Financial Statements of

THE NORFOLK HOSPITAL NURSING HOME

And Independent Auditors' Report thereon

Year ended March 31, 2022

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INDEPENDENT AUDITORS' REPORT

To the Directors of The Norfolk Hospital Nursing Home

Opinion

We have audited the financial statements of The Norfolk Hospital Nursing Home (the "Entity"), which comprise:

- the statement of financial position as at March 31, 2022
- the statement of operations for the year then ended
- the statement of changes in net assets for the year then ended
- the statement of cash flows and for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at March 31, 2022, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the ***"Auditors' Responsibilities for the Audit of the Financial Statements"*** section of our report.

We are independent of the Entity in accordance with the applicable independence standards, and we have fulfilled our other ethical responsibilities in accordance with these standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

KPMG LLP, an Ontario limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.
KPMG Canada provides services to KPMG LLP.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

  The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Entity public to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

KPMG LLP

Chartered Professional Accountants, Licensed Public Accountants

Hamilton, Canada
June 15, 2022

THE NORFOLK HOSPITAL NURSING HOME

Statement of Financial Position

March 31, 2022, with comparative information for 2021

	2022	2021
Assets		
Current assets:		
Cash	$ 2,115,500	$ 2,036,613
Accounts receivable	204,199	87,757
Harmonized sales tax recoverable	46,639	47,982
Prepaid expenses	13,753	13,361
	2,380,091	2,185,713
Property and equipment (note 2)	615,083	610,115
Cash in trust (note 3)	13,289	15,006
	$ 3,008,463	$ 2,810,834
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 1,503,500	$ 1,152,182
Due to Norfolk General Hospital (note 4)	167,535	312,941
Current portion of mortgage payable (note 5)	61,643	59,425
Deferred revenue (note 6)	-	50,715
	1,732,678	1,575,263
Mortgage payable (note 5)	152,931	214,574
Funds held in trust	13,289	15,006
Deferred capital contributions (note 7)	195,132	168,347
Employee future benefits (note 8)	94,619	91,700
Net assets:		
Invested in property and equipment (note 9)	205,377	167,769
Unrestricted	614,437	578,175
	819,814	745,944
COVID-19 (note 13)		
	$ 3,008,463	$ 2,810,834

See accompanying notes to the financial statements.

On behalf of the Board:

Mary Pitblado Director

Jody Mahoney Director

THE NORFOLK HOSPITAL NURSING HOME

Statement of Operations

Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Revenues:		
Ministry of Health and Ministry of Long-Term Care:		
Nursing and personal care	$ 4,126,533	$ 3,880,544
Program and support	362,287	383,900
Food	284,931	282,056
Accommodation	572,815	404,053
	5,346,566	4,950,553
Resident co-payment	1,285,080	1,545,744
Recoveries and sundry revenue	509	22,368
Interest income	29,829	8,938
Amortization of deferred capital contributions	24,584	22,516
Total revenues	6,686,568	6,550,119
Expenses:		
Nursing and personal care:		
Salaries, wages and benefits	4,077,012	3,852,256
Supplies and other expenses	220,566	198,374
	4,297,578	4,050,630
Program and support:		
Salaries, wages and benefits	174,022	223,585
Supplies and other expenses	118,559	125,160
	292,581	348,745
Food	296,496	289,972
Accommodation (note 10)	1,637,742	1,691,301
	1,934,238	1,981,273
Financial:		
Interest	8,973	11,115
Amortization of property and equipment	79,328	80,710
	88,301	91,825
Total expenses	6,612,698	6,472,473
Excess of revenues over expenses	$ 73,870	$ 77,646

See accompanying notes to the financial statements.

THE NORFOLK HOSPITAL NURSING HOME

Statement of Changes in Net Assets

Year ended March 31, 2022, with comparative information for 2021

March 31, 2022	Invested in property and equipment (note 9)	Unrestricted	Externally restricted	Total
Balance, beginning of year	$ 167,769	$ 578,175	$ –	$ 745,944
(Deficiency) excess of revenues over expenses	(54,744)	128,614	–	73,870
Net change in investment in property and equipment	92,352	(92,352)	–	–
Balance, end of year	$ 205,377	$ 614,437	$ –	$ 819,814

March 31, 2021	Invested in property and equipment (note 9)	Unrestricted	Externally restricted	Total
Balance, beginning of year	$ 138,875	$ 529,423	$ –	$ 668,298
(Deficiency) excess of revenues over expenses	(58,194)	135,840	–	77,646
Net change in investment in property and equipment	87,088	(87,088)	–	–
Balance, end of year	$ 167,769	$ 578,175	$ –	$ 745,944

See accompanying notes to the financial statements.

THE NORFOLK HOSPITAL NURSING HOME

Statement of Cash Flows

Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Cash provided by (used in):		
Operations:		
Excess of revenues over expenses	$ 73,870	$ 77,646
Items not involving cash:		
Increase in employee future benefits	2,919	2,400
Amortization of property and equipment	(24,584)	80,710
Amortization of deferred capital contributions	79,328	(22,516)
	131,533	138,240
Change in non-cash operating working capital balances:		
Accounts receivable	(116,442)	6,105
Prepaid expenses	(392)	(4,702)
Accounts payable	351,318	828,560
Deferred revenue	(50,715)	17,031
Harmonized sales tax recoverable	1,343	(26,629)
Due to Norfolk General Hospital	(145,406)	76,525
	39,706	896,890
Cash flow from operating activities	171,239	1,035,130
Capital activities:		
Purchase of equipment	(84,296)	(59,661)
Contributions received for property and equipment	51,369	29,860
Cash flow used in capital activities	(32,927)	(29,801)
Financing activity:		
Repayment of mortgage payable	(59,425)	(57,287)
Cash flow used in financing activity	(59,425)	(57,287)
Change in cash	78,887	948,042
Cash, beginning of year	2,036,613	1,088,571
Cash, end of year	$ 2,115,500	$ 2,036,613

See accompanying notes to the financial statements.

The Norfolk Hospital Nursing Home (the "Nursing Home") is incorporated without share capital under the laws of Ontario. The Nursing Home provides healthcare and accommodation to residents of Norfolk County and the surrounding communities. The Nursing Home is exempt from income taxes under the Income Tax Act.

1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations. No statement of remeasurement gains and losses has been included as there is nothing to report therein.

Significant accounting policies are as follows:

(a) Revenue recognition:

The Nursing Home follows the deferral method of accounting for contributions which include donations and government grants.

Under the Health Insurance Act and Regulations thereto, the Nursing Home is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Ministry of Long-Term Care (the "Ministries"). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Revenue from the residents' co-insurance, preferred accommodation, and marketed services is recognized when the service is provided and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Contributions restricted for the purchase of property and equipment are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the amortization rate for the related property and equipment.

1. Significant accounting policies (continued):

(b) Property and equipment:

Property and equipment are stated at cost less accumulated amortization. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Nursing Home's ability to provide services, its carrying amount is written down to its residual value. Property and equipment are amortized over their estimated useful lives at the following rates and methods:

Asset	Method	Years
Buildings	Straight-line method	10 - 40
Equipment	Straight-line method	3 - 10

(c) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. All financial instruments are subsequently recorded at cost or amortized cost unless management has elected to carry the instruments at fair value. Management has not elected to record any financial instruments at fair value.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations. As the Nursing Home has no unrealized changes in fair value a statement of remeasurement gains and losses has not been included in these financial statements.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses.

1. Significant accounting policies (continued):

(c) Financial instruments (continued):

The Standards require an organization to classify fair value measurements using a fair value hierarchy, which includes three levels of information that may be used to measure fair value:

- Level 1 – Unadjusted quoted market prices in active markets for identical assets or liabilities;
- Level 2 – Observable or corroborated inputs, other than level 1, such as quoted prices for similar assets or liabilities in inactive markets or market data for substantially the full term of the assets or liabilities; and
- Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets and liabilities.

(d) Employee future benefits:

(i) Post-employment health, dental, and life insurance:

The Nursing Home offers extended health, dental and life insurance benefits to certain employee groups upon early retirement. The cost of these retirement benefits are actuarially determined using the projected benefit method prorated on service and incorporates management's best estimate of health care costs, disability recovery rates and discount rates. The most recent actuarial valuation of the benefit plans for funding purposes was as of March 31, 2021, and the next required valuation will be as of March 31, 2024.

Actuarial gains (losses) on the liability for post-employment benefits arise from the difference between actual and expected experience and from changes in the actuarial assumptions used to determine the liability for post-employment benefits. The accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the post-employment health, dental, and life insurance plan is 13.0 years (2021 - 13.0 years).

Past service costs arising from plan amendments are recognized immediately in the period the plan amendments occur.

1. Significant accounting policies (continued):

(d) Employee future benefits (continued):

(ii) Pension:

Eligible employees of the Nursing Home are members of the Healthcare of Ontario Pension Plan ("HOOPP"). This plan is a multi-employer defined benefit plan. As HOOPP's assets and liabilities are not segmented by participating employer, the Nursing Home accounts for contributions made to the plan as a defined contribution plan. Accordingly, contributions are included in salaries and benefits expense in the year the contributions are made.

(e) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Significant items subject to such estimates include the carrying amount of property and equipment, impairment of accounts receivable, estimation of accrued liabilities and valuation of employee future benefits. Actual results could differ from those estimates.

(f) Contributed services and materials:

Volunteers contribute numerous hours to assist the Nursing Home in carrying out certain aspects of its service delivery activities. The fair value of these contributed services is not readily determinable and, as such, is not reflected in these financial statements. Contributed materials are also not recognized in these financial statements.

2. Property and equipment:

			2022	2021
	Cost	Accumulated amortization	Net book value	Net book value
Land	$ 52,800	$ –	$ 52,800	$ 52,800
Buildings	2,978,350	2,608,795	369,555	376,395
Equipment	1,560,236	1,367,508	192,728	180,920
	$ 4,591,386	$ 3,976,303	$ 615,083	$ 610,115

3. Cash in trust:

Cash in trust is comprised of residents' personal money to provide convenience for those residents who need to have funds maintained in a safe place and readily available for use in the Nursing Home. The funds may be used to pay for facility-related transactions approved by the resident or an authorized representative.

4. Due to Norfolk General Hospital:

The Nursing Home purchases items such as meals, utilities, housekeeping and administrative services from Norfolk General Hospital. The total of these purchased services for the year amounted to $1,464,009 (2021 - $1,452,109). The transactions are in the normal course of operations and are measured at the exchange value which is the amount agreed by the related parties. In addition, the Hospital makes all payments associated with the Nursing Home's capital and operating costs excluding net payroll costs, and then recovers all of these payments from the Nursing Home.

5. Mortgage payable:

	2022	2021
CIBC mortgage bearing interest at 3.7% per annum, repayable in monthly blended payments of $5,707. The loan matures, on July 16, 2025 and is secured by land and building.	$ 214,574	$ 273,999
Less current portion	(61,643)	(59,425)
	$ 152,931	$ 214,574

Future principal payments required on the mortgage payable for the next four years and thereafter are as follows:

2023	$ 61,643
2024	63,944
2025	66,331
2026 and thereafter	22,656
	$ 214,574

6. Deferred revenue:

	2022	2021
Balance, beginning of year	$ 50,715	$ 33,684
Add: contributions received and receivable	–	50,715
Less: contributions recognized as revenue	(50,715)	(33,684)
Balance, end of year	$ –	$ 50,715

7. Deferred capital contributions:

Deferred capital contributions represent the unamortized or unspent amount of funds received for the purchase of property and equipment. The amortization of deferred capital contributions is recorded as revenue in the statement of operations at a rate matching the amortization of the related property and equipment. The changes in the deferred capital contributions balance for the period are as follows:

	2022	2021
Balance, beginning of year	$ 168,347	$ 161,003
Capital contributions received in the year	51,369	29,860
Less amounts amortized to revenue	(24,584)	(22,516)
Balance, end of year	$ 195,132	$ 168,347

8. Employee future benefits:

The Nursing Home provides extended health, dental and life insurance benefits to certain employee groups upon early retirement. The Nursing Home recognizes these benefits as they are earned during the employee's tenure of service. The accrued benefit liability is determined by an independent actuary, the actuarial valuation was performed as at March 31, 2022.

The main actuarial assumptions employed for the valuations are as follows:

(i) Interest (discount rate):

The obligation as at March 31, 2022, of the present value of future liabilities was determined using a discount rate of 3.21% (2021 - 3.21%).

(ii) Medical costs:

Medical costs were assumed to increase at the rate of 5.4% (2021 - 5.4%) and decrease by 0.33% per year to an ultimate rate of 3.75% (2021 - 3.75%) per annum.

(iii) Dental costs:

Dental costs were assumed to increase at the rate of 3.75% (2021 - 3.75%) per year.

8. Employee future benefits (continued):

Included in salaries and benefits on the statement of operations is an amount of $11,218 (2021 - $11,200) regarding employee future benefits. The amount is comprised of:

	2022	2021
Current period benefit cost	$ 3,136	$ 6,700
Interest on accrued benefits	4,147	3,200
Amortization of actuarial losses	3,935	1,300
	$ 11,218	$ 11,200

Information about the accrued non-pension obligation and liability as at March 31, 2022, is as follows:

	2022	2021
Accrued benefit obligation:		
Balance, beginning of year	$ 131,757	$ 96,400
Current period benefit cost	3,136	6,700
Actuarial loss	–	34,257
Interest on accrued benefits	4,147	3,200
Benefits paid	(8,299)	(8,800)
Balance, end of year	130,741	131,757
Unamortized actuarial loss	(36,122)	(40,057)
Liability for benefits, end of year	$ 94,619	$ 91,700

9. Net assets invested in property and equipment:

(a) Net assets invested in property and equipment is calculated as follows:

	2022	2021
Property and equipment (note 2)	$ 615,083	$ 610,115
Amounts financed by deferred capital contributions (note 7)	(195,132)	(168,347)
Amounts financed by mortgage payable (note 5)	(214,574)	(273,999)
	$ 205,377	$ 167,769

9. Net assets invested in property and equipment (continued):

(b) Change in net assets invested in property and equipment is calculated as follows:

	2022	2021
Deficiency of revenues over expenses:		
Amortization of deferred capital contributions	$ 24,584	$ 22,516
Amortization of property and equipment	(79,328)	(80,710)
	$ (54,744)	$ (58,194)
Net change in investment in property and equipment:		
Purchase of equipment	$ 84,296	$ 59,661
Amounts funded by deferred capital contributions	(51,369)	(29,860)
Mortgage payment	59,425	57,287
	$ 92,352	$ 87,088

10. Accommodation expenses:

Accommodation expenses are comprised of the following:

	2022	2021
Nutrition and food services	$ 451,150	$ 450,336
Plant operations and utilities	422,934	423,771
Housekeeping	256,759	254,811
Laundry	132,162	137,899
General office and administration	26,520	157,002
Finance and payroll services	157,654	52,970
Salaries, wages and benefits	53,843	57,242
COVID-19 expenses	136,720	157,270
	$ 1,637,742	$ 1,691,301

11. Pension benefits:

Substantially all of the employees of the Nursing Home are eligible to be members of the HOOPP which is a multi-employer average pay contributory pension plan. Employer contributions made to the plan during the year amounted to $227,737 (2021 - $215,646). These amounts are included in employee benefits expense on the statement of operations.

There are no material past service costs. The most recent HOOPP actuarial valuation of the Plan as of December 31, 2021 indicated the Plan has a 20% surplus in disclosed actuarial assets.

12. Financial risks:

(a) Credit risk:

Credit risk is the risk of financial loss to the Nursing Home if a resident or counterparty to a financial instrument fails to meet its contractual obligations. The Nursing Home is exposed to credit risk with respect to accounts receivable.

The Nursing Home assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Nursing Home at March 31, 2022 is the carrying value of these assets.

The carrying amount of accounts receivable is valued with consideration for an allowance for doubtful accounts. The amount of any related impairment loss is recognized in the statement of operations. Subsequent recoveries of impairment losses related to accounts receivable are credited to the statement of operations. The balance of the allowance for doubtful accounts at March 31, 2022 is $63,800 (2021 - $47,500).

(b) Liquidity risk:

Liquidity risk is the risk that the Nursing Home will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Nursing Home manages its liquidity risk by monitoring its operating requirements. The Nursing Home prepares budget and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

There have been no significant changes to the liquidity risk exposure from 2021.

13. COVID-19:

On March 11, 2020, the World Health Organization declared the Coronavirus COVID-19 (COVID-19) outbreak a pandemic.

From the declaration of the pandemic to the date of approval of these financial statements, the Nursing Home implemented several initiatives including:

- Enhanced infection prevention and control measures including screening, isolations, increased use of personal protective equipment and increased cleaning; and,
- The purchase of equipment and supplies, the hiring of additional staff, and implemented staff retention strategies, in order to create capacity for pandemic response.

The impacts on the Nursing Home of numerous initiative the Ministry of Long-Term Care implemented to address the pandemic are summarized below.

a) Temporary wage enhancement for Personal Support Workers ("PSWs"):

PSWs in long-term care are eligible for a $3 an hour pay increase. The initiative is effective October 1, 2021 with an unspecified end date. Of the $274,929 (2021 - $140,292) provided by the Ministry of Long-Term Care for temporary wage enhancement for PSWs up to March 31, 2022, $208,027 (2021 - $103,947) has been utilized and the remaining balance has been recorded as repayable.

13. COVID-19 (continued):

b) COVID-19 prevention and containment:

Long-term care homes have been provided with ongoing funds to support any necessary incremental expenditures that will help prevent and contain outbreaks. Total funding received at March 31, 2021 is $363,859 (2021 - $858,200) and the amount not utilized has been recorded as repayable. It is expected that this funding along with offsetting expenses will continue in 2023.

c) Infection prevention and control ("IPAC"):

One-time funding was received in the amount of $30,084 (2021 - $30,240) to support IPAC personnel, and training to support staff in enhancing their understanding of and skills related to IPAC practices and protocols. This funding has been fully utilized.

d) IPAC capital improvements:

The Ministry of Long-Term Care provided funding of $98,600 (2021 - $98,600) to support minor capital improvements directly linked to improved IPAC practices. Amounts of $50,715 was spent in the current year from funds that were carried over from the previous year. An additional $13,014 has been spent in the current year. The remining amount not utilized has been recorded as repayable.