

### BOARD OF DIRECTORS MEETING OPEN SESSION

Thursday, June 18, 2024 5:30 pm – La Verendrye General Hospital / Webex

#### AGENDA

<ol> <li>Call to Order – 5:30 pm – Indigenous Acknowledgment &amp; Reading 1.1 Quorum</li> <li>Conflict of Interest and Duty</li> <li>Consent Agenda         <ol> <li>Board Minutes – May 30, 2024 * Pg 4</li> <li>Board Chair &amp; Senior Leadership General Report – D. Clifford C. Larson, J. Odgen, Dr. L. Keffer * Pg 7</li> <li>Governance Committee Report – J. Begg</li> <li>Audit &amp; Resources Committee Report – B. Norton</li> <li>Quality Safety Risk Committee Report – M. Kitzul * Pg 8</li> <li>Auxiliary Reports * Pg 10</li> </ol> </li> <li>Motion to Approve the Agenda</li> </ol>	
<ol> <li>Conflict of Interest and Duty</li> <li>Consent Agenda         <ol> <li>Board Minutes – May 30, 2024 * Pg 4</li> <li>Board Chair &amp; Senior Leadership General Report – D. Cliffor C. Larson, J. Odgen, Dr. L. Keffer * Pg 7</li> <li>Governance Committee Report – J. Begg</li> <li>Audit &amp; Resources Committee Report – B. Norton</li> <li>Quality Safety Risk Committee Report – M. Kitzul * Pg 8</li> <li>Auxiliary Reports * Pg 10</li> </ol> </li> </ol>	d, H. Gauthier, J. Loveday,
2. Consent Agenda 2.1 Board Minutes – May 30, 2024 * Pg 4 2.2 Board Chair & Senior Leadership General Report – D. Cliffor C. Larson, J. Odgen, Dr. L. Keffer * Pg 7 2.3 Governance Committee Report – J. Begg 2.4 Audit & Resources Committee Report – B. Norton 2.5 Quality Safety Risk Committee Report – M. Kitzul * Pg 8 2.6 Auxiliary Reports * Pg 10	d, H. Gauthier, J. Loveday,
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2.6 Auxiliary Reports * Pg 10	
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3. Motion to Approve the Agenda	
4. Presentation – Draft Financial Statements – BDO Auditors – J. Eva	ins & J. Savage * Pg 11
5. Patient / Resident Safety Moment	
6. Business Arising - None	
7. New Business - None	
8. Opportunity for Public Participation	
9. Move to In-Camera	
10. Other Motions/Business	
11. Date and Location of Next Meeting: September 2024 (date to be	determined)
12. Termination	

<sup>\*</sup> denotes attached in board package / \*\*denotes circulated under separate cover / \*\*\* denotes previously distributed



### BOARD OF DIRECTORS MEETING ANTICIPATED MOTIONS – OPEN SESSION

#### Thursday, June 18, 2024

3.	Motion to Approve the Agenda	THAT the RHC Board of Directors approve the Agenda as circulated/amended
4.	Motion to Approve the draft Financial Statements	THAT the RHC Board of Directors approves the 2023- 2024 audited financial statements, as reviewed and recommended by the Audit & Resources Committee
8.	Move to In-Camera	THAT the RHC Board of Directors move to in camera session at (time)
9.	Other Motions/Business	
11.	Termination	THAT the RHC Board of Directors meeting be terminated at (time)

Riverside acknowledges that the place we are meeting today is on the traditional lands of the Anishinaabeg people, within the lands of Treaty 3 Territory, as well as the home to many Métis.

# **VISION**

Caring, Together

## **MISSION**

Improving The Health of Our Communities

# **VALUES**

Progressive • Integrity • Caring • Accountable

### **STRATEGIC PILLARS**

#### ONE RIVERSIDE

Supporting a consistent and enabling organizational culture

#### INVESTING IN THE PEOPLE WHO SERVE

Creating a plan to strategically leverage human resources

#### TOMORROW'S RIVERSIDE TODAY

Making investments today, to support Riverside tomorrow

STRIVING TO EXCEL IN EQUITY, DIVERSITY & INCLUSION

We will support EDI in all we do



## RIVERSIDE HEALTH CARE FACILITIES INC. MINUTES OPEN SESSION

**Date of Meeting:** May 30, 2024 **Time of Meeting:** 5:30 pm

Location of Meeting: Webex / LVGH Board Room

**PRESENT:** H. Gauthier M. Kitzul J. Begg E. Bodnar

K. Lampi Dr. L. Keffer Dr. K. Arnesen D. Clifford

\*via Webex

STAFF: B.Booth, J. Loveday, C. Larson

**REGRETS:** B. Calder, A. Beazley, B. Norton, J. Ogden

GUESTS: S. LeBlanc

#### 1. CALL TO ORDER:

D. Clifford called the meeting to order at 5:30 pm. B.Booth recorded the minutes of this meeting. J. Begg read the Indigenous Acknowledgment and D. Clifford read the Mission Statement. D. Clifford welcomed everyone and reminded all of the virtual meeting etiquette.

D. Clifford acknowledged Julie Loveday's retirement noting this is her last Board meeting. D. Clifford thanked Julie for all she has done for Riverside Health Care and for the people of the Rainy River District. Diane presented Julie with a gift on behalf of the Board of Directors. Julie thanked the Board for their important work and for all their support over the years.

#### 1.1 Quorum

D. Clifford shared there were 3 regrets. Quorum was present.

#### 1.2 Conflict of Interest

No conflict of interest or duty was declared.

#### 2. CONSENT AGENDA

The Chair asked if there were any items to be removed from the consent agenda to be discussed individually. There were no items removed.

#### 3. MOTION TO APPROVE THE AGENDA:

It was,

MOVED BY: J. Begg SECONDED BY: K. Lampi

THAT the Board approves the Agenda as circulated.

CARRIED.

#### 4. Patient / Resident Safety Moment

J. Loveday shared a patient story regarding "7 Admissions in 2 weeks", submitted by Carley McCormick on behalf of a patient. The following was highlighted:

One week and the patient travelled just over 5900 km's. The patient was feeling generally unwell, which seemed like their new normal as they had recently started renal dialysis. The patient was a bit shorter of breath and was acting a bit confused. An outpatient appointment occurred with their family Physician

Minutes of the Open Board Meeting - May 30, 2024

when it was noticed the heart rate of 30. This is where the whirlwind started. The patient was sent over from clinic to the Emergency Department for further work up and was admitted to ICU and was rather stable. A referral was sent for a pacemaker and Thunder Bay decided to accept the patient in transfer, then onward to Southern Ontario to have it inserted. Unfortunately, Thunder Bay is not currently doing pacemaker insertions. The patient was repatriated back to Thunder Bay and then to Fort Frances. Once they returned to Fort Frances the admission was short. The patient's heart rate concerns were addressed and was feeling rather well. The patient was discharged a few days after repatriation back to their home hospital.

This was short lived, after being home just over a day, the patient had chest pain, and presented back to the emergency department and had a heart attack. The patient was now waiting for Angiogram to take place and a treat and return to Thunder Bay. When the angiogram occurred, it was noted that the patient's artery disease was diffuse and bypass surgery was required in Toronto. The patient was then sent back to Fort Frances to await an appointment date for this to occur. While waiting in Fort Frances for the procedure, things were going well, dialysis took place and little oxygen was required. However, the patient woke one morning with very harsh groin pain, at the site where Thunder Bay had gone in to do the angiogram. A pseudoaneurysm was found. Because of this, Thunder Bay accepted the patient as a life or limb transport. While awaiting transport, the patient crashed. A code blue was called. With the guick response of the staff at Riverside they saved the patient's life. The team connected with Thunder Bay Regional ICU via RCCR (Regional Critical Care Resource), for support and planning. The patient was now awaiting transfer to the ICU in Thunder Bay. The patient was transferred a quick 2 hours later to Thunder Bay. From Thunder Bay they were sent to Toronto and had the Cardiac Bypass Surgery. In all the patients trips to and from place to place, Fort Frances to Thunder Bay to Toronto and back and Toronto again, the patient noted their experience was positive and all the stars aligned. It was a unique situation to all pan out. We often here of the negative in health care, the treatment that occurs, but from all 3 admissions in Fort Frances, the 3 to Thunder Bay and 2 in Southern Ontario, the patient shared the Health Care system still cares. The patient shared they are thankful for this life and thankful for the care provided in their hometown and was thankful for the leaders who guide Riverside Health Care.

Julie acknowledged Carley McCormick for sharing this story and for the RCCR program, noting it's importance. Diane thanked Julie for sharing this story.

#### 5. BUSINESS ARISING:

There was no business arising.

#### 6. NEW BUSINESS:

There was no new business.

#### 7. OPPORTUNITY FOR PUBLIC PARTICIPATION

There was no public participation.

#### 8. MOVE TO IN-CAMERA:

It was,

MOVED BY: K. Lampi SECONDED BY: J. Begg

THAT the Board go in-camera at 5:41 pm.

CARRIED.

#### 9. OTHER MOTIONS/BUSINESS:

There was no other motions/business.

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	June 18, 2024	
11.	TERMINATION:	
	It was,	
	MOVED BY: M. Kitzul	
	THAT the meeting be terminated at 7:46 pm.	CARRIED.
		<del></del>
Chair		Secretary/Treasurer

6 of 60

10.

DATE AND LOCATION OF NEXT MEETING:



#### Board Chair, Chief of Staff & Senior Leadership – June 2024 Open Session

#### **Strategic Pillars & Directions**

#### **Investing in Those Who Serve - Strategically Leveraging our Human Resources**

#### • Rainycrest Sustainability & Admissions Plans

Rainycrest sustainability and readmission plans submitted prior to the June 1, 2024. A meeting with the MLTC is scheduled for June 13, 2024, to review and discuss our submission.

#### One Riverside - Promoting a Consistent and Empowering Culture

#### • LVGH's 2nd Palliative Care Room

The 2<sup>nd</sup> palliative care room at LVGH has been complete. The room is highly inviting, similar to our 1<sup>st</sup> palliative care room, and will provide a warm, supportive environment for families and patients.

#### Tomorrow's Riverside Today - Investing Today to Support Tomorrow

#### MRI

Ontario Health has notified both RHC and Meno Ya Win that they have had preliminary discussion with their MoH colleagues to address our request for some level of capital support for a 1.5T MRI unit and capital renovations. As the MoH and OHN originally would only support a 0.55T MRI unit this does represent a material change in their perspective and will require additional engagement to be able to provide formal support. We are awaiting further engagement from OHN to outline next steps.

#### Striving To Excel in Equity, Diversity & Inclusion (EDI)

#### IP Mental Health & Addictions

With the initial IP MH&A Bed Proposal submitted in 2023 we have resurrected this initiative to advance a more detailed modeling for the MoH. Our QA Auditor & OHT Lead will be engaging with mental health and addiction leadership in both Thunder Bay and Kenora to assist in evolving the model for further consideration by the government.

The lack of access to formal addiction services in hospital and the back pressure created by excess demand for mental health hospital services in Kenora and Thunder Bay make a viable solution for our District a necessity.

To recall, the proposal is for an 8-bed hybrid addiction and mental health unit able to accommodate low to high levels of secured access. It was recently identified by our new lead that incorporating overflow support for RAAM from this program may provide for added value in the eyes of the MoH.

#### Indigenous Liaison

Our new Indigenous Liaison is working closely with GHAC as they onboard new ICCs to support patients receiving care by RHC. While this will be our Liaison's initial focus, she will begin to expand her engagement with all sites and services as we progress through the summer months.

Thank you to the Riverside Team for their submissions, they are invaluable in the preparation of this report.

Respectfully Submitted,

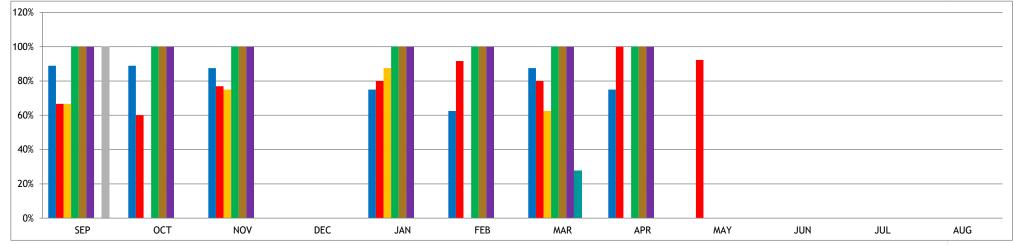
Diane Clifford, Board Chair
Dr. Lucas Keffer, Chief of Staff
Julie Loveday, Executive Vice President, Clinical Services & CNE
Carla Larson, Chief Financial, Information & Technology Officer
Joanne Ogden, Quality Assurance & OHT Executive Lead
Henry Gauthier, President & CEO



#### Quality, Safety, Risk Committee Report – June 2024

2.5.1 Board Quality Metrics \*

### **BOARD OF DIRECTORS - QUALITY METRICS - 2023-2024**



#### INDICATORS:

- 1. Participation A # of voting board members attending board meetings monthly.
- 2. Participation B # of voting board members attending committee meetings monthly.
- 3. Reflection  $\underline{\mathbf{A}}$  # of completed board meeting evaluation surveys bi-monthly.
- 4. Reflection B # of members that complete the board selfassessment questionnaire annually (June).
- 5. <u>Decision Making</u> # of board decisions made by detailed briefing notes/supporting documentation done monthly.
- 6. Education  $\underline{\mathbf{A}}$  # of education sessions at board meetings monthly.
- 7. Education B # of board meeting agenda items related to integration, quality or strategy monthly.
- 8. <u>Composition</u> # of categories in the skills based board matrix met annually (March).
- 9. <u>Compliance</u> # of new directors that attend board orientation annually (Sept).

INDICATOR	SEP	ОСТ	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	YTD Actual	Target	Variance	Notes
1. Participation A	89%	89%	88%	#DIV/0!	75%	63%	88%	75%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	81%	75%	6%	
2. Participation B	67%	60%	77%	#DIV/0!	80%	92%	80%	100%	92%	#DIV/0!	#DIV/0!	#DIV/0!	80%	75%	5%	
3. Reflection A	67%	#DIV/0!	75%	#DIV/0!	88%	#DIV/0!	63%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	73%	100%	-27%	
4. Reflection B										#DIV/0!			#DIV/0!	100%	#DIV/0!	
5. Decision Making	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	90%	10%	
6. Education A	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	117%	100%	17%	min of 1 session/mtg
7. Education B	100%	100%	100%	#DIV/0!	100%	100%	100%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%	100%	0%	min of 2 items/mtg
3. Composition							28%						28%	89%	-61%	5/18 met (in green zone
9. Compliance	100%	#DIV/0!	#DIV/0!										#DIV/0!	90%	#DIV/0!	Board Orientation took place in September 2023



#### Auxiliary Report - June 2024

Emo	
No Report.	
La Verendrye General Hospital	
No Report.	
Rainycrest	
No Report.	

#### **Rainy River**

The Rainy River hospital Auxiliary met on June 5, 2024, with the following highlights:

- Our Auxiliary will award two \$1,000 bursaries at the Rainy River High School graduation in June. The recipients are Nina Kreger and Isabelle McNabb Hansen.
- We are sending thank you cards to Bill Langner, for verifying our books for many years, to Beaver Mills Market for allowing the auxiliary to sell and store our Nevada tickets at their business, and to The Fix-It Club for storing our shelves on their premises.
- After reviewing the list of capital equipment for Rainy River Health Centre, it was decided to fundraise for the Point of Care Testing Complete Blood Count Analyzer. The estimated cost of the analyzer is \$31,500. The Auxiliary has committed to fundraise \$5,000 over the next two years to donate to the POTC CBC analyzer campaign.
- Our Auxiliary will be participating in the 120<sup>th</sup> anniversary of Rainy River at Railroad Daze in July. We will set up a Porch Sale outside of the Health Centre to sell tuck shop merchandise and Nevada tickets. We will also have a table in the big tent to sell tickets on the donated quilt and the Ark painting.
- Hoping everyone has a pleasant summer break. See you in September!

Riverside Health Care Facilities, Inc. Financial Statements For the year ended March 31, 2024

#### Riverside Health Care Facilities, Inc. Financial Statements For the year ended March 31, 2024

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## Riverside Health Care Facilities, Inc. Management's Responsibility for the Financial Statements

The accompanying financial statements of Riverside Health Care Facilities, Inc. are the responsibility of management and have been approved by the Board Chair and CEO on behalf of the Organization.

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. Financial statements are not precise since they include certain amounts based on estimates and judgments. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances, in order to ensure that the financial statements are presented fairly, in all material respects.

The Organization maintains systems of internal accounting and administrative controls of high quality consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and the Organization's assets are appropriately accounted for and adequately safeguarded.

The Board of Directors are responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements.

The Directors review the Organization's financial statements and meet periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting process, auditing matters and financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities, and to review the annual report, the financial statements and the external auditor's report.

The financial statements have been audited by BDO Canada LLP, independent external auditors appointed by the Organization. The audit has been performed in accordance with Canadian generally accepted auditing standards. The accompanying Independent Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the Organization's financial statements.

Board Chai
CEO
0_0

#### **Independent Auditor's Report**

#### To Management and the Board of Directors of Riverside Health Care Facilities, Inc.

#### Opinion

We have audited the financial statements of Riverside Health Care Facilities, Inc. (the Organization), which comprise the Statement of Financial Position as at March 31, 2024, and the Statement of Operations, the Statement of Changes in Net Assets (Debt), and the Statement of Cash Flows for the year then ended, and the Notes to Financial Statements, including a Summary of Significant Accounting Policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2024, and its results of operations, changes in net assets (debt) 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 *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Material Uncertainty Related to Going Concern

We draw attention to Note 2 in the financial statements, which indicates that as of March 31, 2024, the Organization's current liabilities exceeded its current assets by \$1,793,931, representing a working capital deficit. As stated in Note 2, these conditions, along with other matters as set forth in Note 2, indicate that a material uncertainty exists that may cast significant doubt on the Organization's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

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

Management is responsible for the preparation and fair presentation of these 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.

In preparing the financial statements, management is responsible for assessing the Organization'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 Organization or to cease operations, or has no realistic alternative but to do so.

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

#### Auditor's 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 auditor's 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 Organization'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 Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's 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 auditor's report. However, future events or conditions may cause the Organization 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.

We 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.

Chartered Professional Accountants, Licensed Public Accountants Fort Frances, Ontario June 18, 2024

## Riverside Health Care Facilities, Inc. Statement of Financial Position

March 31	2024	2023
Assets		
Current Portfolio investments Accounts receivable (Note 4) Inventories (Note 5) Prepaid expenses	\$ 31,562 13,373,072 472,679 814,648	\$ 30,392 13,011,358 497,927 780,132
	14,691,961	14,319,809
Capital assets (Note 6) Construction in progress	30,980,219 1,848,435	29,096,632 2,876,133
	\$47,520,615	\$ 46,292,574
Liabilities and Net Assets		
Current Bank indebtedness (Note 7) Accounts payable and accrued liabilities (Note 8) Due to LHIN/MOHLTC/other agencies	\$ 828,921 8,194,582 7,462,389	\$ 1,772,330 9,359,319 6,857,287
	16,485,892	17,988,936
Post-employment benefits and compensated absences (Note 9) Deferred revenue (Note 10) Long-term debt (Note 11) Asset retirement obligations (Note 12)	6,319,500 19,537,705 869,711 6,447,214 49,660,022	6,389,500 16,835,867 899,969 6,063,436 48,177,708
Net assets (debt) Unrestricted Investment in capital assets (Note 13) Board designated	(10,618,575) 8,417,809 61,359	(12,315,694) 10,371,390 59,170
	(2,139,407)	(1,885,134)
	\$47,520,615	\$ 46,292,574
Contingencies (Note 15)		
On behalf of the Board:		
Director		
Director		

The accompanying notes and schedules are an integral part of these financial statements.

# Riverside Health Care Facilities, Inc. Summary Statement of Operations

For the year ended March 31		2024	2023
Operating			
Revenue  LHIN - base allocation  LHIN/MOHLTC - one-time payments  LHIN/MOHLTC - quality based procedures  LHIN/MOHLTC - other revenue	\$	29,611,612 12,222,125 1,799,109 822,758	\$ 28,160,538 4,062,385 1,600,445 614,267
		44,455,604	34,437,635
Patient revenue, differential and co-payment revenue Recoveries and miscellaneous revenue Amortization of deferred contributions related to equipment Cancer care	_	2,989,715 5,398,953 532,945 7,686	2,591,727 4,720,448 359,793 9,637
Total revenue		53,384,903	42,119,240
Expenses  Salaries and wages Benefits contributions from employers Post-employment benefits and compensated absences Medical staff remuneration Nurse practitioners remuneration Supplies and other expenses Amortization of software licenses and fees Medical and surgical supplies Drugs and medical gases Bad debts Amortization of major equipment Rent/lease of equipment	_	26,483,628 6,430,279 11,300 3,050,897 790,998 6,948,108 21,158 1,734,822 2,801,745 109,683 961,599 194,355	23,795,854 5,248,426 163,800 2,488,165 216,482 6,836,665 17,831 1,408,329 2,627,198 120,058 830,976 182,672
Total expenses	_	49,538,572	43,936,456
Surplus (deficit) from operations	_	3,846,331	(1,817,216)
Other votes (Schedule 1) (Note 14) Revenue Expenses		22,645,308 25,452,005	21,629,056 23,968,483
Surplus (deficit) from other votes	_	(2,806,697)	(2,339,427)
Other funding sources (Schedule 2) (Note 14) Revenue Expenses		193,154 196,087	260,666 260,666
Surplus from other funding sources	_	(2,933)	-
Surplus (deficit) from operations, other votes and other funding sources	\$	1,036,701	\$ (4,156,643)

### Riverside Health Care Facilities, Inc. Summary Statement of Operations (Continued)

For the year ended March 31		2024	2023
Surplus, carried forward	\$	1,036,701 \$	(4,156,643)
Capital revenue  Amortization of deferred contributions			
related to non-marketed buildings and service equipment	<u> </u>	818,697	785,177
		1,855,398	(3,371,466)
Capital expenses  Amortization of non-marketed buildings and service equipment Accretion expense on asset retirement obligations		(1,861,440) (250,420)	(1,610,843) (240,488)
Surplus (deficit) for the year	\$	(256,462) \$	(5,222,797)

# Riverside Health Care Facilities, Inc. Statement of Changes in Net Assets (Debt)

For the year ended March 31	Unrestricted	Invested in Capital Assets	Board Designated	Total 2024	Total 2023
Balance, beginning of year	\$ (12,315,694)\$	10,371,390 \$	59,170 \$	(1,885,134)\$	3,336,611
Surplus (deficit) for the year	(256,462)	-	-	(256,462)	(5,222,797)
Net change in investment in capital assets (Note 13)	1,953,581	(1,953,581)	-	-	-
Net transfer to board designated			2,189	2,189	1,052
Balance, end of year	\$(10,618,575)\$	8,417,809 \$	61,359 \$	(2,139,407)\$	(1,885,134)

## Riverside Health Care Facilities, Inc. Statement of Cash Flows

For the year ended March 31		2024	2023
Cash provided by (used in) operating activities Surplus (deficit) for the year Adjustments to net assets	\$	(256,462) 2,189	\$ (5,222,797) 1,052
Items not involving cash Amortization of capital assets Amortization of deferred contribution related to		2,844,196	2,460,747
capital assets Net increase in post-employment benefits and		(1,351,641)	(1,144,970)
compensated absences		(70,000)	315,700
Accretion expense on asset retirement obligations	_	250,420	240,488
		1,418,702	(3,349,780)
Change in non-cash working capital items			
Accounts receivable		(361,714)	(7,046,225)
Inventories		25,248	68,055
Prepaid expenses		(34,514)	(274,524)
Other current assets		_	30,000
Accounts payable and accrued liabilities		(1,164,738)	1,225,518
Due to LHIN/MOHLTC		605,102	1,482,450
Deferred revenue		245,888	884,503
		(684,728)	(3,630,223)
		733,974	(6,980,003)
Cook flow from an ital activities			
Cash flow from capital activities  Purchase of capital assets		(3,566,728)	(4,526,016)
r dichase of capital assets		(3,300,720)	(4,320,010)
Cash flow from investing activities			
Increase in portfolio investments	_	(1,170)	(89)
Cook flow from Granding activities			
Cash flow from financing activities		2 007 504	2 224 020
Increase in deferred contributions		3,807,591	2,321,838
Repayment of long-term debt	_	(30,258)	(29,628)
	_	3,777,333	2,292,210
Increase (decrease) in cash during the year		943,409	(9,213,898)
Cash (bank indebtedness), beginning of year		(1,772,330)	7,441,568
Bank indebtedness, end of year	\$	(828,921)	\$ (1,772,330)

#### March 31, 2024

#### 1. Significant Accounting Policies

### Nature of Organization

Riverside Health Care Facilities, Inc. (the "Organization") was incorporated under the Ontario Hospitals Act on May 13, 1975. The Organization is principally involved in providing health care services to the central and western regions of the Rainy River District. The Organization is a registered charity under the Income Tax Act and accordingly is exempt from income taxes, provided certain requirements of the Income Tax Act are met.

### Management's Responsibility

The financial statements of Riverside Health Care Facilities, Inc. are representations of management. The financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations, including the 4200 series of standards, as issued by the Public Sector Accounting Board ("PSAB for Government NPO's").

#### Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand, bank balances and investments in money market instruments with maturities of three months or less.

#### Inventory

Inventories are valued at the lower of cost and net realizable value. Cost is determined on the first-in first-out basis. Inventory consists of medical and general supplies that are used in the Organization's operations and not for resale purposes.

#### **Capital Assets**

Purchased capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at fair value at the date of contribution. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated useful life of an asset are capitalized. When capital assets no longer contribute to the Organization's ability to provide services or the value of future economic benefits associated with the capital asset is less than its net book value, the carrying value of the capital asset is reduced to reflect the decline in the asset's value.

Construction in progress is not amortized until construction is substantially complete and the assets are ready for use.

Capital assets are amortized on a straight line basis using the following estimated annual rates:

Land improvements	10 to 15 years
Buildings	20 to 40 years
Building service equipment	20 to 40 years
Major equipment	5 to 20 years
Computer software	3 to 5 years

#### March 31, 2024

1. Significant Accounting Policies (continued)

Retirement and
Post-employment
Benefits and
Compensated
Absences

The Organization provides defined retirement and postemployment benefits and compensated absences to certain employee groups. These benefits include pension, health and dental, and vesting sick leave. The Organization has adopted the following policies with respect to accounting for these employee benefits:

- (i) The costs of post-employment future benefits are actuarially determined using management's best estimate of health care costs, disability recovery rates and discount rates. Adjustments to these costs arising from changes in estimates and experienced gains and losses are amortized to income over the estimated average remaining service life of the employee groups on a straight line basis. Plan amendments, including past service costs, are recognized as an expense in the period of the plan amendment.
- (ii) The Organization is an employer member of the Healthcare of Ontario Pension Plan (HOOPP), which is a multi-employer, defined benefit pension plan. The Board of Trustees, representing plan members and employers, is responsible for overseeing the management of the pension plan, including investment of the assets and administration of the benefits. The costs to the Organization of the multi-employer defined benefit pension are the employer's contributions due to the plan in the period.
- (iii) The cost of vesting sick leave benefits are actuarially determined using management's best estimate of salary escalation, employees' use of entitlement and discount rates. Adjustments to these costs arising from changes in actuarial assumption and/or experience are recognized over the estimated average remaining service life of the employees.
- (iv) The discount rate used in the determination of the abovementioned liabilities is equal to the Organization's internal rate of borrowing.

#### March 31, 2024

#### Significant Accounting Policies (continued)

Financial Instruments The Organization classifies its financial instruments as either fair value or amortized cost. The Organization's accounting policy for each category is as follows:

#### Fair Value

This category includes cash and cash equivalents, short-term deposits, bank indebtedness and derivatives.

They are initially recognized at cost and subsequently carried at fair value. 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. Changes in fair value on restricted assets are recognized as a liability until the criterion attached to the restrictions has been met.

Transaction costs related to financial instruments in the fair value category are expensed as incurred.

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the Summary Statement of Operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the Summary Statement of Operations.

The Organization does not have any remeasurement gains or losses. As a result, the financial statements do not include a Statement of Remeasurement Gains and Losses.

#### Amortized Cost

This category includes accounts receivable, accounts payable, accrued liabilities, long-term debt and amounts due to LHIN/MOHLTC/other agencies. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets.

Transaction costs related to financial instruments in the amortized cost category are added to the carrying value of the instrument.

Writedowns on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision, and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the writedown being recognized in the Summary Statement of Operations.

#### March 31, 2024

#### Significant Accounting Policies (continued)

#### **Board Designated Net Assets**

Board designated net assets include donations and bequests as well as certain fund surpluses designated for specific purposes by the Board of Directors.

Revenue Recognition The Organization follows the deferral method of accounting for contributions, which include donations and government grants.

> Under the Health Insurance Act and Regulations thereto, the Organization is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and the North West Local Health Integration Network ("LHIN"). 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.

> Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Contributions restricted for the purchase of property, plant 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, plant and equipment.

> Amortization of non-marketed buildings and service equipment is not funded by the LHIN and accordingly the amortization of nonmarketed buildings and service equipment has been reflected as an undernoted item in the Summary Statement of Operations with the corresponding realization of revenue for deferred contributions.

> Revenue from patient services is recognized when the service is provided.

> Revenue from the Provincial Insurance Plan and marketed services is recognized when the goods are sold or the service is provided.

> Unrestricted investment income is recognized as revenue when earned.

#### March 31, 2024

#### Significant Accounting Policies (continued)

Contributed Services Volunteers contribute numerous hours to assist the Organization in carrying out certain charitable 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.

#### Use of Estimates

The preparation of financial statements in accordance with Canadian public sector accounting standards for government notfor-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.

Areas of key estimation include actuarial estimation of postemployment benefits and compensated absences and the estimated useful lives of capital assets.

#### Asset Retirement **Obligations**

A liability for an asset retirement obligation is recognized when there is a legal obligation to incur retirement costs in relation to a tangible capital asset; the past transaction or event giving rise to the liability has occurred; it is expected that future economic benefits will be given up; and a reasonable estimate of the amount can be made. The liability is recorded at an amount that is the best estimate of the expenditure required to retire a tangible capital asset at the financial statement date. This liability is subsequently reviewed at each financial reporting date and adjusted for the passage of time and for any revisions to the timing, amount required to settle the obligation or the discount Upon the initial measurement of an asset retirement obligation, a corresponding asset retirement cost is added to the carrying value of the related tangible capital asset if it is still in productive use. This cost is amortized over the useful life of the tangible capital asset. If the related tangible capital asset is unrecognized or no longer in productive use, the asset retirement costs are expensed.

#### March 31, 2024

#### 2. Going Concern

These financial statements have been prepared on a going concern basis which contemplates the realization of assets and the payment of liabilities in the ordinary course of business. Should the Organization be unable to continue as a going concern, it may be unable to realize the carrying value of its assets and to meet its liabilities as they become due.

The Organization, which is primarily funded by the Ontario Ministry of Health and Long-Term Care and the North West Local Health Integration Network has been facing financial difficulties for continuous years. The Organization incurred a loss from operations, other votes and other funding sources during the year ended March 31, 2024 of \$(1,036,701) and, as at March 31, 2024, the Organization's current liabilities exceeded its current assets by \$1,793,931, representing a working capital deficit.

The Organization's ability to continue as a going concern is dependent upon its ability to raise adequate cash flows to cover its current obligations on a timely basis and to attain positive cash flows to cover its continuing operations. In addition, the Organization is dependent upon continued support from the Province of Ontario for operational funding.

These financial statements do not reflect any adjustments to the carrying values of assets and liabilities that would be necessary should the Organization be unable to continue as a going concern.

#### 3. COVID-19 Ministry of Health Funding

In response to the ongoing COVID-19 pandemic, the Ministry of Health (MOH) has announced funding programs to assist hospitals with incremental operating and capital costs, revenue decreases as a result of COVID-19, and working fund support. Additionally, as part of the broad based funding reconciliation, the MOH is allowing hospitals to reallocate surplus funding that otherwise would have been repayable from certain programs to offset budget constraints created by COVID-19.

Management's estimate of the Hospital's MOH revenue is based on guidance which continues to evolve and the impacts of COVID-19 on the Hospital's operations, revenues and expenses. This guidance includes the maximum amount of funding potentially available to the Hospital, as well as the criteria for eligibility. As a result, there is measurement uncertainty associated with the MOH revenue related to COVID-19. In addition, as the funding is subject to review and reconciliation in subsequent periods, funding recognized as revenue during a period may be increased or decreased in subsequent periods.

#### March 31, 2024

	·				
4.	Accounts Receivable				
				2024	2023
	Ministry of Health and Long- Insurers and patients Other	Term Care		\$ 8,066,225 1,353,951 3,952,896	\$ 6,946,062 1,210,188 4,855,108
				\$13,373,072	\$ 13,011,358
5.	Inventories				
				2024	2023
	Medical and surgical supplies	5		\$ 40,363	\$ 41,464
	Drugs Pandemic			272,513	300,676 9,162
	Other			9,164 150,639	146,624
	Other			\$ 472,679	\$ 497,926
6.	Capital Assets			2024	2022
				2024	2023
		Cost	Accumulated Amortization	Net Book Value	Net Book Value
	Land Land improvements Buildings and	\$ 1,497,829 340,425	\$ - 324,895	\$ 1,497,829 15,530	\$ 1,497,829 18,062
	service equipment Machinery and equipment Computer software	64,510,813 23,191,689 1,137,933	40,517,647 17,824,289 1,031,639	23,993,166 5,367,400 106,294	22,439,668 5,113,435 27,638
		\$90,678,689	\$59,698,470	\$30,980,219	\$ 29,096,632

#### 7. Bank Indebtedness

The Organization's bank accounts are held at one chartered bank. In the normal course of operations, the Organization is exposed to credit risk from having bank account balances over the amounts insured by the Canadian Deposit Insurance Corporation.

Riverside Health Care Facilities, Inc. is party to a short-term credit agreement with a Canadian chartered bank pursuant to which the Organization could borrow up to \$5,000,000 in the form of a demand operating loan. The amount drawn under the credit agreement as at March 31, 2024, was \$828,921 (2023 - \$1,772,330).

#### March 31, 2024

#### 8. Accounts Payable and Accrued Liabilities

	2024	2023
Trade accounts payable Accrued salaries and benefits	\$ 3,601,955 4,592,627	4,018,767 5,340,552
	\$ 8,194,582	9,359,319

#### 9. Post-employment Benefits and Compensated Absences

The Organization has an unfunded benefit plan providing retirement and post-employment benefits (excluding pension) to most of its employees. The Organization pays certain medical and life insurance benefits under an unfunded defined benefit plan on behalf of its retired employees. The eligibility for benefits is determined by the status and employment group to which each individual employee belongs.

The Organization measures its accrued benefits obligation for accounting purposes as at March 31st of each year. The latest actuarial valuation was prepared effective March 31, 2023. and results from that valuation has been extrapolated to March 31, 2024.

				2024
	P _	ost-employment Benefits	on-Vesting Sick Leave	Total
Accrued employee future benefits obligation	\$	3,320,800	\$ 26,500	\$ 3,347,300
Unamortized actuarial gains (losses)	_	3,004,500	(32,300)	2,972,200
Total	\$	6,325,300	\$ (5,800)	\$ 6,319,500
				2023
	P	ost-employment Benefits	on-Vesting Sick Leave	Total
Accrued employee future benefits obligation Unamortized actuarial gains (losses)	\$	3,096,900 3,273,900	\$ 68,200 (49,500)	\$ 3,165,100 3,224,400
Total	\$	6,370,800	\$ 18,700	\$ 6,389,500

#### March 31, 2024

#### 9. Post-employment Benefits and Compensated Absences (continued)

	_					2024
	Po	ost-employment Benefits	١	lon-Vesting Sick Leave	Tota	l Expenses
Current year benefit cost	\$	256,400	\$	-	\$	256,400
Interest on accrued benefit obligation		156,400		2,200		158,600
Amortized actuarial losses (gains)		(269,400)		17,200		(252,200)
Total expenses	\$	143,400	\$	19,400	\$	162,800
Benefit payments	\$	188,900	\$	43,900	\$	232,800
Current year actuarial gains (losses)	\$	-	\$	-	\$	_
						2023
	Po	ost-employment Benefits	١	lon-Vesting Sick Leave	Tota	al Expenses
Current year benefit cost	\$	411,200	\$	-	\$	411,200
Interest on accrued benefit obligation		219,600		1,200		220,800
Amortized actuarial losses (gains)		(59,500)		5,600		(53,900)
Total expenses	\$	571,300	\$	6,800	\$	578,100
Benefit payments	\$	256,700	\$	5,700	\$	262,400
Current year actuarial gains (losses)	\$	2,623,800	\$	(40,200)	\$	2,583,600

#### March 31, 2024

#### 9. Post-employment Benefits and Compensated Absences (continued)

Above amounts exclude pension contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), a multi-employer plan, described below:

#### **Retirement Benefits**

#### **HOOPP** Pension Plan

Substantially all of the full-time employees and some of the part-time employees of the Organization are members of the Healthcare of Ontario Pension Plan. The latest valuation for HOOPP indicated the plan is 110% funded and disclosed net assets available for benefits of \$112.7 billion with an accrued pension obligation of \$102.4 billion and a surplus of \$10.2 billion. The plan is a multi-employer plan and therefore the Organization's contributions are accounted for as if the plan were a defined contribution plan with the Organization's contributions being expensed in the period they come due. Due to the nature of HOOPP, the Organization does not recognize any share of the HOOPP surplus or deficit. Contributions to the plan during the year by the Organization on behalf of its employees amounted to \$2,528,447 (2023 - \$2,160,868) and are included in the Summary Statement of Operations.

#### Post-employment Benefits

The Organization extends post-employment life insurance, health and dental benefits to certain employee groups subsequent to their retirement. The Organization recognizes these benefits as they are earned during the employees' tenure of service. The related benefit liability was determined by an actuarial valuation study.

The major actuarial assumptions employed for the valuation are as follows:

#### a) Discount rate

The present value as at March 31, 2024, of the future benefits was determined using a discount rate of 4.80% (2023 - 4.80%).

#### b) Extended health care costs

Extended health care costs were assumed to increase at a rate of 6.00% in the first year following the valuation year and decrease by annual decrements of 0.25% to an ultimate rate of 4.00%.

#### c) Dental costs

Dental costs were assumed to increase at 4.00% per annum.

#### March 31, 2024

#### 9. Post-employment Benefits and Compensated Absences (continued)

#### **Compensated Absences**

#### Non-Vesting Sick Leave

The Organization compensates certain employee groups for any unused sick days they have accumulated upon retirement or death. The employees accrued sick days are paid out at the salary rate in effect at retirement or death. No benefit is payable on termination. The related benefit liability was determined by an actuarial valuation study.

The assumptions used in the valuation of non-vesting sick leave are the Organization's best estimates of expected rates of:

		2024	2023
Wage and salary escalation Discount rate		1.50% 4.80%	1.50% 4.80%
10. Deferred Revenue		2024	2023
Deferred physician recruitment funding Other deferred revenue Accounting software implementation costs Health Infrastructure Renewal Fund (HIRF) Hospital Investing in Canada Infrastructure Program (ICIP) funding Long-term care Investing in Canada Infrastructure Program (ICIP) funding	\$	156,071 704,325 368,987 - 1,214,402	\$ 78,314 183,275 368,987 820,812 - 746,509
Deferred contributions related to capital assets	_1	2,443,785 7,093,920 9,537,705	\$ 2,197,897 14,637,970 16,835,867

Deferred contributions related to capital assets are amortized at the same rate as the corresponding assets are being amortized.

Management has determined that the deferred Health Infrastructure Renewal Fund (HIRF) balance of \$0 (2023 - \$820,812) is related to funding that was unable to be spent due to COVID-19.

#### March 31, 2024

#### 11.

Long-term Debt			
		2024	2023
TD bank property purchase loan, part of multiple draw committed reducing term facility, repayable monthly at \$1,085 principal and interest, fixed interest rate of 1.61%. Unsecured with a maturity date of December 14, 2025.	\$	238,782	\$ 247,879
TD bank property purchase loan, part of multiple draw committed reducing term facility, repayable monthly at \$1,482 principal and interest, fixed interest rate of 1.99%. Unsecured with a maturity date of May 14, 2026.		318,458	329,777
TD bank property purchase loan, part of multiple draw committed reducing term facility, repayable monthly at \$1,530 principal and interest, fixed interest rate of 2.68%. Unsecured with a maturity date of December 3, 2026.		312,471	322,313
	_		
		869,711	899,969
Less current portion	_	30,633	30,258
	\$	839,078	\$ 869,711

Payments of principal required over the next five years, assuming refinancing on similar terms, and thereafter, are as follows:

	R	Principal epayments	Interest	Total
2025 2026 2027 2028 2029 Thereafter	\$	30,633 31,556 32,227 32,912 33,613 708,770	\$ 18,258 17,602 16,931 16,246 15,545 140,652	\$ 48,891 49,158 49,158 49,158 49,158 849,422
	\$	869,711	\$ 225,234	\$ 1,094,945

The gross interest paid relating to the above long-term debt was \$18,902 (2023 - \$29,630).

2024

#### March 31, 2024

#### 12. Asset Retirement Obligations

The Organization's financial statements include asset retirement obligations for asbestos abatement work to be performed at the LaVerendrye General Hospital facility and the Rainycrest Home for the Aged facility. The related asset retirement costs are being amortized on a straight line basis. The liability has been estimated using a net present value technique with a discount rate of 4.13% (2023 - 4.13%). The estimated total undiscounted future expenditures are \$17,365,661 (2023 - \$17,365,661), which are estimated to be incurred over the next 25 years. The liability is expected to be settled in the March 31, 2049 fiscal year.

The carrying amount of the liabilities are as follows:

Asset retirement obligations as at March 31, 2024	\$ 6,447,214
Increase due to accretion expense	250,420
year	133,358
Increase due to liability incurred during the current	
Asset Retirement Obligations as at March 31, 2023	\$ 6,063,436

#### 13. Investment in Capital Assets

(a) Investment in capital assets is calculated as follows:

	2024	2023
Capital assets Construction in progress Amounts financed by:	\$ 30,980,219 1,848,435	\$ 29,096,632 2,876,133
Deferred contributions (Note 10) Long-term debt (Note 11) Asset retirement obligations (Note 12)	(17,093,920) (869,711) (6,447,214)	(14,637,970) (899,969) (6,063,436)
	\$ 8,417,809	\$ 10,371,390

2022

#### March 31, 2024

#### 13. Investment in Capital Assets (continued)

(b) Change in investment in capital assets is calculated as follows:

_		2024	2023
Purchase of capital assets Increase in capital assets from asset retirement	;	3,566,728	\$ 4,526,016
obligations		133,358	5,822,948
Amounts funded by deferred contributions		(3,807,592)	(2,321,838)
Amortization of deferred contributions related to			
capital assets		1,351,641	1,144,970
Amortization of capital assets		(2,844,196)	(2,460,747)
Decrease (increase) in amounts funded by long-term debt	t	30,258	29,628
Increase in amounts funded by asset retirement			
obligations		(383,778)	(6,063,436)
<u>s</u>	;	(1,953,581)	\$ 677,541

#### 14. Other Votes and Other Funding Source Revenues

Other votes and other funding source revenues have been recognized to the extent they have been earned in the year. Excess cash flows received at year end are included in due to LHIN/MOHLTC/other agencies liabilities at year end.

#### 15. Contingencies

Riverside Health Care Facilities, Inc. has been named as a defendant in legal claims which arose in the ordinary course of business. The lawsuits are ongoing and as litigation is subject to many uncertainties, it is premature to make any evaluation of the possible outcome or possible settlement amount of the claims. Consequently, no provision for the claims have been made in the financial statements. Management believes the Organization has sufficient insurance to cover costs related to pending litigation.

Riverside Health Care Facilities, Inc. participates in the Healthcare Insurance Reciprocal of Canada (HIROC), a pooling of the public liability insurance risks of its hospital members. Members of the pool pay annual premiums, which are actuarially determined. Members are subject to assessment for losses, if any, experienced by the pool for the year in which they were members. No assessments have been made to March 31, 2024, with respect to claims.

#### 16. Economic Dependence

Riverside Health Care Facilities, Inc. receives the majority of its funding from the Ministry of Health and Long-Term Care and the North West Local Health Integration Network.

#### March 31, 2024

#### 17. Financial Instrument Risk Management

#### Credit Risk

Credit risk is the risk of financial loss to the Organization if a debtor fails to make payments of interest and principal when due. The Organization is exposed to this risk relating to its accounts receivable.

Accounts receivable are primarily due from OHIP, the Ministry of Health and Long-Term Care and patients. Credit risk is mitigated by the financial solvency of the provincial government and the highly diversified nature of the patient population.

The Organization measures its exposure to credit risk based on how long the amounts have been outstanding. An impairment allowance is set up based on the Organization's historical experience regarding collections.

#### Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate as a result of market factors. Market factors include three types of risk: interest rate risk, currency risk and equity risk. The Organization is not exposed to significant interest, currency or equity risk as it does not hold any interest bearing investments, does not transact materially in foreign currency or hold equity financial instruments.

#### Liquidity Risk

Liquidity risk is the risk that the Organization will not be able to meet all cash outflow obligations as they come due. The Organization mitigates this risk by monitoring cash activities and expected outflows through extensive budgeting and maintaining minimal non-cash assets.

#### Financial Instrument Classification

All financial instruments, with the exception of portfolio investments and bank indebtedness, are recognized at amortized cost.

Portfolio investments and bank indebtedness are recognized at fair value using Level 1 fair value measurements. Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities using the last bid price.

### Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 1 - Summary of Fund Type II's - Other Votes

For the year ended March 31		2024		2023
Revenue				
Mental Health - Case Management (Schedule 6)	\$	90,904	\$	86,207
Mental Health - Counselling (Schedule 7)	•	790,983	_	636,911
Addictions (Schedule 8)		375,230		325,241
Problem Gambling (Schedule 9)		111,632		96,716
Crisis Response (Schedule 10)		69,540		66,216
Supportive Housing (Schedule 11)		526,474		494,416
ALC Back to Home (Schedule 12)		281,817		254,645
Patient Navigator (Schedule 13)		132,529		92,234
Municipal tax		14,400		14,400
Rainycrest - Home for the Aged (Schedule 14)	1	7,705,864		17,349,346
Community Support Services (Schedule 15)		1,665,469		1,353,088
Community Paramedicine (Schedule 16)		380,892		381,132
Assisted Living (Schedule 17)		499,574		478,504
	_2:	2,645,308		21,629,056
Expenses  Mental Health - Case Management (Schedule 6)		90,904		86,207
Mental Health - Counselling (Schedule 7)		793,167		637,442
Addictions (Schedule 8)		375,572		326,363
Problem Gambling (Schedule 9)		111,632		96,725
Crisis Response (Schedule 10)		69,540		66,216
Supportive Housing (Schedule 11)		584,568		533,412
ALC Back to Home (Schedule 12)		293,168		260,644
Patient Navigator (Schedule 13)		132,987		92,234
Municipal tax		13,350		14,400
Rainycrest - Home for the Aged (Schedule 14)	2	0,442,641		19,647,104
Community Support Services (Schedule 15)		1,664,010		1,350,460
Community Paramedicine (Schedule 16)		380,892		381,132
Assisted Living (Schedule 17)		499,574		476,144
	2	5,452,005		23,968,483
Excess (deficiency) of revenue over expenses for the year	\$ (	2,806,697)	\$	(2,339,427)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 2 - Summary of Fund Type III's - Other Funding Sources

For the year ended March 31		2024	2023
Revenue			
Family Violence Counselling Program (Schedule 3) Riverside Community Family	\$	193,154 \$	188,607
Violence Service - PARR (Schedule 4)		-	47,586
Child Witness Program (Schedule 5)	<b>_</b> _	-	24,473
	_	193,154	260,666
Expenses			
Family Violence Counselling Program (Schedule 3) Riverside Community Family		195,804	187,967
Violence Service - PARR (Schedule 4)		(144)	47,586
Child Witness Program (Schedule 5)		`427 <sup>′</sup>	25,113
		196,087	260,666
Excess of revenue over expenses for the year	\$	(2,933) \$	-

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 3 - Family Violence Counselling Program

For the year ended March 31		2024	2023
Revenue Ministry of Community and Social Services (Note 14)	\$	161,839	\$ 157,296
Other		31,315	31,311
	<u> </u>	193,154	188,607
Expenses			
Salaries MOS		4,792	25,586
Salaries UPP		101,749	91,068
Benefits MOS		-	2,918
Benefits UPP		21,257	18,933
Staff travel		392	510
Staff training		140	65
Other services		1,649	485
Supplies and equipment		1,258	42
Advertising		-	383
Rent		12,360	12,000
Insurance		1,080	1,020
Memberships		-	-
Capacity building		12,763	3,580
Rural resource		38,364	31,377
		195,804	187,967
Excess of revenue over expenses for the year	\$	(2,650)	\$ 640

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 4 - Riverside Community Family Violence Service - PARR

For the year ended March 31		2024	2023
Revenue			
Ministry of the Attorney General (Note 14)	\$	- \$	47,586
Expenses			
Salaries MOS		-	(255)
Salaries UPP		9,850	20,988
Benefits MOS		•	1,844
Benefits UPP		(10,073)	16,051
Supplies and sundry		79	8,958
	<u> </u>	(144)	47,586
Excess of revenue over expenses for the year	\$	144 \$	

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 5 - Child Witness Program

For the year ended March 31		2024	2023
Revenue Ministry of Community and Social Services (Note 14)	<u>\$</u>	- \$	24,473
Expenses Supplies and sundry		427	25,113
Excess of revenue over expenses for the year	\$	(427) \$	(640)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 6 - Mental Health (Case Management)

For the year ended March 31		2024	2023
Revenue LHIN (Note 14)	<u>\$</u>	90,904	\$ 86,207
Expenses Salaries UPP Benefits UPP Supplies and sundry		47,402 43,502	67,825 16,282 2,100
Excess of revenue over expenses for the year	5	90,904	86,207

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 7 - Mental Health (Counselling)

For the year ended March 31	2024	2023
Revenue		
LHIN (Note 14) \$	518,653	\$ 493,949
Sessional fees	26,200	23,312
One-time funding	24,204	-
Recoveries	3,459	42,670
Other revenue - Thunder Bay Regional Health Sciences Centre _	218,467	76,980
	790,983	636,911
Expenses		
Salaries MOS	117,482	138,334
Salaries UPP	268,360	254,311
Benefits MOS	40,600	25,953
Benefits UPP	63,360	84,636
Supplies and sundry	52,896	30,257
Equipment	1,340	932
Future benefits	4,462	3,850
Sessional fees	26,200	23,312
Thunder Bay Regional Health Sciences Centre	218,467	75,857
	793,167	637,442
Excess of revenue over expenses for the year \$	(2,184)	\$ (531)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 8 - Addictions

For the year ended March 31		2024	2023
Revenue			
LHIN (Note 14)	\$	210,812 \$	195,918
Recoveries	•	1,645	1,560
Rapid access addiction medicine (RAAM) clinic		162,773	127,763
		375,230	325,241
Expenses			
Salaries MOS		28,209	26,683
Salaries UPP		112,090	88,702
Benefits MOS		4,445	3,544
Benefits UPP		23,080	21,619
Supplies and sundry		42,264	49,285
Equipment		61	6,842
Future benefits		2,219	1,925
Rapid access addiction medicine (RAAM) clinic		163,204	127,763
		375,572	326,363
Excess of revenue over expenses for the year	\$	(342) \$	(1,122)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 9 - Problem Gambling

For the year ended March 31		2024	2023
Revenue			
LHIN (Note 14)	\$	111,632	\$ 96,716
	_	111,632	96,716
Expenses			
Salaries UPP		88,525	76,314
Benefits UPP		23,015	20,357
Supplies and sundry		92	54
	_	111,632	96,725
Excess of revenue over expenses for the year	\$	-	\$ (9)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 10 - Crisis Response

For the year ended March 31	2024	2023
Revenue		
LHIN (Note 14)	\$ 69,540 \$	66,216
Expenses		
Salaries MOS	2,024	10,107
Salaries UPP	56,717	46,926
Benefits MOS	•	1,383
Benefits UPP	10,137	7,357
Supplies and sundry	32	15
Equipment	630	428
	 69,540	66,216
Excess of revenue over expenses for the year	\$ - \$	<u>-</u>

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 11 - Supportive Housing

For the year ended March 31		2024	2023
Revenue			
LHIN (Note 14)	\$	500,822	\$ 476,955
One-time funding	-	24,204	-
Recoveries		1,448	17,461
		526,474	494,416
Expenses			
Salaries MOS		78,578	49,250
Salaries UPP		344,095	314,939
Benefits MOS		22,777	23,467
Benefits UPP		100,308	93,418
Supplies and sundry		29,612	31,803
Equipment		6,979	17,973
Future benefits		2,219	1,925
Buildings and grounds		-	637
		584,568	533,412
Excess of revenue over expenses for the year	\$	(58,094)	\$ (38,996)

## Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 12 - ALC Back to Home

For the year ended March 31		2024	2023
Revenue LHIN (Note 13)			
- Operating	\$	<b>257,678</b> \$	245,400
- Rent geared to income		3,277	9,245
Recoveries and miscellaneous revenue		20,862	·
		281,817	254,645
	_	201,017	234,043
Expenses			
Salaries and wages - MOS		(13,655)	452
Salaries and wages - UPP		232,270	180,083
Benefit contributions - UPP		51,200	42,575
Equipment		23,031	32,550
Building and grounds expense		322	4,984
		293,168	260,644
Deficiency of revenue over expenses for the year	\$	(11,351) \$	(5,999)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 13 - Patient Navigator

For the year ended March 31		2024	2023
Revenue			
LHIN (Note 14)	\$	<b>108,339</b> \$	92,234
One-time funding		24,190	-
		132,529	92,234
Expenses	$\mathcal{A}^{-}$		
Salaries UPP		108,841	74,839
Benefits UPP		22,862	16,048
Supplies and sundry	_	1,284	1,347
	_	132,987	92,234
Excess of revenue over expenses for the year	\$	(458) \$	

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 14 - Rainycrest - Home for the Aged

For the year ended March 31		2024	2023
Revenue  Ministry of Health/LHIN  - General subsidy  - One-time subsidies  - Doctor on-call funding  - High intensity needs and lab funding	\$	9,363,725 4,650,526 16,014 196,290	\$ 8,970,293 5,243,056 15,844 89,218
		14,226,555	14,318,411
Resident fees Falls Prevention Other	_	3,183,923 13,570 281,816	2,907,770 13,857 109,308
Total revenue		17,705,864	17,349,346
Expenses Operations Nursing and personal care Nursing administration		274,886	233,819
Nursing administration  Nursing personal care		12,988,223	11,377,748
Doctor on-call expenditures		15,840	15,844
Medical director fees		30,012	29,930
RAI coordinator		57,047	94,892
Nurse practitioner	_	7,299	30,307
Total nursing and personal care		13,373,307	11,782,540
Other operations Program and support services Raw food		899,978 623,201	851,532 568,368
Accommodation Housekeeping services Building and property Dietary services Laundry and linen services General and administrative Facility costs Falls prevention Medications management High intensity needs and lab costs Bad debts		682,404 711,579 862,792 464,154 2,111,250 315,006 13,570 49,032 402,068	665,871 1,681,083 1,018,007 324,997 1,944,175 387,887 - 273,738 4,709
Total expenses before amortization and post-retirement benefits and compensated absences		20,508,341	19,502,907
Fund balance before amortization and post-retirement benefits and compensated absences		(2,802,477)	(2,153,561)
Amortization Post-retirement benefits and compensated absences		- (65,700)	1,097 143,100
		(65,700)	144,197
Total expenses		20,442,641	19,647,104
Excess (deficiency) of revenue over expenses for the year	\$	(2,736,777)	\$ (2,297,758)

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 15 - Community Support Services

For the year ended March 31		2024	2023
Revenue			
LHIN - General subsidy	\$	644,343	\$ 444,591
- One-time funding		62,699	16,837
Recoveries and miscellaneous revenue		808,498	761,181
Handi-van		149,929	130,479
		1,665,469	1,353,088
			, ,
Expenses			
Salaries and wages - MOS		169,432	206,779
Salaries and wages - UPP		831,312	576,955
Benefit contributions - MOS		49,148	54,623
Benefit contributions - UPP		235,404	155,796
Supplies and sundry expenses		187,447	186,819
Equipment		25,333	20,469
Building and grounds expense		10,707	7,661
Handi-van		155,227	141,358
	_	1,664,010	1,350,460
Deficiency of revenue over expenses for the year	\$	1,459	\$ 2,628

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 16 - Community Paramedicine

For the year ended March 31		2024		2023
Revenue				
LHIN - General subsidy	¢	146,892	ς	381,132
- One-time funding	<del>-</del>	234,000	, 	-
		380,892		381,132
	_	200,072		301,132
Expenses				
Contracted out services		380,892		381,132
Excess of revenue over expenses for the year	\$	-	\$	-

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Schedule 17 - Assisted Living

For the year ended March 31		2024	2023
Revenue			
LHIN - General subsidy	\$	196,769	\$ 404,823
- One-time funding		267,704	32,263
Recoveries and miscellaneous revenue		35,101	41,418
	<u> </u>		
		499,574	478,504
Expenses			
Salaries and wages - MOS		45,500	60,427
Salaries and wages - UPP		245,121	275,437
Benefit contributions - MOS		-	5,666
Benefit contributions - UPP		66,169	74,350
Supplies and sundry expenses		33,939	51,315
Equipment		105,184	6,034
Building and grounds expense		3,661	2,915
		499,574	476,144
Excess of revenue over expenses for the year	<u></u> \$	-	\$ 2,360

## **Compilation Engagement Report**

To Management and the Board of Directors of Riverside Health Care Facilities, Inc.

On the basis of information provided by management, we have compiled the Rainycrest - Home for the Aged - Calendar Year Schedule, (the schedule), of Riverside Health Care Facilities, Inc. (the Entity) for the year ended December 31, 2023, and the Note to Schedule, which describes the basis of accounting applied in the preparation of the compiled schedule.

Management is responsible for the accompanying schedule, including the accuracy and completeness of the underlying information used to compile it and the selection of the basis of accounting.

We have performed this engagement in accordance with Canadian Standard on Related Services (CSRS) 4200, Compilation Engagements, which requires us to comply with relevant ethical requirements. Our responsibility is to assist management in the preparation of the schedule.

We did not perform an audit engagement or a review engagement, nor were we required to perform procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an audit opinion or a review conclusion, or provide and form of assurance on the schedule.

Readers are cautioned that this schedule may not be appropriate for their purposes.

Chartered Professional Accountants, Licensed Public Accountants Fort Frances, Ontario June 18, 2024

# Riverside Health Care Facilities, Inc. Statement of Revenue and Expenses Rainycrest - Home for the Aged - Calendar Year Schedule

For the year ended December 31	2023	2022	
Revenue  Ministry of Health/LHIN  - General subsidy - Subsidy due back to LHIN/MOHLTC - One-time subsidies - High intensity needs and lab funding	\$	11,403,992 (1,908,807) 2,259,164 199,292	\$ 9,309,225 (327,385) 3,812,293 16,316
Resident fees Other		11,953,641 3,113,401 218,009	12,810,449 2,876,034 117,530
Total revenue	_	15,285,051	15,804,013
Expenses Operations Nursing and personal care Nursing personal care Doctor on-call expenditures Medical director fees		12,416,205 15,840 29,930	11,218,809 15,220 29,930
Total nursing and personal care		12,461,975	11,263,959
Other operations Program and support services Raw food		789,107 588,058	766,683 579,579
Accommodation Housekeeping services Building and property Dietary services Laundry and linen services General and administrative Facility costs High intensity needs and lab costs Bad debts Nurse practitioner Other equipment and direct expenses COVID-19 direct costs		646,482 1,645,298 818,426 440,728 2,277,158 393,722 62,434 4,709 354,497 92,996 49,032	648,067 1,190,433 972,013 305,600 1,561,266 429,144 113,338 4,829 71,154 84,286 184,047
Total expenses before amortization and post-retirement benefits and compensated absences		20,624,622	18,174,398
Fund balance before amortization and post-retirement benefits and compensated absences		(5,339,571)	(2,370,385)
Amortization Post-retirement benefits and compensated absences		- 12,463	1,199 145,850
		12,463	147,049
Total expenses		20,637,085	18,321,447
Surplus of revenue over expenses for the year	\$	(5,352,034)	\$ (2,517,434)

# Riverside Health Care Facilities, Inc. Note to Schedule

### For the year ended December 31, 2023

### **Basis of Accounting**

The basis of accounting applied in the preparation of the schedule is on the historical cost basis, reflecting cash transactions with the addition of:

- the deferral of restricted funding not yet used for its intended purposes
- adjustments to revenue for amounts receivable at year end
- adjustments to expenses for accounts payable and accrued liabilities
- amortization of capital assets using the straight line method

### **Independent Auditor's Report**

### To Management and the Board of Directors of Riverside Health Care Facilities, Inc.

#### Opinion

We have audited the Statements of Trust Accounts (the Statements) of Riverside Health Care Facilities, Inc. (the Organization), which comprise the Statement of Financial Position as at March 31, 2024, and the Statement of Receipts and Disbursements for the Residents' Council Trust for the year then ended, and the Note to Statements of Trust Accounts.

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion section of our report, the accompanying Statements for the year ended March 31, 2024, are prepared, in all material respects, in accordance with the basis of accounting as described in the Note.

### **Basis for Qualified Opinion**

In common with many Organizations of this nature, the Organization derives trust fund receipts from and on behalf of residents, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, verification of these receipts was limited to the amounts recorded in the records of the Organization. Therefore, we were not able to determine whether any adjustments might be necessary to funds received in trust for the years ended March 31, 2024, and 2023, assets as at March 31, 2024, and 2023, and fund balances as at April 1 and March 31 for both the 2024 and 2023 years. Our audit opinion on the financial statements for the year ended March 31, 2023, was modified accordingly because of the possible effects of this limitation in scope.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the Statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

### **Emphasis of Matter - Basis of Accounting**

We draw attention to the Note to Statements of Trust Accounts, which describes the basis of accounting. The Statements are prepared to assist the Organization to meet the reporting requirements of the Ministry of Health and Long-Term Care. As a result, the Statements may not be suitable for another purpose.

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

Management is responsible for the preparation of the Statements in accordance with the basis of accounting as described in the Note, and for such internal control as management determines is necessary to enable the preparation of the Statements that are free from material misstatement, whether due to fraud or error.

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

### Auditor's Responsibilities for the Audit of the Statements

Our objectives are to obtain reasonable assurance about whether the Statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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 the 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 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 Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.

We 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.

Chartered Professional Accountants, Licensed Public Accountants Fort Frances, Ontario June 18, 2024

# Riverside Health Care Facilities, Inc. Statement of Financial Position Trust Funds

March 31, 2024	Rainycrest Residents' Council	Emo Health Centre	Rainy River Health Centre	Rainycrest Residents' Comfort	2024 Total	2023 Total
Assets Cash and bank	\$ 25,619	\$ 1,807	5 2,608 \$	32,991	\$ 63,025	\$ 62,988
<b>Liabilities</b> Balance	\$ 25,619	\$ 1,807	\$ 2,608 \$	32,991	\$ 63,025	\$ 62,988

# Riverside Health Care Facilities, Inc. Statement of Receipts and Disbursements Rainycrest - Residents' Council Trust Fund

For the year ended March 31	20	024	2023
Revenue Beverage and other sales Interest Other revenue	\$	- \$ - -	265 719 300
		-	1,284
Supplies		359	3,841
Expenses		359	3,841
Excess of revenue over expenses	(	359)	(2,557)
Trust fund balance, beginning of year	25,	978	28,535
Trust fund balance, end of year	\$ 25,	619 \$	25,978

### Riverside Health Care Facilities, Inc. Note to Statements of Trust Accounts

### March 31, 2024

### **Summary of Significant Accounting Policies**

**Basis of Accounting** Sources of revenue and expenditure are reported on the

cash basis of accounting.

**Capital Assets** Capital assets are reported as an expenditure on the

Statement of Operations in the year of acquisition.

Capital assets are not capitalized and, accordingly, no

amortization is recorded.

**Inventories** Inventories of supplies are expensed in the year they are

acquired.

Emo Health Centre, Rainy River Health Centre and Rainycrest Residents' Comfort

**Trust Funds** 

No Statement of Receipts and Disbursements is presented for these Trust Funds. The funds held in these Trusts belong to the residents or patients of the applicable facility and are held in non-interest bearing bank accounts in accordance with the requirements of the Ministry of Health and Long-Term Care. Any receipts or payments from the Trust are made on behalf of specific residents or patients and are accounted for as such.

Rainycrest Residents' Comfort **Trust Funds** 

The Rainycrest Residents' Comfort Trust Funds of Riverside Health Care Facilities, Inc. are established in accordance with Ontario Regulation 79/10 under the Long-Term Care Homes Act, 2007.