



Annual Report

2014 –  
2015

**Actionmarguerite – Service & Compassion** is chosen as the new symbol or beacon of light that will guide our growth and development as we care for and serve those who need us most.



**Actionmarguerite**

**Service & Compassion**

## TABLE OF CONTENTS

<b>Major Highlights of 2014-2015</b> .....	<b>2</b>
<b>Governance and Accountability Framework</b> .....	<b>10</b>
Spiritual Health .....	10
Ethics .....	11
Responding to Unmet Needs .....	11
Sustainability.....	12
Excellence .....	12
Linguistic Mandate .....	13
Conclusion.....	15
<b>Financial Results</b> .....	<b>16</b>
Condensed Combined Financial Statements – Actionmarguerite St. Boniface/St. Vital .....	16
Condensed Financial Statements – Actionmarguerite Foundation .....	17



## MAJOR HIGHLIGHTS OF 2014-2015

Actionmarguerite remains dedicated to providing compassionate care in French and English to all its residents, helping them maintain their autonomy and independence whenever possible. To this end, Actionmarguerite offers the following programs and services:


- **Long Term Care Program** consisting of personal care homes at 450 River Road and 185 Despins for elderly people who can no longer live on their own.
- **Care for adults** with complex health needs, acquired brain injuries or chronic health conditions, located at 185 Despins.
- **Dementia care and specialized care** for people suffering from dementia and related disorders.
- **Supportive Housing** for adults requiring 24-hour supervision and some assistance managing physical limitations or ongoing health conditions. This program is located at 187, de la Cathédrale Avenue and 875 Elizabeth Road.
- **Adult Day Programs** giving adults living in the community the opportunity to improve their well-being through social gatherings and activities.
- **Spiritual Care and Recreation Services.**
- **Rehabilitation Services and Social Work.**
- **Support Services:** (food services, housekeeping, maintenance and safety).
- **Volunteer Services.**
- **Interim Management** St. Joseph Residence.
- **Human Resources and Financial Services** to Friends of St. Joseph Residence, Centre de santé de Saint-Boniface Health Centre and River Park Gardens (WRHA).

The quality, competence and dedication of its 700 staff members and 300 volunteers are the reasons for our success in 2014-15.

Actionmarguerite is a vital partner of the Winnipeg Regional Health Authority and Manitoba Health, by offering regional and specialized care programs that support those who, as they age, suffer from chronic diseases or behavioral difficulties due to dementia, acquired brain injuries or different forms of neurological diseases.

Actionmarguerite is committed to improving residents' and clients' quality of life by promoting their autonomy and their ability to remain as independent as possible. By supporting a welcoming environment, as well as a culture of respect and dignity, we continue to be sensitive to the needs of the people we serve, and the generous people who work and volunteer. Our mandate to serving Manitoba's Francophone community and to embrace Winnipeg's cultural diversity is increasingly important during a transition and evolution of programs and services aimed at clients who require long term services.

This mission of caring with compassion is demonstrated in every action taken by staff and volunteers in providing safe, quality care and services to a vulnerable population. For many of our residents, we will be their last home. Actionmarguerite also strives to provide the best possible palliative and end of life care services, by ensuring residents and their families are treated with dignity and respect.



*'Actionmarguerite is an amazing facility. We're impressed. Such a caring place. Got to love the staff.'*

*Family member,  
Resident and Family Satisfaction Survey 2015*



The 2014-15 fiscal year is marked by a number of important events:

- The appointment of the senior management responsible for the operations of St. Joseph's Residence.
- The restructuring of St. Joseph's Residence in order to achieve a balanced financial situation as well as address short-comings in areas of quality and resident safety.
- The renovations of the kitchen and main entrance at 185 Despins.
- The implementation of the specialized regional units.
- Maintaining over 90% satisfaction from our residents and families.
- The succession and implementation of the new clinical management team.

The 2014-15 year was more than challenging, given the management of St. Joseph's Residence. The leadership team navigated particularly well the challenges and obstacles associated with operating a third personal care home. Despite the added responsibilities, the team successfully managed Actionmarguerite's priority projects and the strategic plan. In areas of capital projects, quality plans and the renewal of the linguistic policies the team proved to be highly result oriented and committed, in a manner expected by the Grey Nuns.

Our capacity to undertake the management of a third home is due to the strength and depth of commitment of Actionmarguerite's managers and staff. These people are our future. If not for this strength, which has become our work force, we could not have continued to implement, in contemporary ways, the vision of Sainte Marguerite d'Youville. We must also recognize the support and contribution of the Catholic Health Corporation of Manitoba, and in particular, its Executive Director, who knew how to support Actionmarguerite's senior managers in the financial recovery of St. Joseph's Residence.

If the decision is to proceed permanently with operating St. Joseph's Residence, Actionmarguerite will be required to review its strategic plan. The goals, however, will remain the same. The key will be to leverage the strengths of every site, including the existing and new regional programs. We need to improve our organizational capacity by maintaining and developing our leadership, and to continue to grow and develop services that meet the needs of our clients. To this end, we need to continue to focus on the core services, on achieving higher than expected levels of quality and ensuring that resident and staff remain safe in an increasingly complex care environment. In short, we are called on to:

1. Strengthen our culture of compassion and care towards clients, families and staff.
2. Lead and become innovators in assisting clients to navigate the health system through improvements in patient flow and panel redesign.
3. Become the preferred employer, by supporting work environments that support quality, safety and continuous improvement.
4. Diversify our service and our revenue sources by promoting new projects and initiatives to government. We need to capitalize on our assets.
5. Continue to be transparent and accountable to our sponsors, government and funding partners.
6. Ensure that the Francophone community continue to be serve in their language and support our staff in meeting our bilingual language requirements through site language training, testing and cultural awareness.

Actionmarguerite is responding to the increasing needs for more specialized services to meet the increasing complexities associated with dementia and acquired brain injuries. It has successfully secured the funding for this project and it is in the process of implementing a second special needs behavioral unit for clients with advanced dementia, as well as establishing a specialized behavioral unit for people with acquired brain injuries, as part of the program renewal of its Young Adult Unit.



Actionmarguerite continues to strengthen its efforts to ensure full compliance with Manitoba Health Standards. The next Manitoba Health visit is planned for 2016, and revised standards have been introduced in 2015. Although we achieved 100% compliance in 2014, we aim at surpassing this accomplishment by ensuring a regular review and audit process is conducted at all levels of the organization. In this way we ensure that all standards are met every day.

Actionmarguerite also evaluates quality performance data to ensure that its clinical practices are consistent with provincial and national best practices.

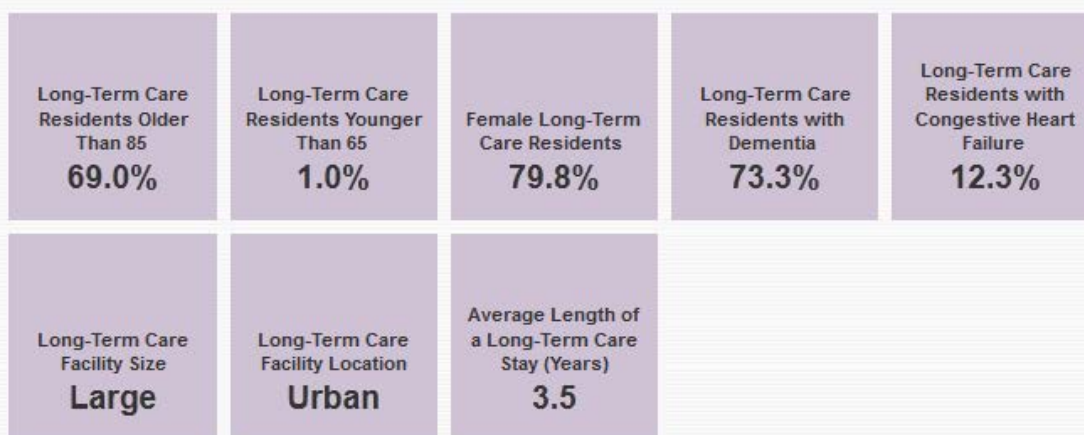
In 2015, the Canadian Institute for Health information released a benchmarking report that compares 2014 long term care indicators in a number of areas.

Canadian Institute for Health Information, Your Health System, June 2015

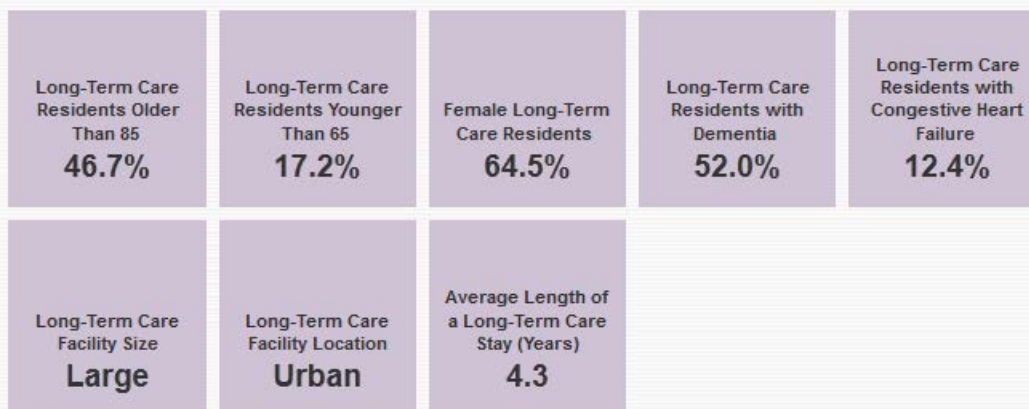
The results are publicly available and provide a level of public scrutiny never experienced. These indicators provide us with opportunity to improve and understand the complexity of care. They inform us of the type of interventions that are most appropriate, effective and safe in the delivery of care for the residents on behalf of their families.

In summary, the information below constitutes a critical element of our quality report card that now compares us to other long term care facilities in the region and across Canada.

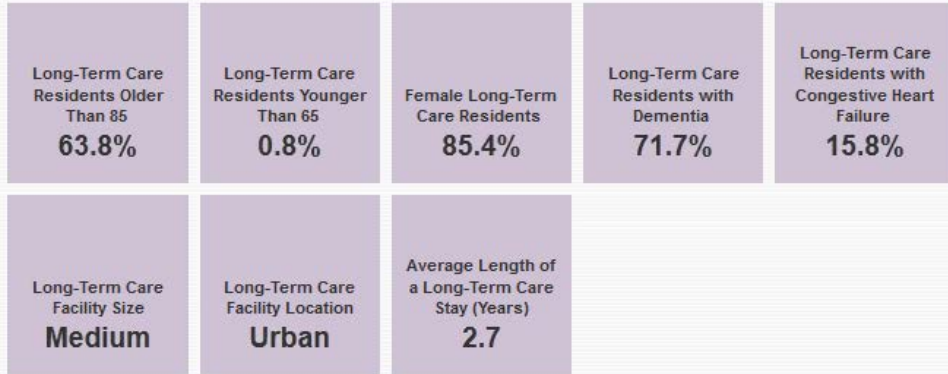
### Overall Results for **Actionmarguerite (Saint-Vital)**



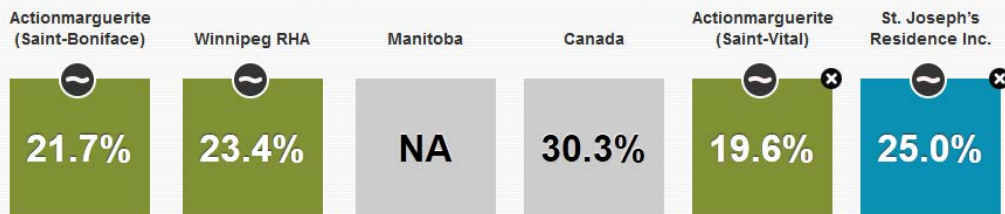
### Overall Results for **Actionmarguerite (Saint-Boniface)**



## Overall Results for St. Joseph's Residence Inc.



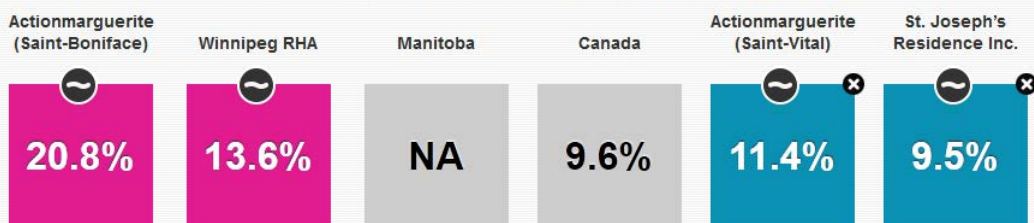
### Potentially Inappropriate Use of Antipsychotics in Long-Term Care [\[Appropriateness and Effectiveness\]](#)



### Worsened Depressive Mood in Long-Term Care [\[Health Status\]](#)



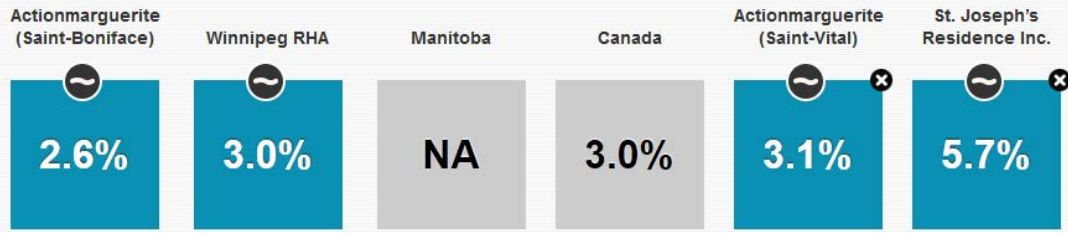
### Restraint Use in Long-Term Care [\[Appropriateness and Effectiveness\]](#)



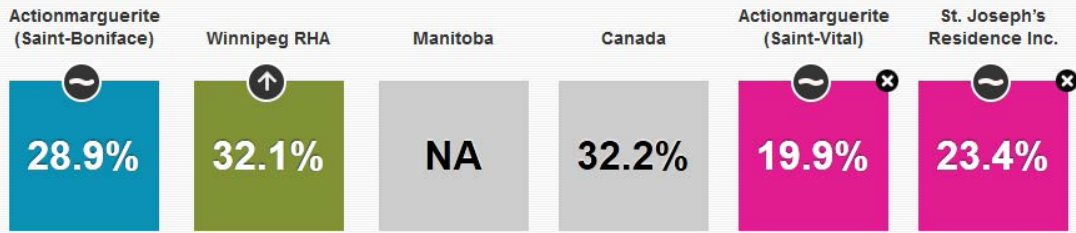
### Falls in the Last 30 Days in Long-Term Care [\[Safety\]](#)



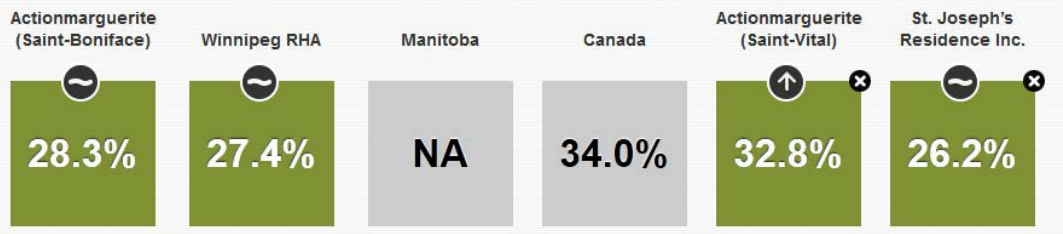
### Worsened Pressure Ulcer in Long-Term Care [Safety]



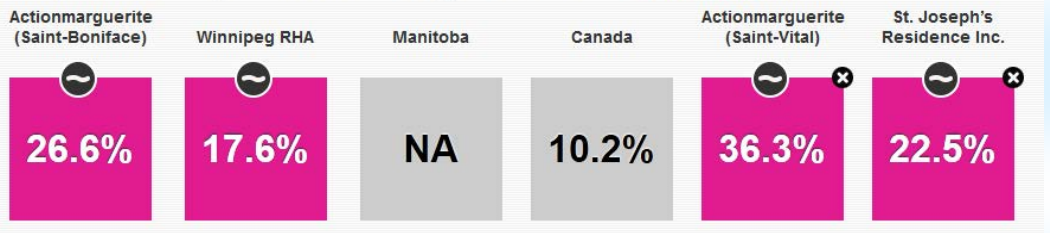
### Improved Physical Functioning in Long-Term Care [Health Status]



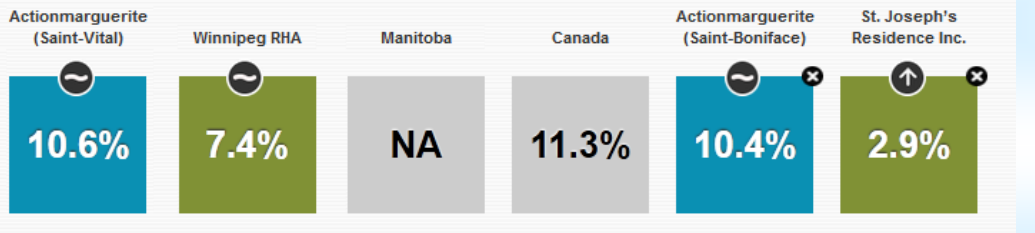
### Worsened Physical Functioning in Long-Term Care [Health Status]



### Experiencing Pain in Long-Term Care [Health Status]



### Experiencing Worsened Pain in Long-Term Care [Health Status]



Source [www.yourhealthsystem.cihi.ca](http://www.yourhealthsystem.cihi.ca)  
June 2015



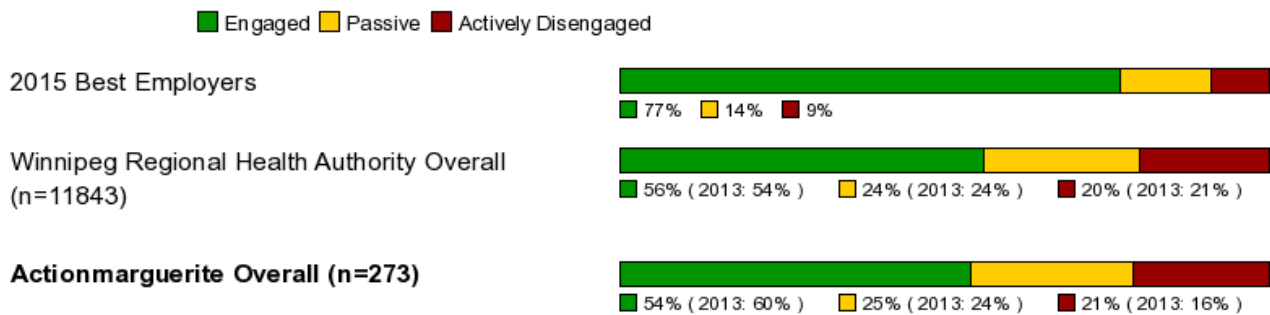
We once again partnered with the Winnipeg Regional Health Authority in conducting our second staff engagement survey. In 2014, we held over 40 meetings with staff to understand their interpretation of the results and from those meetings, action plans were developed in areas of communication, performance management, recruitment, reduction in agency use and employee recognition. There is still much work to be done to support the management team in ensuring that their staff is engaged in the achievement of overall goals and the delivery of quality services.

The survey provides key information on employee engagement, identifies key drivers, strengths and areas of improvement. We plan to conduct the same survey in

October of 2015 (through AON Hewitt). This will provide us with a deeper understanding of engagement trends, while validating the results of our actions taken since the first survey in June of 2013 and the second survey in October 2014 (Table 1).

Leadership, management and staff recognition are the areas of critical importance if we are to achieve a higher level of engagement. There is a need to support and develop our management level so that they are in a position of inspiring their staff to perform their best work as well as ensure effective relationship in terms of collaboration, respect and team work.

### Table 1 – Overall Engagement Score



Employee Report for Organizational Unit: 1 Overall – Number of Respondents = 273 – June 14, 2015

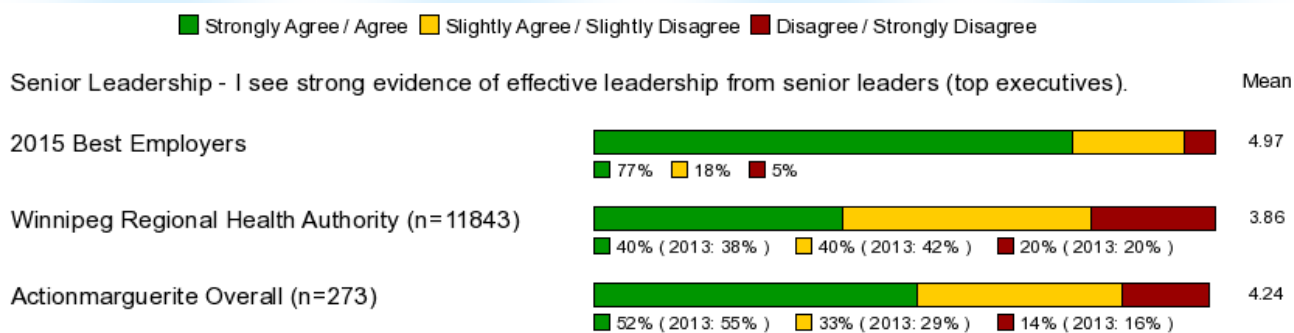
Leadership and management are two key elements in improving staff engagement. There is less recognition of the effectiveness of senior leadership (Table 2) and its overall ability to provide a clear direction for the future. Managers continue to be supportive of their staff in order for them to succeed (Table 3).

Actionmarguerite’s success in the future continues to be its ability to attract strong and effective employees that are qualified and well trained to meet the needs of residents and their families.

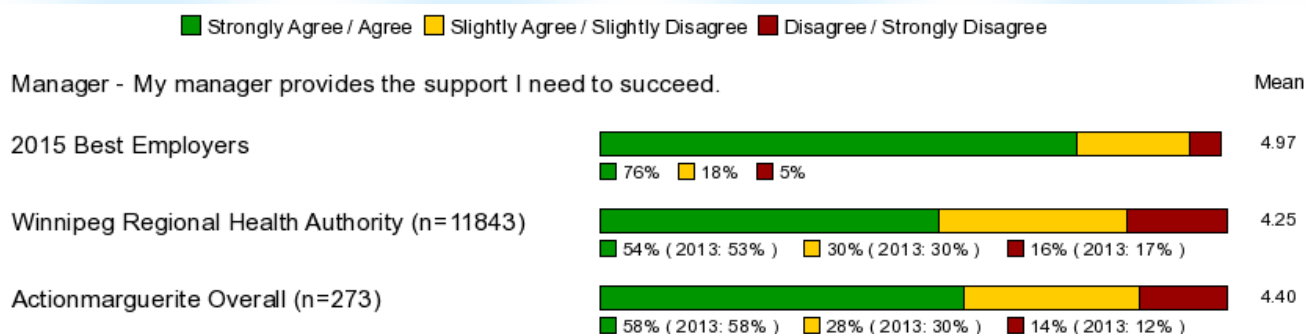




**Table 2 – Effectiveness of Senior Leadership**



**Table 3 – Manager’s Support**



Employee Report for Organizational Unit: 1 Overall – Number of Respondents = 273 – June 14, 2015

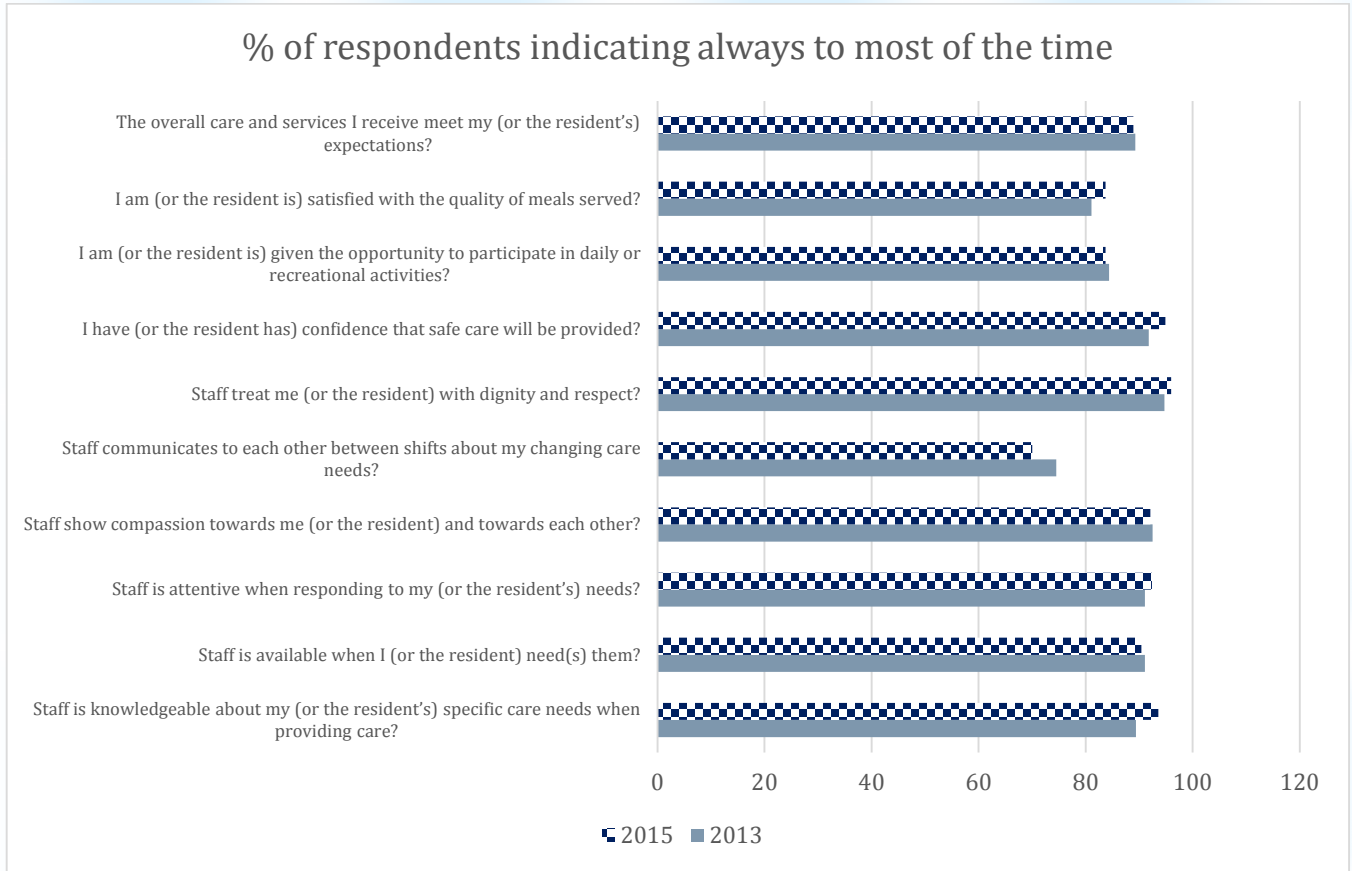
In March 2015, 23% (28% in 2013) of residents and family responded to a new satisfaction survey, conducted to determine how we could improve our care and services. Over 251 (275 in 2013) respondents evaluated staff overall performance; 50% of the answers were provided by families. Residents and families were asked to rate how their needs were being met (i.e. always, most of the time, not often or never). Table 4 provides the results for those who rated us at “most of the time” to “always”.

The goal is to fully meet (at 100%) the needs of residents and families. We continue to take the following steps to increase our ability to meet resident and family needs.

- Improve communication on integrated care plans: although Manitoba Health provided positive feedback on both the quality of our interdisciplinary team work and the follow through on care plans, there needs to be better communication during the shift change and between professionals to ensure there are no gaps in care.



**Table 4 – Resident and Family Satisfaction - % of respondents**



- Be more accountable for audit results: in addition to the scheduled audit and reporting system, there is a need for better accountability in following through on audit results.
- Customize care plans to the needs of the resident: better resident focus care include individualized care plans based on the specific needs of the residents. It is easy to consider the universal task of resident care. However, the manner in delivering those services needs to be more resident focused.
- Continue staff training on mandatory education related to safety: There is an ongoing effort to improve our culture of safety through greater staff awareness in areas focused on keeping residents safe and feeling secure in their environments.

- Improve individualized recreation and activity programs: the changing needs of residents continue to require innovative programming ensuring that they remain active and engaged in daily life activities.
- Increase number and frequency of food audits on the quality of meals served: there is an increased ability to demonstrate continuous improvement in meeting residents' food requirements and preferences. Through audits, education and resident food committees, food services staff continue to offer a meal experience that is consistent and ensures that the residents' dietary requirements are met.
- Monitor staff performance: The staff engagement survey clearly demonstrated that managing performance and conversations with their manager are significantly more engaged.



## GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

The following is a summary of the 2014-15 activities in accordance to the Catholic Health Corporation of Manitoba (CHCM)'s Governance and Accountability Framework.

### SPIRITUAL HEALTH

*Our goal is to integrate spiritual health in key program areas and focus on the needs of the whole person.*

CHCM's Compassion Project continues to be implemented throughout the organization. It serves as a starting point for important discussions related to resident care and staff wellness.

We are experiencing some transition with the retirement of our chaplain at the St. Vital site after more than 20 years of services. We continue to benefit from our priest collaborators and many dedicated volunteers that ensure a quality spiritual care program.

In addition to supporting our residents and families through a number of spiritual and cultural services, the team participate in the care conferences and actively charts issues of concern related to residents' spiritual dimension. The program continues to develop a future vision of spiritual care and keeps on offering memorial services, end of life support, workshops, and individual guidance.

The WRHA Long Term Care Program has launched a measurement tool to evaluate and compare the end of life services in personal care homes. We expect to benefit from comparative data demonstrating our strengths and areas of improvement. Results are expected by the end of 2015.

### ETHICS

*Our goal is to promote a culture of compassion and of ethical behaviors consistent with the mission and values.*

The Health Care Ethics Service (HCES) offers programming in clinical and organizational ethics to all facilities and agencies associated with the Catholic Health Corporation of Manitoba (CHCM). In addition, the Service responds to requests to contribute to ethics activities developed and sponsored by external organizations (e.g. Winnipeg Regional Health Authority, University of Manitoba, Catholic Health Association of Manitoba, and the Catholic Health Alliance of Canada). Established in May 1993, the HCES is geographically located at St. Boniface Hospital.

We continue to benefit from our two full-time ethicists, Pat Murphy and George C. Webster, and their full-time administrative assistant, Lydia Shawarsky.

The HCES provides ethics education, policy review and development, research review and ethics consultation to patients, residents, clients, clinical and administrative staff, governance personnel and other associates of Actionmarguerite. The opportunity for direct consultation with the Health Care Ethics Service is available 24-hours a day/seven-days-a-week.

In August 2014, Nancy Brown became an associate of the Health Care Ethics Service. In this role, she is conducting a review of the "ethics capacity" of CHCM facilities (i.e. ability to reliably identify and adequately address clinical and organizational ethical issues). This review is being conducted to guide the ongoing development and enhancement of the current programming available through the Health Care Ethics Service.



Residents, families, clinical and administrative staff, governance personnel and other associates of Actionmarguerite are invited to attend Health Care Ethics Grand Rounds hosted by the HCES.

In 2014, three Health Care Grand Rounds took place:

- On May 15<sup>th</sup>, 2014, Dr. Evelyn Voyageur, RN, PhD from North Island College (Courtney, BC) addressed the theme of “How are we shaped for and by the work we do?: One Nurse’s Story of Moral Formation” in recognition of National Nursing Week in Canada.
- On October 1, 2014, Actionmarguerite hosted Dr. Nancy Berlinger, PhD, a research scholar from The Hastings Center (Garrison New York) who gave a presentation entitled “What do we mean by *hope* at the end-of-life, and why does it matter?”

On the same day, Dr. Berlinger gave a noon-hour round at St. Boniface Hospital addressing “Ethics Responses to Medical Harm: Repairing, Restoring, Resolving Relationships”.

In 2014, *Complex Care Rounds* were held at Actionmarguerite – St. Boniface and St. Vital. Topics discussed included:

- Resisting or Refusing Treatment and Care: Is there an important difference? (Jan AMSB)
- Navigating Exceptions to Policies (Feb AMSV)
- What’s going on here? A Challenging Case of Spoon-Feeding (Mar AMSB)
- When Visitors and Staff Pose a Risk to Residents... (Apr AMSV)
- Advance Care Plans: Do they provide the relief that they promise? (Jun AMSV)
- Shouldn’t Everybody Be Resuscitated? : Why is “CPR/No CPR” is such a challenging issue? (Dec AMSV)

Clinical Ethics Labs are offered as a professional development opportunity for staff to acquire communication skills needed to engage in “charged” conversations. Using simulations, participants have the opportunity to practice and receive coaching regarding the ways of engagement in difficult conversations.

Ethics Labs are regularly offered to Clinical Managers and Social Workers who have used the forum to address “real time” issues from their current clinical practice. Two Ethics Lab series were also offered to RN’s and LPN’s at both sites in 2014.

Actionmarguerite receives the electronic newsletter *What We’re Reading in Ethics* featuring classic and current articles addressing ethical issues that arise in the provision of health care, personal care and social services. The newsletter is offered as a contribution to readers’ overall ethical literacy (i.e. their knowledge of ethics and ability to critically analyze and understand complex issues).

In 2014, the Health Care Ethics Service was consulted periodically by staff, families and residents of Actionmarguerite regarding issues of concern in the care of particular residents (e.g. assessment of risk and tolerance for same; disagreement re: the meaning/intent of a resident’s advance care plan; familial disagreement re: who would act as the resident’s substitute decision-maker).

In 2014, the Ethics Service was also consulted by leadership at St. Joseph’s Residence during the period of transition prompted by Actionmarguerite’s assumption of administrative responsibility for SJR. The Ethics Service offered Clinical Ethics Lab sessions as a means of addressing features of this transition that had an impact on SJR staff.

The Health Care Ethics Service (Pat Murphy) undertakes to support the work of the Leadership Team through attendance at the monthly Leadership team meetings.

## RESPONDING TO UNMET NEEDS

*Our goal is to respond to client and community health needs, including cultural and language requirements with innovative programming in partnership with other service providers.*

We continue to support the WRHA Paneling Redesign Project and strive towards improving patient flow and reducing the number of interim placements in long term care. Actionmarguerite will be introducing a new model of wait list management in its new regional and community / linguistic mandate. This will consist of a number of wait lists associated with the regional behavioral units as well as residents requesting access to our designated Francophone units at 450 River Road and 185 Despins.



We have replaced our dish machine in 2014-15. This \$500,000, self-funded project at 185 Despina, was possible from savings achieved through operating efficiencies.

We are implementing new behavioral and ABI units. This project consists of approximately \$1.6 million of renovations of outdated units and the elimination of double rooms at 185 Despina. In addition to the capital investment, plans are underway to staff these new units with an additional 25 EFT, representing an additional \$2 million per year in direct care services.

## SUSTAINABILITY

*Our goal is to improve financial sustainability by optimizing the delivery of care and services in accordance with best practices.*

By maximizing our resources; we will be able to offer more services to our residents and staff. In 2014 -15, we continue to improve our capital planning and equipment purchasing based on a 10-year plan. We continue to centralize our support operations and shared positions throughout the organization. We have made major improvements to our main floor at 185 Despina with the relocation of our reception area. We have also made improvements to the human resources, finance and administrative areas. This \$800,000 investment will significantly improve the hospitality of the facility and will enhance the overall client services experience.

We have also improved our physical plant in terms of replacing major sections of our roof at 450 River Road and 185 Despina. We now have a new backup generator at 185 Despina, and we have completed a feasibility study to upgrade our boilers which also supply Residence Despina. These projects were supported by WRHA and Manitoba Health through their safety and security initiatives.

We continue to improve our financial position in supporting housing in large part due to the renewal of the last Service Purchase Agreement (SPA). Even with an operating surplus of \$87 815 in 2014-15, we continue to monitor our performance. Our programs are

aimed at assisting people with fixed income and, as a result, our ability to increase our revenues is limited.

The current SPA expired in September of 2013, and negotiations are still ongoing. With the support of LTCAM, we have been successful in making our position known at the WRHA and Manitoba Health on the value of this program and the need to adjust the base line funding, in order to continue to meet the needs of a population that would end up being placed in personal care homes, if it were not for this housing option.

Actionmarguerite continues to find ways of achieving a balanced position. The St. Vital site has incurred a surplus in 2014-15 of \$26,402, after three years of consecutive, but small, deficits. The St-Boniface site has a surplus of \$257,390, in large part due to the savings from operations and the decanting of staff, as a result of the unit renovations. The financial challenges are the same, because supply and benefit cost increases have not followed inflation or contract settlements for over 10 years. It is increasingly unsustainable and the continuous funding short-fall will require government to address the situation as part of the SPA negotiations. The current PCH - SPA expired in March 2015 and is currently under negotiation.

## EXCELLENCE

*Our goal is to achieve 100% of Manitoba Health standards for personal care homes and 100% implementation of the WRHA-LTC quality plan.*

In addition to meeting the standards, the 2014-15 fiscal year included:

- Decrease in the number of critical incidents due to the Fall Prevention Program.
- Increase in optometry clinics for residents.
- Implementation of the pressure ulcer reduction program.
- Implementation and monitoring of performance evaluations.
- Creation of a PIECES support team at AMSV with one for St. Boniface in 2014 (PIECES is a specialized training program for staff working with clients suffering from dementia).



- Improvement in the management and monitoring of costs from med-surge, gloves and incontinence products.
- Increase in safety audits, including the use of sliders.
- Introduction of an interdisciplinary education session from critical incident reviews.
- Participation in WRHA Boot Camp for new managers.

The Board of Director monitors monthly and quarterly a number of quality indicators including the number of complaints, use of agency staff, costs of medication, wait times in hospital and community for personal care homes, supportive housing vacancy rates, day program participation rates, percentage of audits completed, number of PHIA breaches as well as a number of clinical indicators from the Minimum Data Set (MDS) regional data base such as:

- Percentage of residents with pain
- Percentage of resident whose pain worsened
- Percentage of resident on antipsychotics without a diagnosis of psychosis
- Percentage of residents whose behavioral symptoms worsened
- Percentage of residents in daily physical restraints
- Percentage of residents who fell in the last 30 days
- Percentage of residents with a newly occurring stage 2 to 4 pressure ulcer

- Percentage of residents whose stage 2 to 4 pressure ulcer worsened
- Percentage of residents whose mood from symptoms of depression worsened

These indicators enable the Board and its Program Quality Committee to compare historical results with other personal care homes. Regional and local strategies, education and audits are introduced in order to improve the overall quality score.

## LINGUISTIC MANDATE

*Our goal is to create capacity to support the French language designation and mandate to serve the Francophone population.*

The ability to recruit and retain qualified and bilingual staff will continue to be a challenge, although in the last five years, improvements were made in some categories and not in others (Tables 5 and 6). There is a requirement to invest more resources in supporting this mandate, especially in the areas of active offer training, language training, and language testing and translation services. The cultural and linguistic diversity of our workforce as well as resident's families will require that our staff be more sensitive and capable of providing active offer at all times.



**Table 5** Percentage of Equivalent Full Times (EFT) who Meet the Linguistic Qualification at Actionmarguerite (Saint-Vital) Inc.

<i>St. Vital 2011 to 2015</i>	2011	2012	2013	2014	2015
<i>Administration</i>	100%	100%	91%	83%	82%
<i>RN / RPN</i>	65%	53%	45%	51%	40%
<i>LPN</i>	59%	81%	65%	70%	60%
<i>HCA</i>	62%	101%	70%	70%	65%
<i>Other</i>	90%	100%	100%	100%	100%
<i>Housekeeping/Laundry</i>	96%	98%	100%	79%	76%
<i>Dietetics</i>	69%	70%	37%	36%	28%
<i>Total</i>	80%	91%	69%	69%	63%

**Table 6** Percentage of Equivalent Full Times (EFT) who Meet the Linguistic Qualification at Actionmarguerite (Saint-Boniface) Inc.

<i>St. Boniface - 2011 to 2015</i>	2011	2012	2013	2014	2015
<i>Administration</i>	81%	86%	76%	75%	77%
<i>RN / RPN</i>	56%	58%	49%	63%	45%
<i>LPN</i>	64%	57%	39%	30%	24%
<i>HCA</i>	39%	45%	46%	47%	46%
<i>Allied Health</i>	75%	93%	66%	83%	64%
<i>Other</i>	72%	53%	68%	71%	74%
<i>Housekeeping/laundry</i>	81%	84%	87%	87%	91%
<i>Dietetics</i>	69%	68%	73%	71%	73%
<i>Day Centre Program</i>	62%	85%	67%	56%	62%
<i>Supportive Housing</i>	51%	49%	55%	50%	44%
<i>TOTAL</i>	56%	58%	57%	58%	55%



## CONCLUSION

Actionmarguerite continues to improve and ensures that its mission is carried out faithfully and in accordance to the values of the Catholic Health Corporation of Manitoba and the Grey Nuns. To do so, we rely on a very large number of staff and volunteers who dedicate themselves to the wellbeing of others.

It is important to thank all the staff, volunteers, donors and Board Members who contribute to the success of the organization. They always keep the residents and community in mind when performing their work.

There is also a strong partnership and collaboration established between our staff and our unions in achieving a work environment that is productive, respectful and just. Our partners, and in particular the WRHA Long Term Care Program, have supported the development and mission of Actionmarguerite.

Together, we are challenged by the increasing demands on the health system, but also committed to leading in adapting our programs and services to meet the needs of the citizens of Manitoba.

This annual report briefly describes all the good deeds that transpire over the course of 12 months, including the additional management responsibilities for St. Joseph's Residence. Ultimately, our success is only measured by the quality of life and opportunities we provide to our residents, clients and families. We continue to aspire to always be compassionate and focused on the present in order to respond to the genuine needs of residents and clients. We are proud and humbled to be of service to this very important population.





**Actionmarguerite (Saint-Boniface) Inc. and Actionmarguerite (Saint-Vital) Inc.**  
**Condensed Combined Financial Statements**

**CONDENSED COMBINED STATEMENTS OF FINANCIAL POSITION**

March 31, 2015 and March 31, 2014

	2015 \$	2014 \$
Assets	<b>34,990,839</b>	32,248,605
Liabilities & Deferred Contributions	<b>30,223,487</b>	27,989,202
Fund Balances	<b>4,767,351</b>	4,259,403
	<b>34,990,838</b>	32,248,605

**CONDENSED COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN FUND BALANCES**

Year ended March 31, 2015 and March 31, 2014

	Operating Fund	Ancillary Operations and Internally Restricted Funds	Capital Fund	2015 Total \$	2014 Total \$
Revenue:					
Winnipeg Regional Health Authority Resident and service fees	28,128,185	-	-	<b>28,128,185</b>	26,835,686
	8,431,369	-	-	<b>8,431,369</b>	8,301,732
	36,559,554	-	-	<b>36,559,554</b>	35,137,418
Amortization of deferred contributions	-	-	963,440	<b>963,440</b>	943,843
Offset income	764,764	199,478	-	<b>964,242</b>	920,526
	37,324,318	199,478	963,440	<b>38,487,236</b>	37,001,787
Expenses	36,887,195	8,938	1,083,155	<b>37,979,288</b>	36,699,833
Excess (deficiency) of revenue over expenses before the undernoted	437,123	190,540	(119,715)	<b>507,948</b>	301,954
Winnipeg Regional Health Authority prior year adjustments	-	-	-	-	(1,573)
Winnipeg Regional Health Authority future employee benefits recoverable	(164,598)	-	-	<b>(164,598)</b>	72,544
Employee future benefits	164,598	-	-	<b>164,598</b>	(72,544)
Excess (deficiency) of revenue over expenses	437,123	190,540	(119,715)	<b>507,948</b>	300,381
Fund balances, beginning of year	-	3,214,149	1,045,254	<b>4,259,403</b>	3,959,022
Transfer to Capital Fund	(56,934)	(702,558)	759,492	-	-
Transfer of Personnel Care Home Program surplus	(283,792)	283,792	-	-	-
Transfer of Adult Day Program surplus	(8,582)	8,582	-	-	-
Transfer of Supportive Housing Program surplus	(87,815)	87,815	-	-	-
Fund balances, end of year	-	3,082,320	1,685,031	<b>4,767,351</b>	4,259,403

These combined financial statements represent an aggregation of the financial statements of Actionmarguerite (Saint-Boniface) Inc. and Actionmarguerite (Saint-Vital) Inc., which are under common control. All significant inter-company balances and transactions have been eliminated.

The condensed combined financial statements do not contain all disclosures. For more detailed information on the organization's financial situation, results of operations and cash flows, readers should refer to the related complete combined financial statements which are available at our offices.



**Fondation Actionmarguerite Foundation Inc.  
Condensed Financial Statements**

**CONDENSED STATEMENT OF FINANCIAL POSITION  
December 31, 2014 and December 31, 2013**

	<b>2014</b>	<b>2013</b>
	\$	\$
Assets	<b>3,194,224</b>	2,984,398
Liabilities	<b>42,570</b>	4,914
Fund Balances	<b>3,151,654</b>	2,979,484
	<b>3,194,224</b>	2,984,398

**CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES  
Year ended December 31, 2014 and December 31, 2013**

	<b>2014</b>	<b>2013</b>
	\$	\$
Revenue:		
Fundraising & Donations	<b>31,503</b>	34,628
Investment income	<b>241,312</b>	327,913
	<b>272,815</b>	362,541
Expenses	<b>100,645</b>	115,738
Excess of revenue over expenses for the year	<b>172,170</b>	246,803
Fund balances, beginning of year	<b>2,979,484</b>	2,732,681
Fund balances, end of year	<b>3,151,654</b>	2,979,484

**Investments**

	<b>2014</b>	<b>2013</b>
	\$	\$
Term deposits	<b>1,050,000</b>	1,000,000
Investments - The Winnipeg Foundation:		
Managed	<b>1,871,203</b>	1,796,225
Endowment	<b>85,473</b>	81,824
	<b>1,956,676</b>	1,878,049
	<b>3,006,676</b>	2,878,049

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