

CASSELLHOLME

Compassionate care for life's journey.

REVITALIZATION & REDEVELOPMENT OF CASSELLHOLME
[EAST NIPISSING DISTRICT HOME FOR THE AGED]



August 12, 2018

The Honourable Christine Elliott
Deputy Premier and
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 1E9

RE: Revitalization & Redevelopment of Cassellholme [East Nipissing District Home for the Aged]

I am writing on behalf of the Cassellholme Board of Management and the nine municipalities that constitute the Board of Management and contribute to the operations of our Long-Term Care Home by way of the annual levy.

First, we congratulate you on your election to the Ontario Legislature and on your appointment as Minister of Health and Long-Term Care. Please be assured of our assistance and support as you address the very important issues facing your Ministry.

I believe Minister Fedeli told you during your July 24th meeting that work on the revitalization and redevelopment of Cassellholme has been underway for over ten years. These plans were prompted in large part by the critical need to redevelop our Long-Term Care Home and by the reluctance of four of the municipalities that constitute our Board of Management to continue their participation. Our preparatory work, has been intensive, expensive and has involved a wide range of stakeholders including the municipalities, North East LHIN, unions, our residents and their families. It has achieved stakeholder agreement and our application for redevelopment of Cassellholme's 240 beds is now in the latter stages of review by your Ministry.

Redevelopment of our home is essential for the health and safety of current and future residents and is long over-due. We believe the application achieves (or exceeds) all the requirements set by the Ministry and we look forward to its approval. As you'll read in the pages that follow, we also must have an additional 8 beds for high-need dementia residents and 16 beds for our Indigenous community.

We thank you for your attention to this urgent matter and look forward to your response. The Cassellholme Board of Management is committed to continue working collaboratively with Ministry officials and your staff.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Chris Mayne', with a long horizontal line extending to the right.

Chris Mayne, Chair
Cassellholme, East Nipissing Home for the Aged

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EXECUTIVE SUMMARY — PROPOSAL

The complex and evolving needs of the ever-growing population of seniors in the Nipissing Region is the top priority at Cassellholme. The Board of Management is committed to doing more than simply replacing old beds – we want to enhance the system.

Our plan promises to achieve this revitalization and redevelopment without any interruption to, or reduction of, the quality of care we provide. We will ensure financial sustainability and public accountability.

1. Make Long-Term Care the method of last resort for the community.

- + involve and engage seniors early, before disability or illness
- + reduce Emergency Department visits and the demand for ALC beds in the Region
- + assist in preventive measures/medical interventions
- + address isolation and loneliness throughout our community

2. Increase the quality of care at Cassellholme.

- + develop completely new Long-Term Care units with the latest technology and only private and semi-private rooms

- + develop a Designated Specialized Unit for at-risk adults and for residents with behavioural issues [i.e. Dementia], Acquired Brain Injuries or addictions

3. Integrate Cassellholme and the community by expanding service boundaries.

- + create spaces for the community within Cassellholme – Geriatric health clinic, recreational facilities, social programs, retail spaces
- + share Cassellholme's expertise with other healthcare organizations
- + invite our community partners to utilize spaces within our walls

4. Integrate Cassellholme 'families' to increase community comfort with the levels of care available.

- + add Assisted Living services such as Adult Day Programs and integrate those residents with Castle Arms and Cassellholme residents
- + blend Castle Arms, Cassellholme and Assisted Living residents/participants whenever possible
- + operate a community shuttle for transporting residents into the community for more activities

5. Engage and provide spaces for our Indigenous Community.
 - + negotiate a partnership with the Nipissing First Nations community leadership to address our environment, staffing and culturally appropriate care
 - + leverage local vendors and businesses [i.e. butcher, growers, grocers] to ensure our raw food budget goes further while providing higher quality food
 - + work with local hospital to provide a seamless continuum of care
6. Reduce staff and resident stress by reconfiguring the Behavioural beds within the Designated Specialized Unit.
 - + incorporate specialized sensory spaces [i.e. Snoezelen or other controlled multisensory environment – MSE]
 - + facilitate space to stroll and explore
 - + create access to outdoor areas to allow freedom for exercise and relaxation
7. Maximize the spending power of the available levels of funding.
 - + implement technology to reduce costs
8. Ensure financial sustainability.
 - + offer additional housing and services – accompanying fees will supplement existing revenue stream
 - + create retail and rental spaces for additional income
 - + partner with the local hydro provider to reduce utility and operating costs
 - + export our in-house expertise to assist other “like” organizations – creating a modest income stream
 - + use additional revenue streams to offset the loss of levies from departing municipalities

Cassellholme – Proposed North Elevation
Mitchell Jensen Architects



EXECUTIVE SUMMARY — ACTIONS

WHAT WE NEED FROM THE MINISTRY OF HEALTH AND LONG-TERM CARE

- 1. Support this project and work with Cassellholme to finalize a development agreement that will include 8 more behavioural beds and 16 additional beds for the Indigenous community.**

We ask that you approve an augmentation to our 240-bed redevelopment application, namely the addition of 16 Long-Term Care beds dedicated to First Nations' use, plus an additional 8 beds dedicated to residents with behavioural issues.

An application to this effect was made to the Ministry in March, 2018 and is "under review".

- 2. Make the municipalities whole by reconstituting the Board of Management.**

The Municipality of Mattawan, the Town of Mattawa, the Township of Papineau-Cameron and the Municipality of Calvin wish to exit the Board of Management to enable them, as a new District, to support their own local home.

Under the plan that all the participating municipalities accepted, including the departing municipalities, those four municipalities will

pay their pro rata share of the estimated \$64 million capital costs for the redevelopment. The membership of the Board of Management is set in Schedule 4 of Ontario Regulation 79/10.

We ask that you initiate the process necessary to amend Schedule 4 to remove these four municipalities from the Cassellholme Board of Management.

- 3. Implement a more efficient funding formula and provide the necessary capital up front.**

The Ministry Policy for Funding Construction Costs for Long-Term Care Homes [2009] provides per diem funding spread over the useful life of the redeveloped home. In the case of Cassellholme, the calculation results in \$23.06 per day/ per bed for 25 years, for a total of \$36.8 million.

This mode of funding is not at all compatible with the circumstances and requirements of District Homes such as Cassellholme and the need to ensure our long-term sustainability. We ask that you approve a single, upfront payment of \$38 million in lieu of the per diem, as has been done with other Homes in similar circumstances, such as Eastholme Home for the Aged in Powassan and for Algoma Manor in Thessalon when it converted from a District Home to a not-for-profit Long-Term Care Home.

With the help of BDO Canada, we have clearly demonstrated to the Ministry of Health and Long-Term Care that financing redevelopment in this manner will save the province, municipalities and the Home itself a substantial amount of money and would likely enable/incent other not-for-profit organizations to redevelop at a much quicker pace.

When we began this process a number of years ago, we were told by the Ministry to develop a business model that is sustainable and made sense. We were also asked to come up with a “local solution” that has widespread support and, in particular, is supported by all nine participating municipalities.

While it has taken considerable time, effort and financial resources, we believe we have achieved those two goals. Participating municipalities signified their agreement at a meeting held at Cassellholme in December 2017 and again in June, 2018.

We have obtained the support of:

- + the North East LHIN pertaining to all matters within its jurisdiction
- + CUPE and the other unions involved
- + our residents, their families and advocates
- + the North Bay community and we have the support of the local healthcare delivery communities

We believe that we have done everything asked of us by the Ministry. We now ask you, as Minister, to help us achieve our mutual goals by instructing your officials to engage with us immediately in order to complete the process.

Investing in this project is a step forward for both the healthcare system and the quality of life for those we serve. We genuinely want to be a constructive partner and a leader in the provision of seniors' care.

Cassellholme – Proposed West Elevation
Mitchell Jensen Architects



ABOUT CASSELLHOLME

In the early days, Ontario Houses of Refuge were intended to serve all vulnerable persons who were not able to support themselves, not just seniors. Cassellholme has stayed true to that compassionate model of care for over 90 years. Our new outward-focused vision will deliver an even broader choice of services.

Cassellholme was originally built in 1924 with funding from 23 participating municipalities of Nipissing. We continue to receive approximately 17% of our operating budget from nine of those municipalities.

Shortly after the current building was constructed in 1962, the District of Nipissing was split and Cassellholme was designated as the District Home for East Nipissing. In 1986, the Board of Management created the non-profit seniors'

apartment corporation called Castle Arms. Today, these five buildings are home to more than 250 active seniors in North Bay and Mattawa.

We will continue to be responsive to the needs of our diverse community with new care options, plus independent and assisted living services.

	THEN	NOW
1924	\$.07 resident/day	\$209.00 resident/day
	50 LTC beds	240 LTC beds
1988	60 units Castle Arms	241 units Castle Arms

1924 – House of Refuge on Cassell Street named Cassellholme by community



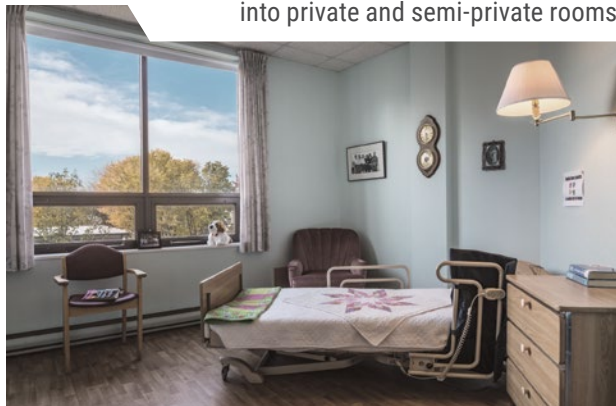
1949 – Ontario passes the first “Homes for the Aged” Act and Cassellholme is renamed



1961– new Cassellholme is built to accommodate 196 residents



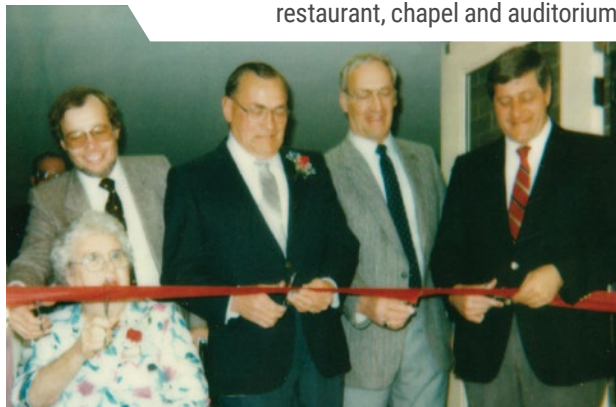
1982 – renovations [wards were renovated into private and semi-private rooms]



1986 – Castle Arms Senior Apartment Corporation was formed



1982-1989 – construction [north wing, kitchen, restaurant, chapel and auditorium]



Cassellholme today



Cassellholme in the near future



HEALTHCARE IN NE LHIN TODAY

Cassellholme is formalizing an agreement with Nipissing First Nations to provide support and healthcare for its members. The agreement will cover matters of governance, design elements, programming, dietary considerations and costs.

Cassellholme will have a decision-making partnership with First Nations community leadership related to our environment, staffing and quality of care. Our responsibility is to ensure standards are met or exceeded in a transparent, culturally-sensitive manner and that Indigenous community members are respected and celebrated.

From a more pragmatic perspective, Cassellholme's capacity and needs review revealed some very serious healthcare issues facing North Bay and the Region:

- + North Bay has fewer Long-Term Care beds per 1000 population than the rest of the North East LHIN.
- + North Bay has older beds than the rest of the NE LHIN [B, C and D].
- + The North Bay Regional Health Centre currently is at 115% of acute occupancy.
- + North Bay is trending upwards with respect to crisis placements.
- + The Region has an Indigenous population of 7.9% and growing.

- + The average wait time for an LTC bed in the Region is 292 days.
- + 194 people have chosen Cassellholme as their first choice on the Region waiting list.
- + It is well documented that the population of the Region has higher-than-average health co-morbidities and, therefore, requires more services.

In addition, our data confirms that a higher number of residents than the provincial average are admitted to Cassellholme with dementia and associated responsive behaviours. Additional beds in a specially designed unit will better manage the challenges that come with this population.

Even with help from Behavioural Supports Ontario [BSO], conflicts between residents are more frequent, increasing the workload for staff. Creating a dementia-friendly environment will reduce violent episodes and stress for all residents and staff.

BOARD OBJECTIVES

The Board of Management determined their objectives through a consultative process that began four years ago. These objectives are fundamental to the on-going work at Cassellholme.

ACCESS

We will ensure that Cassellholme's secure resident environment is easily accessible to residents, families, caregivers and the community. That means more than physically-accessible spaces – it means keeping costs low, respecting language and cultural differences and much more.

EQUITY

Everyone in our diverse community is welcome at Cassellholme and will be served with dignity and respect. This includes, but isn't limited to, people of all economic situations, ages, ethnicity, sexual orientation or gender identity, religion and health status.

CHOICE

When older Ontarians are thinking about quality in a care home, they want choices in support services, transportation and connections to the community. Cassellholme is already acknowledged as one of the best homes in the province and we intend to build on that reputation with expanded choices.

QUALITY

Everyone who works at Cassellholme is providing quality care. Whether it's tasty and nutritious meals, friendly staff, comfortable chairs, skilled healthcare providers, or good entertainment, we judge our success on our residents' feedback. For the past few years our survey results indicate satisfaction levels over 98%.

VALUE

Excellent care and innovation are top priorities at Cassellholme. We are the first not-for-profit care facility in Ontario to promote entrepreneurial thinking and private sector investment.

We consistently look for ways to add value by improving practices and sharing our expertise. We're proud of our high satisfaction ratings and the many clinical outcomes that exceed provincial averages.

We've managed all of this while reducing costs and creating new revenue opportunities. We are system innovators.

RE-IMAGINED CARE

In 1912 the Ontario Legislative Assembly passed the “District Houses of Refuge Act” for Northern Ontario to serve the unique and rapidly growing population of poor and indigent persons requiring custodial care.

At the time, care was defined as a roof over the head and food in the stomach.

In 1949, the Government of Ontario passed the “Homes for the Aged Act” and the care model at Cassellholme re-focused on seniors.

In order for the healthcare system to be successful today, there must be a mind shift. Creating more benefits from a similar investment is the only way to make healthcare sustainable.

Cassellholme’s Board of Management and local partners have adopted an entrepreneurial approach that looks beyond the traditional/historic model to make services available to all citizens.

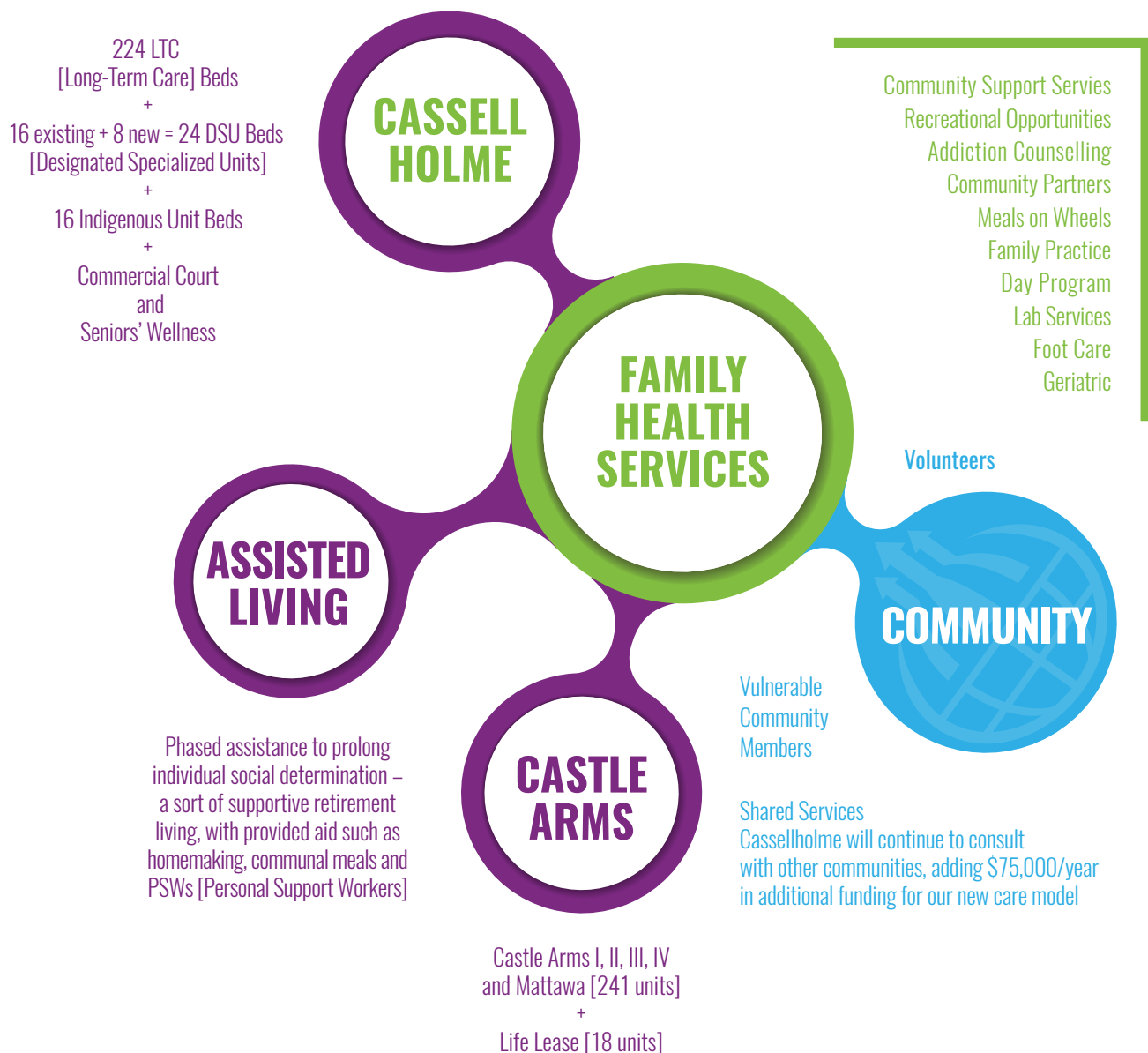
The ultimate goal is to ensure we improve the system by directing efforts that will make the most of those investments.

The model supports the whole community, rather than just the residents inside the buildings. Our objective is to reduce the need for Long-Term Care and to create a place for people to grow old in a healthy, active manner. The emphasis is on living a high-quality, active and socially-engaged life where people are supported in a safe, easy-to access environment. Please note the focus on supports rather than care. We want to help people live.



RE-IMAGINED CARE

A NEW MODEL FOR A DIVERSE COMMUNITY



FAMILY HEALTH SERVICES

Post commissioning of the new Cassellholme, there will be an additional 25-30,000ft² available in the existing north wing. This will be used to broaden Cassellholme's service offerings and programming by way of clinical space and outreach programs.

The establishment of an Indigenous Health Clinic is one concept we're pursuing. Focussing on the unique needs of Ontario's First Nations, it would be a convenient option for LTC residents, as well as community members needing support.

By re-purposing the building, Cassellholme will become a District hub that serves a wider community. Complementary services such as

medical clinics and counselling and rental spaces for groups such as the Alzheimer Society and Nipissing University could provide a modest revenue stream as well.

The Home's executive has begun to canvas many groups to find appropriate partners and services. The space also lends itself to home support services, that will enable seniors to stay in their own homes longer.

The real value in making Cassellholme a convenient, accessible and culturally-appropriate place to access services and care, is reducing the volume of emergency room visits to the North Bay Regional Health Centre.



COMMUNITY INVOLVEMENT

Community Involvement is a cornerstone of Cassellholme's model of care. Although the redevelopment is driven by a desperate need for Regional Long-Term Care beds, our emphasis is to create change in the system and start supporting people sooner.

Our Family Council and Board of Management, plus local municipalities, service agencies, organizations such as AMO and AdvantAge Ontario, our local hospital and Nipissing University were involved in this plan's development.

During our exhaustive consultation process it became clear that people want more choices in how they age. They want to be active and have social opportunities. They are willing to invest in themselves by exercising and eating better. We are treating Long-Term Care as a last resort and emphasizing recreational/social/economic vitality as a means to improve the independence and quality of life. We are looking outward to offer programs and services our citizens want and to create a safe, welcoming environment that supports their needs.

A living example of our philosophy is the new Cassellholme Community Shuttle. Working with the NE LHIN and the private sector [Ted Thomson Financial Partners] we have developed a program [launching in September, 2018] that will re-open the city to seniors to shop, bank, reconnect and participate in social events.



Research shows that loneliness and isolation are more detrimental to health than disease. Once the spirit is defeated, physical deterioration quickly follows.

Growing old should not be scary. By addressing seniors' basic need to remain connected, we can reduce medical interventions and help people age in place.

Ensuring that we are part of a network of private and public entities that makes a community great is one of the most important components of this project.

CASTLE ARMS

[I, II, III, IV & MATTAWA]

Castle Arms currently offers 241 one and two bedroom market rent and rent-geared-to-income apartments for adults 65+. Residents enjoy independent living in a secure setting, with the convenience of a variety of services available:

- + activity spaces and programming
- + transportation for shopping, bank trips and excursions
- + Alzheimer's Day programs
- + outdoor bbq and gardening spaces
- + community support services
[RN, PSWs & Homemakers]

As part of our restructuring, a number of units in the current building will be developed as "Life-Lease" units. This will give seniors who want to own their own place, but desire the security that comes with being part of a supportive community, a great option for aging in place. Close to shopping, transit and entertainment, Castle Arms is a desirable and convenient place to call home!



ASSISTED LIVING

The District of Nipissing Social Services Administration Board has identified housing as the most pressing need in the North Bay District, particularly for adults aged 40 – 60 years old. Units for singles who are experiencing economic, physical or mental challenges are in very high demand.

Partnering with the local housing authority, we want to create affordable assisted living units to help this under-served population. We are in negotiations to acquire the now vacant OPP property, located at the end of Chippewa Street.

This would significantly expand the physical boundaries of Cassellholme and the services we can provide.

Housing vulnerable people has been our mission for close to a century. A community grows stronger by ensuring that all citizens are treated with respect and care.



LONG-TERM CARE FACILITY

The newly constructed Long-Term Care [LTC] floors will be designed for residents who are not able to care for themselves, or who need special, on-going healthcare.

We're looking at innovative ideas to serve the many populations within our Northern community. For example, we will have designated spaces for First Nations and Francophone residents.

Both groups have been identified as needing more options for end-of-life care that recognize their unique cultures.

As we re-imagine Cassellholme's buildings and services, we'll be able to maximize use of many supportive elements, such as laundry, kitchen and community spaces to support other site functions such as seniors' housing, community support [Meals on Wheels], and the assisted living complex mentioned earlier.

DSU – DESIGNATED SPECIALIZED UNIT

Included in the LTC design plans are a number of Designated Specialized Units [DSU].

These units are for residents with a variety of special needs. Consideration is being given to the Province's four highest needs groups:

1. At-Risk Youth [over 18]
2. Behavioural issues [i.e. Dementia]
3. Acquired Brain Injury [ABI] – third highest ranking of need within Long-Term Care [i.e. stroke survivors and head trauma victims]
4. Addiction – statistically more prevalent in Northern Ontario and has a profound impact on families and the community

Adding services and housing will help insulate Cassellholme from economic highs and lows, since many of the offered services will have fees attached.

We will draw people from beyond North Bay and a DSU can take clients/residents from anywhere in Ontario.

COMMERCIAL COURT

To help create a vibrant "hub" within Cassellholme we're in negotiations to leave space for commercial ventures such as a convenience store, hair salon, coffee bar and performing space for seniors' entertainment.

Bringing daily life activities into a healthcare setting will create energy and set a positive tone for visitors, residents, staff and volunteers.

As members of the community become part of Cassellholme, we can help soothe some of their fears of eventually going into Long-Term Care. People will feel they belong and can be themselves.

In addition, there are revenue opportunities with commercial rental spaces. In essence, every square inch of the development will be purposed for maximum value to the community and return to Cassellholme's budget for expanded services and care.

ADULT DAY PROGRAMS

As part of the assisted living services [CSS] at Cassellholme, we hope to start the process of lifestyle engagement earlier than when a citizen begins to enter a crisis situation.

It is understood in most sectors, that people will feel more comfortable in dealing with personal life challenges if they are already engaged and surrounded with familiar relationships.

An example is cardiac rehabilitation programs. Survivors are often reluctant to move to new programs once they are established in a group in a clinical setting. Having these relationships often helps them through a difficult adjustment period and provides emotional/spiritual strength.

The attendance in programs is increased based on the relationships formed and the rehabilitation process tends to be more effective and sustainable.

Our intention is to partner with seniors' groups in addition to our strategic partners [i.e. the Nipissing First Nations, City of North Bay, Alzheimer Society, Meals on Wheels and the North Bay Regional Health Centre] to create a network of collaboration that will build on the Ministry of Health's CSS program.



DESIGN PLANS

There will be no reduction in services to the community or our residents throughout the redevelopment process.

In Phase One we will create:

- + a temporary parking lot
- + an alternate main entry
- + a five-storey building aligned with Olive Street, which will provide 120 new LTC beds and be temporarily linked to the existing building

Phase Two:

- + residents moved into the new structure
- + demolition of the two existing single-storey wings, which will make way for the balance of the new building

Phase Three:

- + the balance of residents moved into the new building
- + demolition of the remainder of the existing building, except the north wing which will be retained and made whole, ready for future uses as discussed earlier

Finally, larger parking lots and landscape areas will be completed.

Mitchell Jensen Architects and a team of sub-consultants have created three types of resident accommodation for the new Cassellholme:

- + 100 Basic beds. A Basic bedroom is shared by two residents with an ensuite washroom. Three Basic Rooms are designed for couples to share. These unique rooms allow an optional reconfiguration of furniture for side-by-side beds



- + 96 Semi-Private bedrooms, which include a private bedroom and an ensuite washroom shared with a resident in the adjacent private bedroom
- + 52 Private bedrooms, with a private ensuite washroom

All ensuite washrooms are generous in size, allowing ease of movement for residents in wheelchairs who require staff assistance.

Anything other than a Basic room is considered "Preferred Accommodation" requiring an increased resident co-payment, prescribed by the Ministry of Health, Long-Term Care. We will have six Resident Home Areas in the new LTC building, on four of the five floors.

This concept creates manageable, mini communities of no more than 32 people. Each area will have everything required to sustain residents on a day-to-day basis.

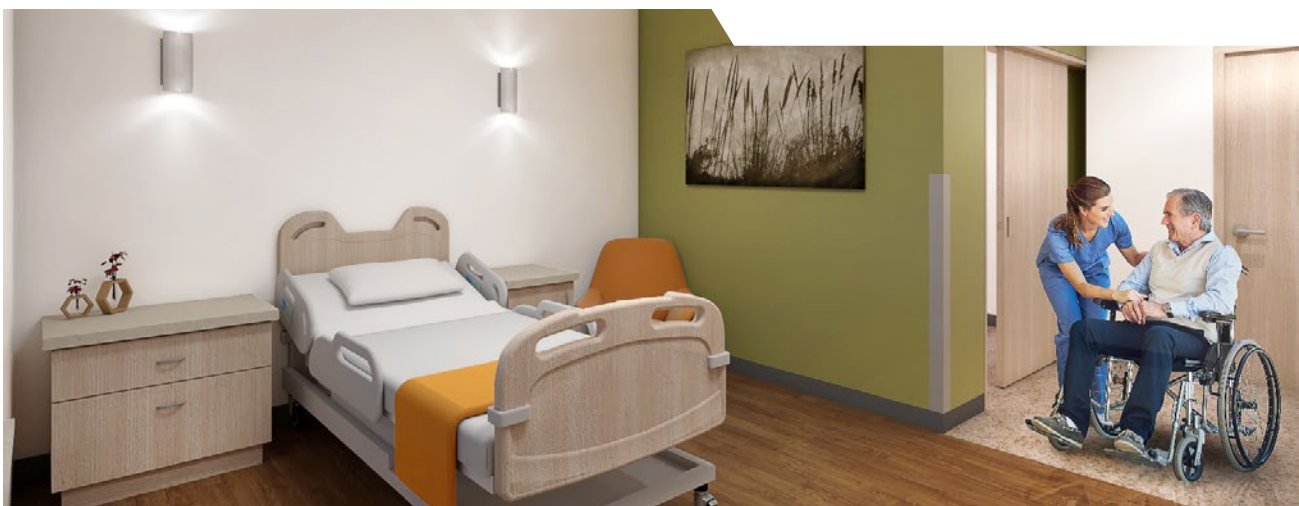
For efficiency, Resident Home Areas will be constructed adjacent to one another. One food service/preparation facility between two dining rooms will deliver meals for up to 64 residents.

A feature of the Resident Home Area design is that the entrance, nursing station, access to outdoors, and common areas are located in the centre of the 32-bed unit, so that the distance to be travelled by residents is minimized.

There will be two specialized, secure Resident Home Areas on the ground floor for those living with dementia. Each will have 12 private bedrooms and a dedicated, secure garden space.

Memory box display cases at each bedroom door will celebrate the occupant's life, creating a sense of familiarity and comfort.

The two 12-bed Resident Home Areas will share common nursing care facilities.



WHY NOW?

In order to modernize the current model to one that will meet the goals set out by the Board, a transformation in the way we deliver care is required. In essence, the Long-Term Care facility becomes the last resort for providing care to the District's citizens.

Avenues of care or "care options" focus not only on changes in the physical space, but also diversification of the existing site itself, with an expansion of service boundaries.

The senior population is growing fast. In 2016, for the first time in history, there were more seniors

than children in Canada. Today's seniors are living longer and living well. Growing old shouldn't be scary – it should be a time to celebrate a life's achievement, share knowledge and memories with others and continue to be part of your community.

Since 2008, the management team at Cassellholme has been working with government and local partners to design and validate the plans for the new Cassellholme.

We will ensure financial sustainability, public accountability and innovative care solutions for our diverse community.



VISION FOR SENIORS' CARE

The grounds of Cassellholme East Nipissing District Home for the Aged will be undergoing a major construction project. Say goodbye to the 1960s and hello to a modern, vibrant, state-of-the-art care destination with expanded services, a variety of housing options and a welcome for the whole community!

What can you expect?

- + updated dementia-care units to meet growing demand
- + additional independent living options
- + modern assisted living facilities
- + family health clinic with geriatric focus
- + committed resources for Indigenous clients
- + completely new Long-Term Care units with the latest in technology
- + community involvement
- + recreation
- + retail and much more

You will also find the offices and services of important community partners within our expanded walls.

In addition, our goal is to take the expertise of Cassellholme professionals out into the community to help people live in their own homes longer.

By partnering with existing services, such as Meals on Wheels, we can assist people in navigating the healthcare system and maximizing their spending power.

Preliminary Plans Complete	April 2018
Working Drawings Complete	August 2018
Tendering Complete	September 2018
Start of Construction	October 2018
Total Completion of Project	September 2020
First Resident Date	October 2020

Schedule is based on submission developed before writ was dropped.

CAPITAL PLAN

Cassellholme

The Home can contribute capital surpluses built up over time and money raised through charitable fundraising efforts.

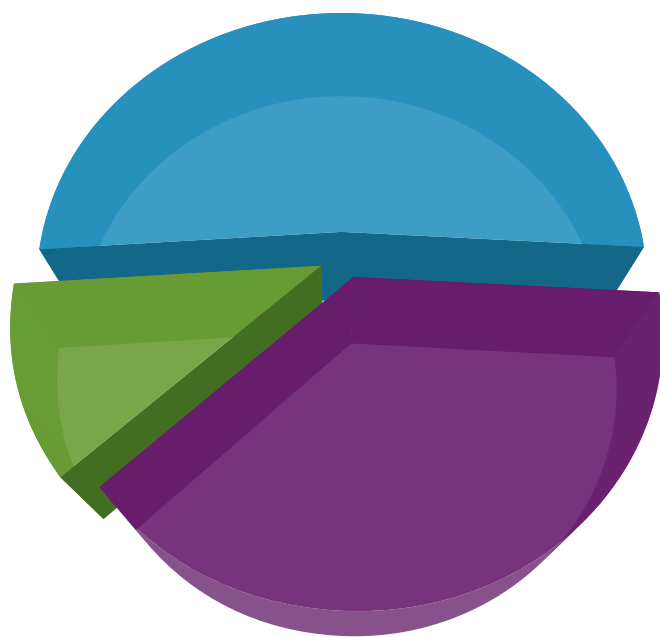
Corporate sponsors and the general public can play a role through charitable contributions. In addition to traditional funding, Cassellholme has adopted an entrepreneurial approach by establishing a Business Division. This Division provides operational problem-solving and service support to other, similar organizations. Utilizing in-house and industry expertise, we are creating a new revenue stream with the potential to grow and evolve.

Local Municipalities

Municipalities in the area [where residents and clients come from] also pay a share of the building cost over 25 years.

Provincial Government

District Long-Term Care Homes wishing to redevelop must make their intentions known to the Ministry of Health and Long-Term Care – Capital Branch. Approved plans for B and/or C classified Homes receive capital funding of \$21.53 per resident per day over 25 years.



52% Provincial Expansion Funding
\$ 35,053,916

37% Municipal Capital Funding
\$ 25,000,000

11% Cassellholme
[Shared Services Revenue]
\$ 7,246,067

Estimated, non-tendered construction values.

CLOSING REMARKS

The complex and evolving needs of seniors in the Nipissing Region is a top priority at Cassellholme. The Board of Management is committed to doing more than simply replacing old beds – we want to help enhance the system.

Investing in this project is a step forward for both the healthcare system and the quality of life for those we serve. While the project considers the needs of medically complex residents, it also focuses on enriching and enhancing all citizens' life journey.

The goal is to make Long-Term Care the method of last resort by:

- + keeping seniors involved and engaged
- + reducing Emergency Department visits
- + assisting in preventive measures/medical interventions and addressing isolation and loneliness in our community

Seniors are calling on the Province to help make a difference. After decades of working, raising families and contributing to the community they now need your help.

We are asking the Ministry of Health and Long-Term Care to support this redevelopment and revitalization by working with Cassellholme to finalize an agreement that will include 8 more behavioural beds and 16 beds for our Indigenous community.

We also ask that you consider a more efficient funding formula and provide the necessary capital up front.

Finally, we ask that you make the municipalities whole by reconstituting the Board of Management which provides for the creation of a rural District to include the communities of Mattawa, Mattawan, Papeneau Cameron and Calvin.

WE GENUINELY WANT TO BE A CONSTRUCTIVE PARTNER AND A LEADER IN THE PROVISION OF SENIORS' CARE.



“

I am extremely impressed with the level of professionalism respect and caring I see all the staff exhibiting when I visit my mom. I am extremely grateful for the semi-rooms (more privacy than a ward) and the many activities even as a family member we've been invited to. My mom is very happy here and I feel she is in a safe loving environment. Keep up the excellent work.

I am pleased to see how well mom's needs are taken care of.

Pleased seamstress is there to adjust some clothes as needed...

Hopefully there will be news of the re-building of Cassellholme. It is long overdue. Rooms are small considering the number of wheelchairs and other equipment required now. Also, the summer heat takes a toll on residents and staff alike.

...also, with so many demands they are cheerful and try to please.

Thank you for making this transition a little easier for our family.

Your staff are to be commended.

”

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CASSELLHOLME

Compassionate care for life's journey.

CASELLHOLME

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