

Bringing Quality Care Home



20 Annual Report 19 Home at Last

An In depth Review of the Transitional Care Program

Featured in this Report



- About this Report
- 2 Our Mission, Vision and Values
- 3 Home at Last, An In-depth review of the Transitional Care Program
 2019 Board of Directors
- 4 Message from the Board Chair
- 5 Message from the CEO



- CANES Transitional Care Program
- Rethinking how we age, and where
 Combining the new and the old, to redefine aging.
- 10 Exemplary Standing Once Again
- 11 An Exceptional CANES Success Story:
 - Transitional Care at its best.



- Program and Service Delivery Stats for 2018/19
- Our Financial Statements Audited by BDO Canada LLP
- Ride Connect Expands its FleetMore coverage. More vehicles. More rides
- Our Partners and Funders



About This Report

1

The CANES 2019 Annual Report provides key stakeholders, clients, and partners with a summary of our operational and financial performance during the 2018-19 fiscal year.

To assess how well we are performing, our outcomes for 2018-19 are measured against the targets set out in our Strategic Plan, which are detailed further in our Vision 2025 Document.

Our Audience Members









CANES community care

Founded in 1982, CANES Community Care is a Not-For-Profit organization that assists clients with tasks in the home, providing emotional and social support, while helping seniors take part in the life of their community.

Our Mission is to provide excellent care services for seniors to enable them to remain at home in their community safely and with dignity.

Our Vision seeks to take the lead with vital community links offering equitable access to a range of care services for seniors.

Our Health Equity Statement

Through diversity, we foster an environment that seeks to embrace new ideas and welcomes opportunities to grow, where possible, to better serve ethno-cultural communities.



Our Core Values

Describe how we should act in order to accomplish the tasks required to achieve our mission and vision. They create our desired culture, as they are the principles that guide the behaviours of all staff and volunteers of CANES Community Care.

- Deliver High Quality Services
- Maintain Confidentiality
- Respect for the Individual
- Develop & Build Partnerships
- Encourage a Just Culture

- Commit to Client and Family-Centred Care
- Embrace Diversity, Fairness & Inclusivity
- Focus on Service Improvement
- Promote Leadership
- Inspire Self-Reliance

Home at Last

An In depth Review of the Transitional Care Program

Each year at our Annual Community Engagement Forum, CANES always settles on a topic for discussion that will connect with our clients and stakeholders who will be attending the event. This theme also falls in line with our Annual Report as well.

This year's theme will focus on Home at Last and Transitional Care. Often people are functioning well until something happens unexpectedly such as a fall that has put them in the hospital. There is often a sudden need for help and people don't know where to turn, or what to do once they have been stabilized and need to be discharged from the hospital. Whether it is yourself or a loved one, quite often they are healthy enough to leave the hospital but not well enough to recover fully in their own home without the proper assistance. People are unaware of what resources are available in their communities in relation to Alternative Levels of Care. This is often due to the sudden need for care after an emergency which can cause panic, anxiety, and heightened emotions from the client and their family members.

The focus of our theme is to better prepare our clients with information on the resources in the community and what options are available to them whether it is through CANES or other community organizations and services. Our clients and stakeholders should know that this is a broad topic and we can't cover everything. On page 8 and 9 of this report, we have covered a story of a family who benefitted from a successful Transition from Hospital to Home after a fall.



CANES 2019 Board of Directors

Janet Cadigan

Amit Chalam (Treasurer)

Pat Coursey (Vice Chair)

Anne Cool (Corporate Secretary)

Carla Eisnor

Raveen Kalra

Kais Lakhdar

Kelly Stadelbauer

Louise Stratford (Board Chair)

Laurence Wolfson

Susan Wooldridge



A Message From The Board Chair **Louise Stratford**

targets, and in expanding our reach to better serve the community.





The Board of Directors of CANES Community Care believes strongly in ensuring that our organization remains as responsive as possible to the needs of our community. As a charitable, not for profit corporation, we are dedicated to providing relevant services that are client-centred, cost efficient, timely, and of the highest quality. Every year we reflect back on our accomplishments and consider how they have measured up to our goals. On behalf of the Board, I am happy to report that this year, we have been very successful in meeting our

CANES has had an extremely busy year. We have expanded a number of our programs and improved on others. We also received the very important accreditation rating of exemplary standing, which serves as a testament to the high- quality service that CANES delivers, and the dedication, skill and commitment of CANES management and front-line staff.

As we enter another fiscal year, we are mindful of the profound shift that is occurring in the delivery of healthcare service in our province. With the passage of the Peoples Health Care Act, the government has put in place the plans for a new model of integrated health care delivery that will enable patients and health service providers to work together to achieve a more connected system that is organized around people's needs. Community care agencies such as CANES must find their place in this new system, so that the valuable services that are currently offered remain available. CANES is actively participating in local discussions and initiatives with hospitals and other care partners to ensure that we can continue to serve our community and evolve as required.

The job of the Board of Directors is to provide the "corporate stewardship" necessary to quide the organization in the development of its mission, vision and values, as well as the strategic plan that will ensure achievement of its business goals. We rely on our dedicated volunteer Board of Directors to ensure that this function is fulfilled. This year, we welcomed three new Directors, Janet Cadigan, Kelly Stadelbauer, and Susan Wooldrige and bid a very fond farewell to a long-serving and very committed Director, Dr. Ron Groshaw.

On behalf of the Board, I extend our sincere thanks to our funders, partners, staff and clients. We look forward to continuing to serve the CANES community to the very best of our abilities, and to embracing the challenges and opportunities that lie ahead.

Sincerely,

Louise Stratford Chair ofr the Board



A Message From The CEO **Gord Gunning**

This past year - 2018/19 - was a blockbuster year for CANES Community Care! On behalf of the Board of Directors and the senior management team I am very pleased to report on some highlights of the many CANES achievements during the past year:

Programs and Services

CANES expanded its Transitional Care program with ongoing funding and support from the Ministry of Health and Long Term Care and the Home & Community Care Division of the Central West LHIN. We negotiated agreements with two retirement homes in Brampton to secure a total of 12 beds to serve Alternate Level of Care (ALC) patients. Over 45 patients have now benefited from this innovative program following their discharge from either Headwaters Health Centre in Orangeville or William Osler Health System in Brampton and Etobicoke.

We doubled our transportation department services in the past year through the award of a new contract with the Mississauga Halton LHIN. CANES is now the Lead Agency for Accessible Transportation in this LHIN plus the Central West LHIN. We now deliver 50,000 medical rides, dialysis rides and rides to 19 Adult Day Programs. We expanded our Region of Peel TransHelp rides and supported the Passenger Assistant Program (PAP) from August 2018 to present day. We also launched a new Assisted Living site in Malton in partnership with Peel Living and now serve 15 clients.

Infrastructure and Quality

After 10 years at 135 Queens Plate Drive CANES head office space was too small to handle the growth in our staff or satisfy our training and meeting room needs. After completing our due diligence the CANES Board of Directors approved the move to over 15,000 sq. ft. of new space at 10 Carlson Court. With expanded meeting room and training room space plus room to grow, CANES is now well positioned for the future. The move was completed at the end of July 2018.

During 2018/19 CANES prepared for the Accreditation Canada Surveyor site visit scheduled for last September 2018. I am very pleased to report that CANES met 401 out of 402 standards and received Exemplary Standing once again. This award is for a four year term taking us to 2022.

Human Resources & Labour Relations

During the past year CANES reviewed its Organizational Structure with the goal to enhance our clinical competencies through a reassignment of duties, internal promotions and transfers. We were able to promote several nursing and administrative staff within our organization and hire new RPNs and PSWs during the year. We now have a staff compliment of 232 and are recruiting another 19 staff to bring our total compliment to just over 250 employees.

Our Transitional Care Program

7

We were also successful in negotiating a new four-year collective agreement with CUPE Local 3808 and welcomed a new Local executive following the retirement of Patricia Pitt as the Local 3808 President. Patricia served as President with distinction for 21 years.

Ontario Health Teams

The provincial government passed new legislation in the Spring – Bill 74: The Peoples Health Care Act - which proposes a major restructuring of our health care system over the next few years. The legislation creates a new organization called Ontario Health through the merging of 20 crown corporations (including the 14 Local Health Integration Networks) and the creation of up to 50 new Ontario Health Teams across the province. The primary objective is to provide integrated health care to all Ontarians, including virtual care and new digital services so that patients can readily access their individual health records.

CANES has been actively working with two collaborations of health service providers to develop self-assessments and to submit those to the Ministry of Health and Long Term Care by the May 15, 2019 deadline. We also signed Letters of Support for two other submissions and are hopeful that at least one of these proposals will be approved to move to the next stage of development. We will keep you informed on the progress of these Ontario Health Teams as more information becomes available to us.

These are only some selected highlights from a blockbuster year at CANES. We are now providing over 37,000 hours of homecare and over 50,000 medical rides each year in our expanded geography now including Mississauga and Halton Region. We are once again meeting or exceeding our funders performance expectations and we continue to look for new ways to achieve even greater efficiencies.

I look forward to meeting many of you at our 9th Annual Community Forum on June 13, 2019 in Brampton where we will discuss the theme "Home at Last: An In depth Review of the Transitional Care Program." As always we will take your input to inform our planning efforts as we examine ways that CANES Community Care can continue to improve our care services.

In conclusion, I would like to extend my deepest appreciation to our funders, our community partners, the Board of Directors, all our staff and our clients for your continued support. On behalf of the senior management team, we look forward to working with you in 2019/20 to expand our care services to all our clients and to work collaboratively as we move through the healthcare transformation journey in Ontario.

Sincerely,

Gord Gunning
Chief Executive Officer

CANES Receives Funding for Phase 2: Transitional Care

In light of Transitional Care being the topic of this years report, CANES Community Care was pleased to announce that it had received funding from the Central West Local Health Integration Network and the Ministry of Health and Long Term Care to extend its Phase 1 Transitional Care Program into a new Phase 2 that began in January 2019.

CANES is pleased to advance this important program serving Alternate Level of Care (ALC) patients into a new phase that now involves partnerships with two retirement residences in Brampton. Originally funded to serve 15 ALC patients in Phase 1 where the patient was discharged from Hospital to Home with nursing and personal support services in place. In this new Phase, CANES has served more than 45 ALC patients in 12 transitional care beds in two retirement residences in Brampton.

This new model of care for ALC and at risk ALC patients will allow William Osler Health System and Headwaters Health Care Centre to discharge these patients into our care. Through this new partnership with Home & Community Care and two well established retirement residences in Brampton, CANES is able to provide the needed care for ALC patients with a length of stay of up to 42 days before being transferred home.

CANES continues to work with the excellent teams at the Retirement Residences to ensure that the necessary care services are in place for these ALC patients being discharged from Brampton Civic, Etobicoke General and Headwaters Hospitals.



Rethinking how we age, and where we age



Combining the New and the Old to Redefine Aging

9

Written by Dan Levitt, Professor in Gerontology at Simon Fraser University

One in three people over 85 will require care in their lifetime. What if a revolution swept through the aged care sector? What if the 85 year old's who require care were the lucky ones? Nursing homes are being replaced by centers for living around the globe. New innovative living options are designed around small households that foster social engagement and create community.

As an undergraduate student, I was inspired to become a gerontologist after learning about the 1976 research study in which psychologists Ellen Langer and Judith Rodin investigated the effects of choice and enhanced personal responsibility for the aged, which resulted in a groundbreaking study on the impact of loneliness on seniors. They selected two floors of a nursing home. One group was told the staff was there to help them. Despite the care, 71 percent got worse in co-morbidity quality indicators in only three weeks. On the other floor, where seniors were encouraged to make decisions for themselves, 93 percent of the residents improved their quality of life. They were more active and happier. They were more mentally alert and more engaged in activities.



Today the aged care industry is changing dramatically around the globe – and a shift towards personal responsibility and societal interaction is at the forefront of this revolution.

Nursing homes are being replaced with centres for living, designed as small households where perhaps a dozen people live together. They share meals around a large dining room table, with an open kitchen and access to food 24/7. The seniors choose what they want to do and when they want to do it. The small homes have no characteristic features of a traditional nursing home. There is no central nursing station and no long corridors or bright fluorescent lights. Residents are not rushed to make it to a meal on time. Such revolutionary models are disrupting the aged-care sector and, in some markets, traditional old-age institutions are reinventing themselves as small homes or closing down.

We are also seeing homes for the aged being built in the midst of residential neighbourhoods, creating a community hub not just for seniors but also for middle-aged adults, young adults and children. These vibrant town centres are complete with community amenities such as libraries, pools, restaurants, child care, schools, and senior wellness centres.

In a Netherland's university, it was found that student dormitories were full, but a nearby home for the aged had vacant suites. Students were invited to move in with the seniors, and soon became actively engaged in the new multigenerational community. This movement has morphed across Europe, where families live nearby, becoming volunteers supporting seniors while their kids adopt a senior as a grandparent.

The more famous dementia village, a short-train ride from Amsterdam, turned the nursing home upside down with its small-house concept of six people living in a house-hold with walkable access to a complete village within a secured perimeter. The most innovative aspect of this community is the general store where seniors, accompanied by a caregiver, shop each day for the household groceries and supplies. These seniors, most of whom have advanced dementia, are experiencing industry leading aged care a generation ahead of its time.

In Tokyo Japan, 10 centenarians (People aged 100+) with dementia live together in a group home where their daily choices include meals, walking exercises, and meaningful activities. Seniors are retrained so they longer use incontinence pads, saving money while improving dignity, self-esteem and quality of life. Physiotherapists mobilize seniors out of their wheelchairs to walk with mobility aides.

The Village Movement is an offshoot of the sharing economy. Hundreds of online virtual villages are popping up all over the United States with more on the drawing boards. These villages are low-cost ways to age in place and can delay going to assisted-living facilities. The core of these villages is referrals to household repair services, yardwork, picking up prescriptions or taking members shopping, to the doctor or even personal trainers.

Another innovative living option is senior cohousing, which is also focused on aging well in the community. Residents design and manage senior cohousing themselves relying on mutual support and a resident caregiver they hire as needed. Communities are designed for physical accessibility as well as financial, environmental, and social sustainability.

We have come a long way from how our grandparents were housed and treated. With the research and understanding now emerging, seniors housing is becoming more welcoming and healthy for future generations.



Accreditation Success

CANES Awarded Second Exemplary Standing from Accreditation Canada

CANES Community Care was proud to announce that the agency has once again achieved "Exemplary Standing" from Accreditation Canada. This four-year accreditation was recently awarded by the Accreditation Decision Committee following a site survey from September 24 to 26, 2018. This was a very significant achievement and it is with great pride that the Board of Directors recognizes the dedication, competence and commitment of all our staff. They are essential to CANES' success as an agency that is performing at the very highest level. One of the key observations of the Surveyors was the quality of our front line service delivery. The feedback from clients, caregivers and community partners was extremely positive.

CANES met or exceeded expectations in 401 out of 402 Standards set by Accreditation Canada. This was an outstanding achievement. Accreditation Canada noted that CANES Community Care has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. They went further to commend CANES for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.





We are so proud of this achievement and how hard our Supervisors and frontline staff work to deliver the highest quality care to our clients. Even though we are accredited with Exemplary Standing until 2022, we will not stop here, as we believe in continuously improving our programs and always looking for opportunities to expand the range of our client-centred care.

Transitional Care at its Best 11



A True CANES Success Story

Janice, an 84 year old Home and Community Care client living with her daughter, had a fall at home while walking to the washroom. Luckily, she wasn't home alone and was found in a pool of blood by her grandson. She was quickly admitted to the ER at Etobicoke General Hospital and was declared medically stable by the doctor and ready to be discharged home. The thought of caring for her mother in such a state quickly led Janice's daughter to become overwhelmed and it became clear that she would not be able to continue to support her mother at home. Because the hospital wanted to avoid admitting Janice to the hospital full-time, the family had to look for alternative options.

One of those options was CANES. The family called and we scheduled an appointment to visit Janice in the ER. She had bruises and swelling all over her face and seemed to be in a lot of pain. Her daughter was distressed, emotional and unsure of how to handle the situation. Her biggest worry was not being able to take her mother home given her condition and the fact that she had a full-time job. Our Caregiver had to calm her down and assure her that everything will be done to get her mother admitted to the Transitional Care Program as soon as possible. She was grateful and relieved to hear that we would take care of her mother.

The CANES Transitional Care Team connected with hospital staff to get the required information about Janice and requested her discharge papers. With the team's swift and expert actions, Janice was admitted and arrived at the Bramalea location in less than 24 hours from her fall.

While there, Janice was provided with an emergency phone to call CANES staff whenever she needed, was assessed by an occupational therapist and a physiotherapist and was regularly treated by a Wound Care Nurse. Phone numbers for the RPN and PSW were also provided to Janice's daughter if she ever wanted to check in. She was relieved that a team of people would be taking care of her mother.

On the day of Janice's discharge from the Bramalea location, we met with her and her daughter who were both very thankful for our services and grateful for the excellent care provided by CANES' staff. Janice's daughter said that, "CANES has an excellent team and they took good care of my mother".

This is a story of fast-acting Care Teams working together to avoid hallway healthcare by placing Janice in a facility that can provide her with the care she needed. The Care Coordinators at CANES, Etobicoke General Hospital and the CANES staff managed this situation in the best way possible for both Janice and her family. We wish her all the best in her recovery, and hope this story can be used as an example of how important Community Health Service Providers are to those in need.



Financial Statements



Who We Serve

CANES Community Care currently offers thirteen different care services to over 4,000 clients living in Brampton, Malton, Etobicoke, and Woodbridge as well as accessible transportation services in Mississauga, Oakville, Milton and Halton Hills.

PROGRAMS and	NUMBER OF INDIVIDUALS			UNITS OF SERVICE			
CARE SERVICES	2016 2017	2017 2018	2018 2019	2016 2017	2017 2018	2018 2019	
Homemaking/Respite/Personal Care	490	532	387	46,647	40,556	35,439	
Caregiver Support and Counselling	445	423	468	3,708	3,716	3,757	
Assisted Living	367	363	366	110,857	110,852	103,299	
City of Toronto HFA	59	59	59	11,680	11,680	11,680	
Home Maintenance	1,035	1,053	1,020	10,000	11,263	10,122	
Congregate Dining	399	388	334	2,195	2,168	2,002	
Friendly Visiting	65	66	64	5,829	5,770	5,165	
Ride Connect Transportation *Stats include OTF TransHelp Pilot for 2018/19 and Mississauga Halton LHIN	768	868	965	20,463	26,232	49,503	
Home@Last	269	356	283	707	749	657	
Community Outreach	335	438	394	14,492	15,483	15,483	
■ Treat@Home	34	33	30	1,101	1,252	1,087	
Psychogeriatric Resource Consultant	N/A	N/A	N/A	1,852	2,177	N/A	
TOTAL Cumulative total*	4,266	4,579	4,380	229,504	229,938	238,194	
Volunteer Activities Cumulative total*	66	47	48	3,254	3,277	1,495	

CANES continues to serve clients inside their own homes while offering quality services that allow them to remain living in the community. We strive to support our clients to maintain their independence through the delivery of almost 240,000 units of service annually, while serving over 4,300 different clients.





Tel: 905 270-7700 Fax: 905 270-7915 Toll-free: 866 248 6660

www.bdo.ca

BDO Canada LLP 1 City Centre Drive, Suite 1700 Mississauga ON L5B 1M2 Canada

Report of the Independent Auditor on the Summary Financial Statements

To the Members of CANES Community Care

Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2019 and the summary statement of operations for the year then ended (the "Summary Financial Statements"), are derived from the audited financial statements of CANES Community Care (the "Organization") for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with the criteria disclosed in Note 1.

Summary Financial Statements

The Summary Financial Statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the Summary Financial Statements and the auditor's report thereon, therefore, is not a substitute for reading the Organization's audited financial statements and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

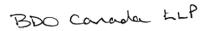
We expressed an unmodified audit opinion on the audited financial statements in our report dated May 28, 2019.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the Summary Financial Statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Audit Standards (CAS) 810, 'Engagements to Report on Summary Financial Statements'.



Chartered Professional Accountants, Licensed Public Accountants

Mississauga, Ontario May 28, 2019

BDO Canada LLP, a Canadian limited liability partnership, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms



Statement of Financial Position



Statement of Operations



CANES Community CareSummary Statement of Financial Position

March 31		2019	2018
Assets			
Current Cash Accounts receivable HST receivable Prepaid expenses	\$	944,693 427,986 67,705 105,065	\$ 322,178 378,853 58,729 233,006
		1,545,449	992,766
Investments Capital assets		1,507,416 1,758,435	1,570,030 389,067
	\$	4,811,300	\$ 2,951,863
Current Accounts payable and accrued liabilities Deferred revenue	\$	1,401,756 8,534	\$ 915,141 47,765
Deferred capital contributions Deferred rent		1,410,290 1,466,071 305,259	962,906 269,135
		3,181,620	1,232,041
Fund balances Funds invested in capital assets Internally restricted - Reserve Fund Internally restricted - Jennie May Fund Unrestricted		292,364 1,141,703 365,710 (170,097)	119,932 1,190,226 379,801 29,863
	_	1,629,680	1,719,822
	\$	4,811,300	\$ 2,951,863

On behalf of the Board:

Directo

mitchalan Director

CANES Community Care Summary Statement of Operations

For the year ended March 31		2019		2018	
Revenue					
Government grants and allocations	\$	9,209,590	\$. , ,	
User fees		3,501,033		2,285,272	
United Way of Greater Toronto & York Region grants		180,801		180,801	
Other revenue		62,583		100,901	
Fundraising and donations, net		8,233		4,657	
Gain on disposal of capital assets Amortization and write down of deferred capital contributions		43,433 306,099		16,322 130,113	
Amortization and write down of deferred capital contributions	_	300,099		130,113	
		13,311,772		10,579,977	
Expenditures					
Remuneration, benefits and purchased services		10,869,683		8,960,518	
Administrative and occupancy		1,152,616		760,991	
Other		927,361		642,555	
Amortization	_	389,691		163,884	
		13,339,351		10,527,948	
Excess (defeciency) of revenue over expenditures from operations		(27,579)		52,029	
Investment loss		(62,563)		(77,439)	
Net deficiency of revenue over expenditures	\$	(90,142)	\$	(25,410)	

Notes to the Summary Financial Statements

1. Summary Financial Statement Preparation

Management is responsible for the preparation of the summary financial statements. The summary presented includes only the summary statement of financial position and the summary statement of operations. It does not include the statement of changes in net assets, statement of cash flows, or the notes to the financial statements.

Copies of the March 31, 2019 audited financial statements are available at the CANES Community Care head office.

Funders and Partners

CANES transportation program continues to grow its fleet and stretch its geographical boundaries to meet demand

CANES has doubled its transportation department services in the past year through the award of a new contract with the Mississauga Halton LHIN. CANES is now the Lead Agency for Accessible Transportation in this LHIN plus the Central West LHIN. Ride Connect now delivers 50,000 medical rides, dialysis rides and rides to 19 Adult Day Programs. We expanded our Region of Peel TransHelp rides and supported the Passenger Assistant Program (PAP) from August 2018 to present day.



The CANES Ride Connect transportation program has also recently added 6 new Dodge Pro-Master 15 person accessible passenger vans to our growing fleet of vehicles. Funding for those new vehicles was recevied by the Mississauga Halton Local Health Integration Network. They are up and running and you can see them on the roads this summer providing rides to Medical appointments and Adult Day programs in the community.



CANES Community Care gratefully acknowledges the on-going financial support of our funders and supporters.

Ministry of Health and Long-Term Care

Central West Local Health Integration Network

Mississauga Halton Local Health Integration Network

Home and Community Care

United Way of Toronto & York Region

Ontario Trillium Foundation

City of Toronto

Grant Funding as Available

Fundraising Initiatives

Department of Veteran Affairs Canada

Donor Individuals and Organizations

Fees for Services













Veterans Affairs Canada Anciens Combattants Canada









Our Care Services

Home Care

- Homemaking/Personal and Respite Care
- **Assisted Living**
- **Home Maintenance**

Programs

- Seniors' Luncheons
- **Friendly Visiting**
- **Caregiver Counselling**
- **Community Outreach**

Specialty Services

- Home at Last
- **Transportation**
- **Treat at Home**
- **Behavioural Supports**
- **Transitional Care**





Head Office

10 Carlson Court, Ste. 200 Toronto ON, M9W 6A2 P: 416.743.3892 E: information@canes.on.ca www.CANES.on.ca

