That the Board of Directors approve the plan to use \$443,000 of deferred revenue to purchase the following items – activity program equipment, staff lounge furniture replacement, fascia replacement in Birch Grove/Best, CCTV extension, consulting fees for an admin review, and a new bus.



**YORK**  
CARE CENTRE



**CIRA**  
CENTRE FOR INNOVATION  
AND RESEARCH IN AGING



**YORK**  
DEVELOPMENTS  
LIFESTYLE LIVING

## BRIEFING NOTE

**To:** Finance and Administration Committee of the Board of Directors

**From:** Geri Geldart, President and CEO

**Date:** April 28, 2026, 2026

**RE:** York Care Foundations – Potential Projects - Update

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### Purpose

Under policy Gov-N-261 “York Care Foundation Representative”, the CEO, prior to September of each year, is required to provide the Finance and Administration Committee with a list of potential YCC capital and/or program projects which could benefit from funding by the York Care Foundation. The Finance and Administration Committee will review the list and make a recommendation to the York Care Centre Board for presentation to the York Care Foundation Board.

### Background

The York Care Centre Board referred the following items to the Foundation for consideration in 2024:

1. Tovertafel Table(s) - \$18,000 - \$36,000 - acquired
2. Expansion of the Music Therapy Program - \$10,400
3. Virtual Windows - \$17,000 (est) - acquired
4. Refurbishment of Tower 2 - \$100,000 - \$120,000 - underway
5. Wheelchair Accessible Garden Swing - \$25,000

Three of the items on this list have been acquired or are in process (tovertafel, virtual windows, and Tower 2 refurbishment). The music therapy program was not of interest to the Foundation. The wheelchair accessible garden swing remains a request.

The need to replace the YCC bus has become clear. The bus was only used once in 2025 and we are anticipating very limited use in 2026. Crestline Coach appears to be the only competitive supplier in the market. The anticipated cost is approximately \$300,000, depending on the configuration and options that are selected. Although YCC has identified a plan to fund this purchase, this high visibility project may be of interest to the Foundation

The Care Services Team have been considering the redevelopment of an underutilized lounge as a Games Room which would appeal to our younger resident population.

### Recommendation

It is recommended that the following items be presented to the York Care Foundation as potential fundraising projects

1. Contribution toward the purchase of a new bus – total cost estimated to be \$300,000
2. Wheelchair Accessible Garden Swing - \$30,000
3. Games Room in Dixon - \$10,000

**YORK CARE CENTRE**  
**Corporate Governance Policy**

<b>Type:</b> Governance Process	<b>Date Issued:</b> May 2014
<b>Title:</b> YORK FOUNDATION REPRESENTATIVE	<b>Page:</b> 1 of 1
<b>Approved By:</b> Board of Directors	Gov-N-261
<b>Date Reviewed / Revised:</b> 11/16; 3/18; 01/23	

**POLICY:**

The York Care Foundation Inc. is responsible for all active fundraising on behalf of York Care Centre. From time to time, special committees may be empowered by the York Care Foundation with the task of fundraising for specific purposes

One member from each of York Care Centre and York Care Foundation Board of Directors will sit on the opposite Board of Directors. These members will not be eligible to hold a position of Officer, Committee Chair and or member of the Executive Committee on the opposite Board.

The York Care Centre Board of Directors designates its Past Chair as its representative on the Board of York Care Foundation Inc. In the cases where the position is vacant or when the Past Chair cannot assume such responsibilities the Board will appoint a representative from within its membership.

A position within the membership of the York Care Centre Board will be reserved for a representative from the York Care Foundation Board. The York Care Foundation Board will recommend to the York Care Centre Board the member from its Board that it wishes to have appointed to this position.

Prior to September of each year, the President and Chief Executive Officer will provide the Finance and Administration Committee with a list of potential York Care Centre capital and/or program projects which could benefit from funding by the York Care Foundation. The Finance and Administration Committee will review the list and make a recommendation to the York Care Centre Board for presentation to the York Care Foundation Board.

The Treasurer for York Care Centre will keep York Care Foundation updated on the financial requirements and needs of York Care Centre.

**YORK CARE CENTRE**  
**Corporate Governance Policy**

**Type:** Governance Process

**Date Issued:** May 2014

**Title:** YORK CARE FOUNDATION REPRESENTATIVE – BOARD LIAISON

**Page:** 1 of 1

**Approved By:** Board of Directors

Gov-N-261

**Date Reviewed / Revised:** 11/16; 3/18; 01/23

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~~Both the York Care Centre Board and the York Care Foundation Board welcome periodic reports from each other as a means of maintaining awareness and alignment on matters of mutual interest. Such reports may be provided in writing or in person at the discretion of each board.~~

~~The President and Chief Executive Officer of York Care Centre attends meetings of the York Care Foundation Board and serves as a communication link between the two boards, facilitating the flow of information and supporting a collaborative relationship between the organizations.~~

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**Corporate Governance Policy**

<b>Type:</b> Governance Process	<b>Date Issued:</b> May 2014
<b>Title:</b> YORK CARE FOUNDATION – BOARD LIAISON	<b>Page:</b> 1 of 1
<b>Approved By:</b> Board of Directors	Gov-N-261
<b>Date Reviewed / Revised:</b> 11/16; 3/18; 01/23	

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The Treasurer for York Care Centre will keep York Care Foundation updated on the financial requirements and needs of York Care Centre.

## Board & Committee Meeting Schedule

SEPTEMBER 2026- 1st Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	15-Sep	5:30	Wed, Sep 9 <sup>th</sup>	Marjorie Belzile	Geri
Care Services	Thursday	17-Sep	5:30	Fri, Sep 11 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	22-Sep	5:30	Wed, Sep 16 <sup>th</sup>	Pierre LeBlanc	Wayne/Shelley/Michel
Research & Ethics	Thursday	01-Oct	5:30	Fri, Sep 25 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Tuesday	13-Oct	5:30	Thurs, Oct 8 <sup>th</sup>	Bryanna White-Aubé	Geri
OCTOBER/NOVEMBER 2026 - 2 <sup>nd</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	03-Nov	5:30	Wed, Oct 28 <sup>th</sup>	Marjorie Belzile	Geri
Care Services	Thursday	12-Nov	5:30	Fri, Nov 6 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	17-Nov	5:30	Thurs, Nov 12 <sup>th</sup>	Pierre LeBlanc	Wayne /Shelley/Michel
Research & Ethics	Thursday	26-Nov	5:30	Fri, Nov 20 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	07-Dec	5:30	Thurs, Dec 3 <sup>rd</sup>	Bryanna White-Aubé	Geri
JANUARY/FEBRUARY 2027 - 3 <sup>rd</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	02-Feb	5:30	Wed, Jan 27 <sup>th</sup>	Marjorie Belzile	Geri
Care Services	Thursday	11-Feb	5:30	Fri, Feb 5 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	16-Feb	5:30	Wed, Feb 10 <sup>th</sup>	Pierre LeBlanc	Wayne /Shelley/Michel
Research & Ethics	Thursday	25-Feb	5:30	Fri, Feb 19 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	08-Mar	5:30	Thurs, Mar 4 <sup>th</sup>	Bryanna White-Aubé	Geri
MARCH 2027 - Budget Meeting				Package Distribution	Committee Chair	Executive Lead(s)
Finance & Administration	Monday	22-Mar	5:30	Thurs, Mar 18 <sup>th</sup>	Pierre LeBlanc	Wayne
Board of Directors	Monday	29-Mar	5:30	Thurs, Mar 25 <sup>th</sup>	Bryanna White-Aubé	Geri
APRIL/MAY 2027- 4 <sup>th</sup> Quarter Review				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Tuesday	27-Apr	5:30	Wed, Apr 21 <sup>st</sup>	Marjorie Belzile	Geri
Care Services	Thursday	06-May	5:30	Fri, Apr 30 <sup>th</sup>	Andrea Seymour	Jamie
Finance & Administration	Tuesday	11-May	5:30	Wed, May 5 <sup>th</sup>	Pierre LeBlanc	Wayne/Shelley/Michel
Research & Ethics	Thursday	20-May	5:30	Fri, May 14 <sup>th</sup>	Tracey Burkhardt	Geri
Board of Directors	Monday	31-May	5:30	Thurs, May 27 <sup>th</sup>	Bryanna White-Aubé	Geri
JUNE 2027 - Year End				Package Distribution	Committee Chair	Executive Lead(s)
Governance & Audit	Monday	07-Jun	5:30	Thurs, June 3 <sup>rd</sup>	Marjorie Belzile	Geri
Board of Directors	Monday	14-Jun	5:30	Thurs, June 10 <sup>th</sup>	Bryanna White-Aubé	Geri
Annual General Meeting	Monday	14-Jun	6:30	Thurs, June 10 <sup>th</sup>	Bryanna White-Aubé	Geri

Apr 30, 2026