



# CARF Accreditation Report for H.J. McFarland Memorial Home Three-Year Accreditation



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# Contents

[Executive Summary](#)

[Survey Details](#)

[Survey Participants](#)

[Survey Activities](#)

[Program\(s\)/Service\(s\) Surveyed](#)

[Representations and Constraints](#)

[Survey Findings](#)

[Program\(s\)/Service\(s\) by Location](#)

## About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit [www.carf.org/contact-us](http://www.carf.org/contact-us).

**Organization**

H.J. McFarland Memorial Home  
603 County Road 49  
Picton ON K0K 2T0  
CANADA

**Organizational Leadership**

Kim Mauro, Administrator

**Survey Date(s)**

August 30, 2018–August 31, 2018

**Surveyor(s)**

James A. Lomastro, Ph.D., Administrative  
Carol S. Carter Shreiner, NHA, M.B.A., Program

**Program(s)/Service(s) Surveyed**

Person-Centred Long-Term Care Community

**Accreditation Decision****Three-Year Accreditation**

**Expiration: August 31, 2021**

# Executive Summary

This report contains the findings of CARF's on-site survey of H.J. McFarland Memorial Home conducted August 30, 2018–August 31, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

## Accreditation Decision

On balance, H.J. McFarland Memorial Home demonstrated substantial conformance to the standards. H. J. McFarland Memorial Home has made significant progress in conforming to the CARF standards. The facility offers a safe, accessible, and attractive environment. The leadership and staff dedicate themselves daily to satisfy the health, safety, and well-being of the residents. The organization has much strength, especially in its approach and delivery of person-centred care and support services. The leadership is urged to continue to improve its efforts in the areas of unannounced emergency procedures, in performance appraisals, and wound care. The organization is commended for its efforts. It is evident that it has made a great deal of progress at all levels and has achieved definite results. The leadership team and staff are encouraged to continue utilizing the standards to improve their services to the residents.

H.J. McFarland Memorial Home appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. H.J. McFarland Memorial Home is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

**H.J. McFarland Memorial Home has earned a Three-Year Accreditation.** The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

# Survey Details

## Survey Participants

The survey of H.J. McFarland Memorial Home was conducted by the following CARF surveyor(s):

- James A. Lomastro, Ph.D., Administrative
- Carol S. Carter Shreiner, NHA, M.B.A., Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

## Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of H.J. McFarland Memorial Home and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

## Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Person-Centred Long-Term Care Community

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

## Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

## Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

## Areas of Strength

CARF found that H.J. McFarland Memorial Home demonstrated the following strengths:

- The leadership at all levels demonstrates commitment, compassion, enthusiasm, and skill. Professional commitment is found throughout the organization. Interviews with the leadership revealed competencies across disciplines and a knowledge base that will allow the organization to continue to grow and strengthen its approach to care.
- The leadership and management team members of H.J. McFarland Memorial Home are experienced; are actively involved in all aspects of the operation; and complimented for establishing a culture of openness, trust, and respect among the staff and persons served. They come from a variety of backgrounds and situations, and while some are more recent additions to the team, they work together as a cohesive group.
- Although the building was constructed in 1975 with narrow corridors and other dated features, the organization has worked diligently to create a home-like environment that provides comfort, privacy, dignity, and respect for the residents and their families as evidenced by the long waiting list. The staff has decorated and upgraded the colours, fabrics, and furniture to create a home-like environment.

- The family members and residents stated that they feel safe and well cared for at home and trust the staff to care for them at their most vulnerable times. The facility contains a number of common spaces that provide areas outside of the residents' rooms for visiting and interacting. The facility offers areas for the residents to socialize and interact with one another.
- H.J. McFarland Memorial Home places a high priority on ensuring the health and safety of the persons served and its personnel. There are comprehensive emergency preparedness systems in place to address potential unsafe events, and the organization regularly tests its emergency procedures in coordination with community safety officials to ensure safety. Medically related resources are available to address emergency medical situations. There are protocols to quickly engage community emergency medical services for persons needing immediate medical attention.
- Many strong performance improvement initiatives have impacted the lives of the residents, including hiring a dedicated quality program manager, updating of dated resident areas, revamping of activities and times, inclusion of the community in operation of the facility, and resident choices for food and dining.
- H.J. McFarland Memorial Home has expended a great deal of effort to involve the community in the home and develop itself as a community resource. Of particular note, in June of this year, it held an open house to reintroduce the home to the community. The event brought media coverage as well as 500 residents of the community to the facility. This represented the capstone of its effort to promote to its external stakeholders' community the value that it adds.
- H.J. McFarland Memorial Home's dietary, housekeeping, and maintenance personnel, in concert with the care staff, provide comprehensive services to ensure a well-maintained and clean facility and provide excellent nutritional services that meet the individual needs of the residents. Support services, such as dietary, are presented in a supportive and engaging manner by a knowledgeable, committed, and dedicated team consisting of the leadership, care support, and ancillary support team members. Services provided result in high stakeholder satisfaction with regard to the living environment, dining, and care provided.
- The organization has made significant efforts to involve as many staff members as possible in health and safety processes. Of particular note are the monthly self-inspections that the organization conducts, utilizing many of the direct care workers, dietary, housekeeping, and nurses in the process. The health and safety committee, which includes staff members, takes its role and responsibilities very seriously and ensures that safety issues are dealt with as soon as they occur. The committee goes to great lengths to ensure that the residents live in a clean and safe environment. The committee appreciates each person's contribution regardless of the person's title.
- The organization is commended for the longevity of its employees. A significant number of employees have been loyal to the organization for many years.
- The organization has a strong relationship-centred culture that is centred on respect for each person. Personnel call the residents and family members by name, look people in the eye, and greet them with warm, engaging smiles. Personnel know the preferences of the residents and readily engage them in any part of the home. It is common to see a staff member take the time to engage a resident sitting alone, bringing a smile to the resident's face before moving onto the next task. The family members and volunteers expressed appreciation for the commitment and love shown to their loved ones as well as to themselves. Comments such as "The staff really became a part of our family" and "I never worry when I'm away because I know they care for my mom as much as I do" expressed the trusting atmosphere of H.J. McFarland Memorial Home.
- The infection control practices are excellent. Training at hire and annually thereafter is supplemented with additional periodic training to underscore the importance of proper handwashing and use of protective equipment. Family members expressed their pride in the staff who managed to prevent the spread of influenza in the winter of 2017, when two residents tested positive for influenza. Personnel are conscientious about not only their own handwashing but also helping the residents regularly wash their hands.

- The collaborative care team leads the efforts to ensure person-centred care. This multi-discipline team meets monthly to review changes in the residents. Contracted service providers participate as well. The focus of these meetings is the resident, his/her goals, and the support needed to help the resident achieve his/her goals. The team members exercise creativity and skill in the brainstorming process of overcoming challenging behaviours, loss of function that jeopardizes continuation of a resident's favourite pastime, advancement of a disease process, etc. They focus on what creative interventions they may offer to help each person experience the best possible life.
- The pharmacy program demonstrates exceptional organization and a high commitment to safety through reliable, regular review of medication administration policies and procedures, routine review of those policies with the staff, and monthly medication review with the medical director.
- Willow Wing, the memory care household, was renovated recently with fresh paint and memory boxes outside each resident's room to further assist others to know each person. However, the real strength of the Willow Wing is once again the relational nature of the culture. Personnel know each resident, including when the resident wants to rise in the morning, what the resident likes to eat, what comforts the resident when a noise frightens him/her, or whether he/she will want to pet the visiting dog down the hall. A representative of the community mental health organization providing services at H.J. McFarland Memorial Home commented that it has successfully reduced referrals to his organization because of the staff's increasing skill in reducing behaviours with these person-centred approaches.

## Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

# Section 1. ASPIRE to Excellence®

## 1.A. Leadership

### Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

### Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

### Recommendations

There are no recommendations in this area.

## 1.C. Strategic Planning

### Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

### Recommendations

There are no recommendations in this area.

## 1.D. Input from Persons Served and Other Stakeholders

### Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### Key Areas Addressed

- Collection of input
- Integration of input into business practices and planning

## **Recommendations**

There are no recommendations in this area.

## **1.E. Legal Requirements**

### **Description**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

### **Recommendations**

There are no recommendations in this area.

## **1.F. Financial Planning and Management**

### **Description**

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### **Key Areas Addressed**

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Safeguarding funds of persons served, if applicable
- Review/audit of financial statements

### **Recommendations**

There are no recommendations in this area.

## **1.G. Risk Management**

### **Description**

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

### **Key Areas Addressed**

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

## Recommendations

There are no recommendations in this area.

## 1.H. Health and Safety

### Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### Key Areas Addressed

- Competency-based training on safety procedures and practices
- Emergency procedures
- Access to first aid and emergency information
- Critical incidents
- Infection control
- Health and safety inspections

### Recommendations

#### 1.H.7.d.

Although the organization analyzes for performance, takes actions, and performs education for unannounced tests of all emergency procedures, there should be evidence in writing of the analysis of these tests. It is recommended that unannounced tests of all emergency procedures be evidenced in writing, including the analysis.

## 1.I. Workforce Development and Management

### Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization.

Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

### Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of background/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

## **Recommendations**

**1.I.8.c.**

**1.I.8.f.**

**1.I.8.h.**

Although the organization implements written procedures for performance appraisals that address involvement of the person being appraised, measurable goals, and opportunities for development, it does so only for managers and supervisors. The organization is urged to implement written procedures for performance appraisals that address involvement of the person being appraised, measurable goals, and opportunities for development as these apply to the groups that compose its workforce.

## **1.J. Technology**

### **Description**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Technology and system plan implementation and periodic review
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- ICT instruction and training, if applicable
- Access to ICT information and assistance, if applicable
- Maintenance of ICT equipment, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

### **Recommendations**

There are no recommendations in this area.

## **1.K. Rights of Persons Served**

### **Description**

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

### **Key Areas Addressed**

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

### **Recommendations**

There are no recommendations in this area.

## **1.L. Accessibility**

### **Description**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

### **Recommendations**

There are no recommendations in this area.

## **1.M. Performance Measurement and Management**

### **Description**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

### **Key Areas Addressed**

- Data collection
- Establishment and measurement of performance indicators

### **Recommendations**

There are no recommendations in this area.

## **1.N. Performance Improvement**

### **Description**

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

### **Key Areas Addressed**

- Analysis of performance indicators in relation to performance targets
- Use of performance analysis for quality improvement and organizational decision making
- Communication of performance information

### **Recommendations**

There are no recommendations in this area.

# Section 2. Care Process for the Persons Served

## 2.A. Program/Service Structure

### Key Areas Addressed

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team
- Service delivery team communication
- Person-centred planning
- Provision of services to persons served
- Partnering with families/support systems
- Practices for serving individuals with dementia
- Skin integrity and wound care

### Recommendations

#### 2.A.10.e.(7)

Although there are written agreements in place for each person served, promoting an understanding between the program and the persons served regarding critical components of service delivery, there is no evidence of information regarding refund policies. It is recommended that, based on the scope of services, there be a written agreement that contains information regarding refund policies.

#### 2.A.32.b.

#### 2.A.32.c.(1)

#### 2.A.32.c.(2)

#### 2.A.32.c.(3)

The organization has a written philosophy of health and wellness for the persons served that is internalized and lived out by personnel. Although practices address aging in place, this is not specifically identified in the written philosophy. It is recommended that the organization, based on its scope of services, have a written philosophy of health and wellness for the persons served that addresses aging in place. Although the organization talks about its philosophy routinely, it does not share the actual philosophy of health and wellness with the persons served, families/support systems, or personnel. Based on the scope of services, it is recommended that the program have a written philosophy of health and wellness for the persons served that is shared with the persons served, families/support systems, and personnel. The organization may want to consider distributing the written philosophy to personnel via an employee handbook, staff meetings, and/or employee orientation/staff training and to persons served and families via the Resident Orientation book.

#### 2.A.53.c.

The organization utilizes volunteers and provides documented, competency-based training to volunteers; however, the training does not address post-incident debriefing opportunities. It is recommended that post-incident debriefing opportunities be included in the competency-based training provided to volunteers.

- 2.A.60.b.(1)(a)
- 2.A.60.b.(1)(b)
- 2.A.60.b.(2)
- 2.A.60.b.(3)
- 2.A.60.b.(4)
- 2.A.60.b.(5)(a)
- 2.A.60.b.(5)(b)
- 2.A.60.b.(5)(c)

The organization has successfully launched a skin/wound care program that conforms to standards. It has not yet completed an annual written analysis. The organization is urged to perform an annual analysis that includes performance in relationship to established targets for wounds that developed during the program and wounds that worsened during the program; trends; actions for improvement; results of performance improvement plans; and necessary education and training of the persons served, family/support systems, and personnel.

## 2.B. Congregate Residential Program

### Key Areas Addressed

- Service delivery planning in a congregate residential program
- Medication management/assistance
- Contracting for outside services
- Safety and security of the living environment
- Procedures for medications and controlled substances

### Recommendations

There are no recommendations in this area.

# Section 3. Program Specific Standards

## 3.C. Person-Centred Long-Term Care Community

### Description

Person-centred long-term care communities, such as nursing homes or long-term care homes, may include freestanding homes, homes that are part of continuums of care, or homes that are part of health systems. Person-centred long-term care communities are residential programs that provide nursing and other services 24 hours a day, 7 days a week. Programs may offer long-term services, short-term services, or both to address a variety of needs.

Person-centred long-term care communities foster a holistic culture that focuses on:

- Autonomy, dignity, and individual choice of the persons served.
- Relationships among persons served, families/support systems, and personnel.
- Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community.
- Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them.
- Cultural competence, flexibility, and safety and security of the community.

Persons served are the experts regarding life in their home. Their voices are heard and their life stories, wishes and needs drive service delivery. Persons served and personnel celebrate the cycles of life and connect to the local community to continue relationships that nurture the quality of everyday life.

Leadership commits to continuous learning and growth, teamwork, empowerment, responsiveness, and spontaneity. A person-centred long-term care community is a place where persons served want to live, people want to work, and both choose to stay.

### **Key Areas Addressed**

- Person-centred philosophy
- Arrangements for specific services
- Reducing risks for persons served
- Promoting choices of persons served
- Responding to individual needs of persons served
- Nursing services
- Medical management and physician involvement
- Performance measurement regarding long-term care topics
- Palliative care
- End-of-life care

### **Recommendations**

There are no recommendations in this area.

# Program(s)/Service(s) by Location

## **H.J. McFarland Memorial Home**

603 County Road 49  
Picton ON K0K 2T0  
CANADA

Person-Centred Long-Term Care Community

## **H.J. McFarland Memorial Home - Administration**

332 Picton Main Street  
Picton ON K0K 2T0  
CANADA

Administrative Location Only