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HOUSING ALTERNATIVES FOR OLDER RESIDENTS IN KINGSTON, ONTARIO:

ROLE OF PRIVATE MARKET RETIREMENT COMMUNITIES

September 2025

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Housing Alternatives for Older Residents in Kingston, Ontario: Role of Private Market Retirement Communities

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Background

In Summer 2024, SPCK&D launched a special study of retirement residences in Kingston, some of which were developed by Real Estate Investment Trust companies (so-called seniors REITs). This began as follow-up work from the Study on Apartment REITs in 2023-24 (presented at a Webinar in March 2023), and the SPCK&D Submission on Financialization in Rental Housing to the Federal Housing Advocate (2023).

See SPCK&D Website for these and other reports. www.spckingstonanddistrict.org

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- City of Kingston staff of Rideaucrest, City planning & housing
- Community networks and contacts knowledgeable on seniors' services
- Residents & family members with experience of retirement residences

Executive Summary

1. About This Report

The SPCK&D launched a study in 2024 about the private 'retirement residences' and the services they provide for seniors in Kingston. This Report provides a profile of residences and the perspectives of seniors on their choices for retirement living.

These residences are part of wider trends for financialization of housing across Canada. Other studies have shown that a few large investment companies own a third of all this seniors' housing in Canada. Some of those large companies own and operate residences and long-term care facilities in Kingston and the relationships between these two types of services needs to be clarified.

Kingston's retirement residences are part of the provincial system with over 750 retirement residences, all licensed and regulated by the Province of Ontario.

Key Facts – Kingston Context

- About 75% of Kingston seniors live in homes or condominium units they own and the rest rent their housing.
- Kingston has 10 private retirement residences with 1,203 units for rent to single persons or couples.
- In addition, Kingston has seven long-term care (LTC) facilities with a 1,291 bed-capacity and four of these are owned by private companies.

2. Profile of Retirement Residences & Long-Term Care in Kingston 2024-25

The Report profiles the types of properties and ownership of the 17 retirement residences and long-term care facilities as of mid-2025 showing that:

- With only one exception, twelve of the private companies involved own only one property in Kingston. One company had acquired four buildings and provided different levels of care.
- 13 are owned by private investment companies, one is non-profit and two are municipal.
- Overall, about one-third of the total supply is owned by REITs - 7 of 17 properties are owned by Canadian REITs. These six are among the ten largest Canadian REITs. Another is owned by a US REIT and two others are pension fund properties.

The Report highlights how 'ownership' of properties and management structures change with shifts in company business models. Several have created new 'operational' subsidiaries or created new 'brands'. 'Acquisitions' and 'rebranding' make it very difficult to follow what the shifts mean for their services.

Retirement residences have a mix of suite sizes (studio, 1- and 2- bedrooms) and basic prices (monthly accommodation and meals charges):

- Small studios range from $3,200-4,500 (including meals for one person)/per month to 2-bedroom suites in the $5,600 range, though some are as high as $7,500/month. For a couple, an added meal cost would be in the $800-1,000/month range.
- These prices do not include optional extra items (e.g. cable, telephone, and so on) or fees for optional added services used. Some have extensive lists of added services with added charges. There are no data on the amounts actually paid by seniors.

The 'add-on services' approach is the core business model for Seniors REITs to ensure profitability. It was investigated in the interviews conducted for this study.

Retirement residences aim to reach seniors with higher net worth to afford the annual costs in the range of $50 -70,000 per year for their retirement years.

The prices in long-term care are different and follow a provincial co-pay model. The accommodation cost varies depending on the type of unit (shared or single rooms) as well as the income of the resident. Services are funded from health care budgets.

3. Demand for Retirement Residences - Seniors' Preferences

Many factors affect a senior's decision to sell their home and their choice of a particular retirement residence. Their family members may also be involved in these decisions. A few retirement residences post comments on their websites.

Seniors' comments on websites from 'newcomers' mention the importance of the security with help being available and more social activities. Family members' comments also emphasize the safety and security with help as needed.

What We Heard in Interviews – Covering 8 of the 10 Retirement Residences

To provide more insight, nine in-depth interviews were completed with seniors and two family members provided their experiences. People were at many different phases from long-time residents to new residents as well as some needing to move to higher levels of care.

These interviews showed that everyone's story was different and having a variety of residences seems to help with choices to make the best match to people's preferences. Several noted that all of these residences are expensive and one noted it was double the cost in her condo. However, one person in a luxury residence with added nursing care said that price was not a factor for her to pay for additional services.

Key factors affecting seniors' choices from what we heard were:

- Sense of security with staff on call and extra services being available if needed
- Preserving privacy and independence requires time to adjust to group living
- Making their own decisions and keeping their outside contacts as well

Seniors and family members are concerned that the residence may not have services when their needs change. People may need faster access to long-term care with professional nursing. Many spoke about the need for alternatives for people to stay in their own homes with support.

Two overall conclusions emerged from these interviews

- Having a variety of residences seems to help seniors choose what works best for them.
- Add-on services with added fees is seen as creating flexibility for changing needs and is valued by the residents. People did not raise concerns about the added costs.

Concerns were expressed about long LTC wait lists creating problems in retirement residences that can only provide assisted living. Some residents had lived in their residence 10 or more years and now needed more personal care or nursing care.

With the variety of residences, a better guide to all the resources could help seniors select the best option for themselves.

4. Retirement Living Alternatives in the Community

Retirement residences are not affordable to lower-income seniors, especially those in rental housing. Some seniors are able to move into affordable rentals provided by the City or the community non-profit housing groups.

Local community groups provide an alternative that was defined as 'independent living'. However, most have social supports for their tenants such as:

- Many have common rooms, social dinners, and activities to support their residents
- They bring in services from community organizations to run programs
- They help connect their residents with community services when home-care is needed
- Professional management or in-house staff are on-call to deal with emergencies

Non-profits provide a different form of 'retirement living' that can help reach lower-income seniors without the resources to move into the private retirement residences. They may help to bridge that gap until seniors need to move to long-term care for more personal care or nursing services at prices they can afford.

Two priority issues emerged from this study:

#1: Gap in the system for affordable 'assisted living'

Many seniors need access to 'assisted living' at prices they could afford. Partnerships between non-profits and service organizations with funding is one option for non-profits to add some assisted living services in their housing.

We heard in the study that seniors want more home-care services to support them in independent living to age-in-their-homes. Other approaches such as OASIS and co-housing could be considered to provide more options.

#2: Shortfall in the capacity in the LTC sector

The length of waiting lists and waiting times to access long-term care services are serious concerns. Expanding the capacity of the other four existing long-term care facilities or adding LTC to an older assisted living residence might provide some added capacity.

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1. Introduction

1.1 Purpose of This Report

This Report highlights findings of a study on the options for retirement living of older residents in Kingston at this time.

The study examined three broad topics:

1. The role of private market retirement residences in meeting the needs of older residents in Kingston.
2. Key factors affecting seniors' moving decisions and choices of residences.
3. Other housing alternatives in the community until seniors need long-term care.

1.2 Scope of the Study

Our study was concerned with the local Kingston area in the context of Ontario's provincial legislation and regulatory system. The terminology for types of retirement residences varies. T**he most commonly used term in the industry in Canada and the US is 'retirement communities'.** However, the actual legislation (acts) and regulations (for licensing and inspections) vary across jurisdictions (provinces and states).

- The Province of Ontario has the *Retirement Homes Act (RHA)*, and the licensing body is known as the *Retirement Homes Regulatory Authority (RHRA)* which covers over 750 retirement homes in the Province. Applicants are required to identify at least two of the types of services from the list in the RHRA for their licenses.
- The industry association *(the Ontario Retirement Communities Association (ORCA) formed in 1977* has 660 members that have over 60,000 residents (92% of all licensed retirement community suites according to information on its website).

Canada also has over 2,000 licensed long-term care facilities (LTC) serving more than 170,000 people who require more than assisted living. In Ontario, the Province defines the hours of personal care and nursing services available in these facilities and these are funded under health care budgets. The Province has co-pay schedules with provincial health funding for the higher levels of care. Priorities are assigned to applicants on wait lists for LTC.

Other reports have shown the involvement of Real Estate Investment Trusts (REITs) in financing retirement communities in Canada. US REIT companies are subject to Ontario regulations for retirement residences but the REIT financing falls under US regulations for tax purposes. Pricing for added services is a common theme in retirement residences.

Ownership of Canadian retirement communities varies and includes: the government owned/public sector, non-profits and the private sector. Fees and add-on services vary depending on the financing for the residences.

In our study, we provide a breakdown of two groups: **retirement residences for independent living and assisted living versus those providing long-term care.** (See 1.4 below for details on terminology.)

1.3 Multi-Methods For the Study

The study used available information as well as collecting additional information on key questions. Seven complementary methods for data collection and analysis included:

- Summarizing existing Census data & previous studies
- 2021 CMHC Survey of Retirement Residences
- Collecting current data from websites of Retirement Residences in Kingston
- Compiling data on long-term care residences in Kingston
- Summarizing 'comments' from seniors and families on websites of residences
- Key informant interviews with current residents in residences and some family members
- Case study of redevelopment of Kingston's Extendicare

The study did **not** include any survey or interviews with the owner/operators or staff of retirement residences to obtain their perspectives on the services they provide. Therefore, our assessments of their services are based on the information they post on their websites and marketing brochures about the options they provide.

1.4 Other Terms & Acronyms

'Levels of Care' is used to refer to different services from 'independent living' to 'assisted living' to 'long-term care'. This is sometimes referred to a 'continuum of care' and services may be at one level or multiple levels. Having more levels of care in a residence can enable people to stay in familiar settings and allow two partners to remain in one residence.

The literature on seniors housing needs is often based on two principles:

- Three levels of services from 'independent living' through a stage with assistance for daily activities (known as 'assistance with daily living' (ADL)) to a later stage with more daily personal care and full nursing care (called 'long-term care'). The ADL concept itself can range from five very basic tasks to longer lists of daily activities.
- A 'continuum of care' concept through the various stages as needs for services increase over time. This can include 'supports' for self-care to enable people to 'age-in-the-community' and include home-care programs. An earlier phase called 'downsizing' involves sale of a family home and moves (such as to condos) or to a 'retirement living' complex with activities and social supports to enrich retirement living but these are not defined as 'care'.

For the current study, **two basic levels of services** are defined as follows:

- **Retirement residences are defined as 'assisted living'** with supports for essential activities of daily living (such as bathing and dressing, meals, and help with other activities or emergencies). Since all of the residences provide 'meals' as part of their basic package, the residents are not considered to be in the independent living category. There are variations in the other services offered. Most also offer programs of social activities. A few offer other optional services with added fees such as if nursing care is needed. *Therefore, any one residence can have people with different service levels because residents stay for many years and are aging-in-place*.
- **Long-term care homes** have higher levels of personal care plus professional nursing care for health care needs. The Provincial regulations define the numbers of hours/day for those services from 'light' to 'heavy care'. Some have special sections with 24-hour per day staffing for people suffering from memory loss or dementia. The province pays the costs for the personal care and nursing services.

Both types involve 'group living' even though seniors have privacy with their own 'units' or 'rooms'.

'Continuum of Care' Concept – Related to Aging-in-Place: Some of the companies use these terms in their own marketing. Seniors prefer to avoid multiple moves if their needs change over time. Some residences have gradations of services but a full 'continuum' is difficult to operationalize especially as residents age and their needs change.

Supports for people to age-in-place in the community are another alternative to institutional care. Home care services can enable people to remain in their homes with independent living if this is their preference.

Key Acronyms defined as follows:

AL	Assisted Living (aka ADL (Assistance With Daily Living))
CMHC	Canada Mortgage & Housing Corporation
LTC	Long-Term Care (aka Nursing Homes with specified hours of nursing care daily)
ORCA	Ontario Retirement Communities Association
PSW	Personal Support Worker (trained staff and allocated hours of assistance daily)
REITs	Real Estate Investment Trusts (as defined under tax legislation in Canada for Canadian companies). There are also US REITs active in Canadian markets.

It should be noted that this Report covers only the LTC services for seniors and does not include other specialized LTC for other groups with health conditions that are covered under provincial legislation for LTC.

1.5 Outline of the Report

The two main parts of the report:

- **Profile of Retirement Residences in Kingston**

- CMHC Survey of Residences 2021(National, Provincial & Local)
- 2024-25 Summary Data on Retirement Residences (website information)
- 2025 Summary of Long-Term Care Residences

➢ **Market for Retirement Residences – Factors Affecting Resident Choices**

- Comments from Residents & Family Members (residence websites)
- Interviews of Residents & Family Members
- Case Study of Redevelopment of Older Residence (Extendicare) & rebuilding of Providence Manor

A later section presents a profile of affordable and supportive rental housing provided by non-profits in the Kingston area. These rental communities provide an alternative for lower-income seniors who do not own their homes or have the resources to live in the retirement communities.

2. Background Information

2.1 Statistical Overview – Where Seniors Live in Kingston

The 2021 Census provides basic statistics on the population and households showing that:

- About one in four people in Kingston (CMA) are 65 or older. Overall, the population is still aging for the next few years.
- Roughly three-quarters of older people live in homes they own – only one in four are renters. Some renters live in the affordable rental (non-profits or in the City's rent-geared-to-income (RGI) housing). Most live in private rental units including the newer rental properties with more amenities and higher rents.
- Some older home-owners have 'downsized' by selling a family home in preference for a condominium apartment with reduced upkeep. However, the majority continue to live in the family home as long as they are able.
- Some owners are selling their family homes to afford the monthly costs in private retirement residences. The market for retirement residences is highly 'financialized' in Kingston and across Canada

2.2 Financialization of Seniors' Housing – Previous Studies

Numerous studies of 'financialization' in Canada's housing sector since 2016 have focused on the growth of financialized rental housing and specialized sectors such as seniors' housing.

A 2021 report by Martine August noted that:

> *".....financialized companies made up 15 of the top 20 biggest owners of seniors' housing in Canada... Between 2003 and 2020, financialized companies among the top ten owners ... had collectively doubled their suite counts.*
>
> *"As of 2020, financialized companies owned approximately 33% of seniors housing (in Canada), including 42% of retirement units and 22% of long-term beds." Others have also noted the trend to privatization of long-term care as a means to keep pace with rising demand.*
>
> *(See Jackie Brown (2022) "The Financialization of Seniors' Housing in Canada. A Report for the Office of the National Housing Advocate", June 2022.)*

August's 2021 data showed over 160,000 units owned by the 20 largest companies in Canada.

Brown and others have noted evidence of lower standards of care in the for-profit homes as compared with non-profit and public homes. These concerns were raised pre-COVID and attributed to the for-profit business strategies with complex fee schedules for added services and no standards or effective regulatory control on assisted living services delivered.

Older residents who pay for services in retirement homes have some recourse when services do not meet their expectations --- they certainly can move to a different residence. Our current study did find examples of the movement within the sector and consumers themselves do share their experiences with their own circles. As well, in our study, we noted use of 'short-term' or month to month leases by some seniors that enables them to find more satisfactory services. Therefore, there is internal mobility within the system which is not the case for long-term care of the most frail seniors.

2.3 CMHC Survey of Retirement Residences in Canada (2021)

CMHC's special Canada-wide survey of retirement residences has provided data on a national, provincial and local level (including in the Kingston area). These data allow for comparisons of trends across provinces and municipalities. These data do not include 'long-term care' facilities.

- CMHC notes that roughly 5% of Canadian seniors aged 75+ live in retirement residences (not including LTC).
- Monthly charges for accommodation and the meal programs vary widely by province and locality and have been increasing by 3-5% per year. Charges are higher in Ontario than many other provinces.
- Total units have continued to increase somewhat in most areas despite the double-digit vacancy rates in retirement residences in some localities.

CMHC used terms such as 'rents' and 'vacancy rates' that are used in rental market analysis which can be misleading:

- Residences can include very small 'bachelor' type units to one- and two-bedrooms which are much more expensive. The average cost for a basic (bachelor) unit was $3,631 in Kingston, slightly higher than the provincial average of $3,354. Monthly charges may be higher for larger units due to couples paying the double cost for meal programs.
- Residence charges include the daily meal programs based on a set fee per person. Monthly meal plans average close to $1,000 per person, so that the fees for couples are considerably higher than shown in advertised prices.
- The 'vacancy rate' in Kingston was 17.9%, slightly under the provincial average of 19.6%.

Comparing data across provinces and cities is difficult because the **mix of unit sizes** varies considerably. For example, Kingston has a much higher ratio of 1- and 2-bedroom units than many other locations where most units are small bachelor/studio type units.

Selected Indicators for Retirement Residences – Kingston (CMHC Survey 2021)

Indicator	Kingston (CMA)
# Units (all sizes)	1,089
'Rent' for standard (bachelor) & meals program (for one person)	$3,631
Vacancy Rate	17.9%

Sources: On-line CMHC reports & datasets. https://www.cmhc-schl.gc.ca/datatables/rental-market

‘Vacancies’ are a more complex variable in residences that offer month to month, short-term rentals and/or ‘respite care’ spaces as temporary accommodation. These can be profitable additional product lines (with higher fees than longer-term contracts).

In addition, these CMHC data do not include other, additional fees for other services available. Most have user-pay based optional services that can significantly increase their ‘monthly charge’. For example, the three daily meals can be served in people’s unit if preferred. However, extra fees apply when residents do not eat in the dining room.

It would be useful to have data on the amounts actually paid by residents to assess the affordability and adequacy of long-term residency in these residences.

Data Limitations to assess levels of care and pricing: Data is required on LTC system as well. Compiling data on the retirement residences is useful but does not consider the supply and demand for long-term care. Lack of capacity in LTC is a constraint on the reach to more frail elderly requiring nursing care. Available statistics show that, in 2021, Canada had only 2,076 LTC facilities. 30% of those are privately-owned and operated facilities, the balance being public (50%) and non-profit facilities (20%).

Since the COVID experience in nursing homes, (LTC) standards for ‘sharing’ accommodation have been revised and a move toward more private rooms. Such changes reduce the overall capacity of the LTC system until the homes can be ‘modernized’ or rebuilt. Our study looked at examples of redevelopment in Kingston that are adding ‘private room’ spaces and some added units. Meanwhile, the waiting lists and waiting times for LTC have been growing – and people stay longer in the ‘residences’ without LTC services.

Variations in pricing structure in retirement residences: There are many types of retirement residences or retirement communities with differing terminology to define their services and how their prices are structured.

Changes in ownership of residences can also lead to changes in services. When companies ‘in difficulty’ are absorbed by other companies, services for seniors may change even in non-profits.

The next section of this report presents a summary of the types of retirement residences in Kingston, their ownership and the costs for seniors who make use of the options available. All ten of the Retirement Residences in Kingston are owned by private companies, although some have changed hands since they first opened. As well, three of Kingston’s LTC homes are also owned by private companies and others are non-profit charities or municipally-owned.

3. Profile of Retirement Residences in Kingston 2024-25

Kingston has 10 retirement residences and 7 long-term care (LTC) homes (2025)

- Most companies own only one property in Kingston but one has four properties.
- Some are very large companies with thousands of financialized properties in several provinces and multiple cities.
- 7 properties are owned by Canadian REIT companies – only one is non-profit and two are municipal.
- Types of services vary and do not fall clearly into categories.

The system is complicated and it can be hard for people to navigate and find services they may need or want.

SPCK&D's study involved compiling information available on-line from websites of the retirement residences to provide a **'profile of properties'** including:

- Ownership of 10 retirement residences (REITs and other investment companies).
- Types of units (bachelor, one-bedroom or two-bedrooms)
- Types of services (supports for independent living and assisted living). Under the licensing registration. Each residence has to identify at least two of the services listed in the Act and are licensed for those by the Province.
- Monthly charges for accommodation and meals (per person) vary by size of units and based on occupancy agreements in retirement residences.

In addition, SPCK&D compiled a list of long-term care residences (LTC) to profile the broader system of seniors' services. They are licensed for mandated levels of hours of service for personal care and nursing care. The SPCK&D would like to thank the City staff from its Rideaucrest LTC for their invaluable assistance:

- There are 7 **LTC homes** in the Kingston area with a **total capacity of 1,291 beds**
- 2 are owned by the municipality, 1 is non-profit, and 4 are privately-owned.

3.1 Ownership of 10 Retirement Residences & 7 LTC Properties in Kingston

Ownership of the residences is complex and constantly changing because the investment companies themselves adapt and change their operations.

Exhibit 1 below summarizes the status as of spring 2025 based on on-line research.

- Overall,7 of the 17 properties are owned by Canadian REITs. These six companies are among the 10 largest REITS in Canada identified in research by Matine August in 2021. [See: "The Financialization of Seniors' Housing in Canada. A Report to the Federal Housing Advocate",

Jackie Brown, June 2022, Pages 12-14]. However, it should be noted that some companies have been re-organized since the time of that study.

- Three of the LTC facilities are owned by the municipality or non-profit owners.
- The remaining seven retirement residences and LTC homes are owned by other types of financial companies (private equity, family owned or pension funds).

Therefore, the majority (10) of Kingston's retirement residences and LTC properties can be classified as non-REITS i.e. financed without the REIT investments. About 40% of the current supply is financed through the Canadian REIT type of investment in retirement residences. (The types of units provided and pricing are shown in Exhibit 2.)

Exhibit 1: Summary of Ownership of Retirement Residences & Long-Term Care Facilities in Kingston (as of 2025)

Current Name of Property	# of Units	Company Ownership (Current Name)	Type of Company
A. Retirement Residences			
Kingsdale Chateau	117	Atria Senior Living bought by Ventas REIT 2024	**US REIT**
Conservatory Pond	85	Chartwell/AgeCare	**REIT**
St. Lawrence Place	70	Revera -partnered with COGIR Senior Living (formerly VENI) (See Note 1)	Pension Fund
Normandy	130	Trividia	Private Co.
Rosewood	69	Aspira brand - Sienna Senior Living	**REIT**
Royale Place	136		
Waterford	182		
Kingsbridge	165	Signature Senior Lifestyle-acquired by Revera	Pension Fund
Cataraqui Heights	183	All Seniors Care (ASC)	Private Co.
Briargate	66	Levante Living	Private Co.
Subtotal	**1.203**		
B. **Long-Term Care Facilities**			
Helen Henderson	102	Helen Henderson	Family Co.
Trillium	190	Aspira (See Note 2)	**REIT**
Limestone Ridge (new)	192	Extendicare	**REIT**
Arbor Heights	174	Extendicare	**REIT**
Fairmount	128	Municipal (County)	Public
Rideaucrest	170	Municipal (City)	Public
Providence Manor	243	Providence (Charity)	Non-profit
Subtotal	**1,291**		
Total	**2,494**		

Sources: On-line information from company websites as of 2024-2025.
Note 1: Revera REIT moved out of operational management. Partnered with COGIR (Desjardins (Montreal) that partnered with WellTower REIT (US) Note 2: Aspira purchased four existing projects including Trillium LTC which included 40 units in Assisted Living.

Changes in Companies in Kingston since 2021: Our previous reports on Apartment REITS in Kingston noted the trend for specific rental properties to be purchased by one REIT and sold to another REIT company in a few years in the local market. This process was explained as a way to balance a REIT portfolio on the most productive investments (yield the most profitable return for investors). A similar type of buying and selling properties has been seen in the Seniors REITs.

Five of the larger companies owning property in Kingston have been going through corporate changes in the past 3-4 years: **Chartwell, Revera, Sienna/Aspira, Extendicare, All Seniors Care. The impacts on services provided are difficult to determine.**

> **Chartwell is the largest seniors REIT in Canada** that owned over 25,000 suites in 2021-22. In 2022-23, it began to re-structure its holdings with a separate entity called 'Agecare' focused on more health care for LTC and dementia. On-line information notes that AgeCare has taken over 75 projects. The size of Chartwell holdings had declined to 20,000 by 2024 but it is still the largest in Canada. It appears that the 'care component' of service has been restructured. Kingston's Conservatory Pond is still listed as a Chartwell property and its website shows a 'new Care Assist' feature with a range of complementary services offered to residents. Its service model is advertised as 'aging-in place. Conservatory Pond has been providing assisted living for local residents for over 10 years and some are moving on to long-term care residences as those are required.
>
> **A new 'brand' Aspira was created to replace Sienna** properties that had over 10,000 suites in Canada in 2021. In Kingston, Aspira has taken over four separate properties, one being the Trillium long-term care home. It has now become the largest company in the Kingston area. Although new properties advertise services to assist with nursing and medical care these are not classified as long-term care and residents are applying to the LTC waiting list when their needs increase.
>
> **Revera (financed by a Pension Fund)** had publicity about its LTC residences during the pandemic. It is a large LTC provider (with over 12,000 spaces in 2021) but is not classified as a REIT. It has 'shifted its focus' to get out of operational management by partnering with another company (COGIR) that has financing through Desjardins (a credit union in Quebec) where it owns 5,700 units. It purchased St. Lawrence Place, an older property in Kingston that is classified as a retirement residence and that has changed hands several times.
>
> **Extendicare** (another large REIT) acquired nine LTC homes across Canada from Revera. In Kingston, Extendicare just completed a new larger building and relocated all of its residents from its older building. It carried out joint ventures with Axium Infrastructure in 2023 for redevelopments.
>
> **All Seniors Care (ASC)** is new to Kingston and has a large development underway. It is not a REIT company. It states that it includes some 'rental apartments' meant for fully-independent living (similar to private rentals).

What Are Impacts for Residents? Changes in company ownership and service models affect how services are delivered but do not necessarily mean changes for the residents. The managers and

staff in a residence are more important to residents than the corporate offices as noted in our interviews.

3.2 Types of Units, Monthly Charges & Services in Kingston Retirement Residences

Our study on Kingston found that only three private companies were listed as providing LTC in Kingston: Helen Henderson (a family company), Extendicare and Aspira. Therefore, most of the companies were defined as providing assisted living. A few advertise lower age groups (e.g. 55+) to cater to a younger retirees' market.

Exhibit 2 below summarizes the types of suites and include the monthly cost for accommodation with the meal programs for one person in the retirement residences. For a couple, the added cost of the meal programs is in the $800-1,000 range for an added person.

Exhibit 2. Types of Units & Monthly Rents of Retirement Residences in Kingston (2024/5 – includes meals for one person per suite) & Charges for LTC

Current Name of Property	**# of Units**	**Types of Units**		
Retirement Residences				
		Studio ($)	**1-bedroom ($)**	**2-bedrooms ($)**
Kingsdale Chateau	117	3,195	3,695	5,395
Conservatory Pond	85	4,435	5,815	6,945
St. Lawrence Place	70	3,496	4,200	-
Normandy	130	-	3,600	4,700
Rosewood	69	3,825	4,490	-
Royale Place	136	3,655	4,225	5,630
Waterford	182	4,250	4,670	7,435
Kingsbridge	165	3,895	5,575	6,750
Cataraqui Heights	183	na	na	na
Briargate	66	na	na	na
Subtotal	**1,203**			
Long-Term Care (LTC) - Fees paid for LTC based on Co-pay model (Min. of Health)				
Helen Henderson	102	Seniors pay an accommodation fee & the province pays for the care services. Monthly fees paid by the senior vary based on the provincial co-pay model & vary with: • Type of accommodation (e.g. shared rooms versus single rooms) • Income of the senior (ability to pay) (Note 1)		
Trillium LTC (Aspira)	190			
Limestone Ridge (new) (Note 2)	192			
Arbour Heights	174			
Fairmount	128			
Rideaucrest	170			
Providence Manor (Note 3)	243			
Subtotal	**1,291**			
Total	**2,494**			

Sources: On-line information from company websites as of 2024/25.

Note 1: On-line information suggests that current minimum is in range of $800-1,000 per month to align with minimum OAS incomes. Seniors with added retirement income pay higher fees.

Note 2: Includes 42 additional units in new building.

Note 3: New building under construction will include an added 77 units when completed in 2026.

The table illustrates the variations in types and prices of accommodation:

- Most have a variety of suites from 'studio' to 1-bedroom and 2-bedrooms.
- Larger suites with full kitchens are available in some of newer 'luxury' properties.
- Prices increase substantially with the size of the suites. The typical costs (as of 2024-25) for studios average about $3,500 and a 1-bedroom costs $4,000-4,600, although some are over $7,000 per month. There are no data on the actual amounts paid by residents.

Long-term care facilities include a variety of suite sizes from shared rooms to single rooms. Some older facilities had sharing with two and four persons per room with lower costs that were more affordable to seniors. Changes have reduced the numbers of persons per room. When buildings are redeveloped (as with the Extendicare building in Kingston), additional numbers of units enable all residents to have their own rooms.

Retirement Residences have various added costs for specific services on a user-pay basis. For example, having internet and telephones may be fee based. Extra charges can be paid to have meals delivered to their rooms. Some offer a range of personal care or other services. There are no data on the actual cost paid by residents or the costs for added services in each location.

In contrast, pricing in LTC facilities is regulated under Ministry of Health regulations with a 'co-pay formula' set by the Ministry to cover the costs of added personal care and nursing care provided.

Exhibit 3 illustrates the variations in types of buildings and designs of retirement residences.

Exhibit 3

Retirement Residences in Kingston, Ontario

Kingsdale Chateau

# of Suites/Units	**117**
Types of Units	**1b, 2b**
Monthly Cost - 1p	**$3100 - $5395+**
Other Services on Site	**No**

Conservatory Pond

# of Suites/Units	**85**
Types of Units	**Studio, 1 Bed, 2 Bed**
Monthly Cost - 1p	**$3750 - $5900+**
Other Services on Site	**Yes**

St. Lawrence Place

# of Suites/Units	**70**
Types of Units	**Studio, 1 Bed**
Monthly Cost - 1p	**$3400 - $4200+**
Other Services on Site	**Yes**

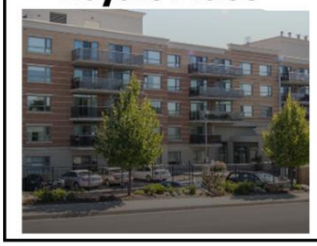
Normandy

# of Suites/Units	**130**
Types of Units	**Studio, 1 Bed, 2 Bed**
Monthly Cost - 1p	**$3600 - $4700+**
Other Services on Site	**Yes**

Rosewood

# of Suites/Units	**69**
Types of Units	**Bachelor**
Monthly Cost - 1p	**$3825+**
Other Services on Site	**Yes**

Royale Place



# of Suites/Units	**136**
Types of Units	**Bachelor**
Monthly Cost - 1p	**$4235 - $5630+**
Other Services on Site	**Yes**

Waterford

# of Suites/Units	**182**
Types of Units	**Studio, 1 Bed, 2 Bed**
Monthly Cost - 1p	**$4235 - $7435+**
Other Services on Site	**Yes**

Kingsbridge

# of Suites/Units	**165**
Types of Units	**Studio, 1 Bed, 2 Bed**
Monthly Cost - 1p	**$3895 - $6750+**
Other Services on Site	**Assisted Living**

Cataraqui Heights

# of Suites/Units	**183**
Types of Units	**1 Bed, 2 Bed**
Monthly Cost - 1p	**$2895+**
Other Services on Site	**Yes**

Briargate

# of Suites/Units	**66**
Types of Units	**Studio, 1 Bed**
Monthly Cost - 1p	**$3480+**
Other Services on Site	**Yes**

Affordability of Retirement Residences

All of the 10 retirement residences in Kingston are owned by private sector companies that set the prices for their accommodation, meals and other services. People recognize that retirement residences are expensive and only affordable to those seniors with higher incomes, earnings from investments or funds from sales of property they owned. There are no benchmarks for 'affordability' in retirement residences such as those used in assessing rental affordability (such as 30% of monthly income). People also have to consider how long they may be living in residences where they will age-in-place until they need to move to long-term care.

These topics were explored in interviews with residents and family members, and some insights are included in Section 4 of this report.

3.3 Long-Term Care Facilities for Seniors in Kingston

Kingston has a mix of 4 private, 2 public and 1 non-profit (charity) ownership for LTC. Charges for people in LTC depend on the types of accommodation as shared rooms were part of the supply at lower costs. The Province changed the regulations and reduced the extent of 'shared' rooms since COVID. The Province also regulates the payment structure that defines the Ministry's share of costs for the amount of hours of services (from PSWs and nursing staff). The resident's share of costs is to cover the accommodation and food based on their incomes.

The Ontario Ministry of Long-Term Care sets the annual increases in charges for accommodation fees in LTC homes. The fees cover accommodation and meals costs paid by seniors for different types of units. Newer units have higher fees than in older homes. Lower-income seniors can apply for a Rate Reduction on the fees shown below.

"As of July 1, 2025, the fees were increased to:

- $2,085.37 for a basic unit (shared room)
- $2,514.24 for a preferred room (semi-private or private)
- $2,979.32 for a private room"

(Ministry of Long-Term Care, "Bulletin to Residents of Long-Term Care Homes: Important News Regarding Long-Term Care Home Accommodations Charges" (www.ltchomes.net)

These LTC fees were somewhat lower than the monthly charges in retirement residences for their smallest studio suites. Therefore, a person moving into a long-term care home would pay a somewhat lower fee even without a 'rate reduction'. A person could also pay a lower rate by living in 'shared rooms' in LTC.

The Province pays the costs for personal and nursing care required and these vary with the numbers of hours required for each type of care. Therefore, there is considerable variation in the amounts charged in LTC homes but costs to the seniors are generally lower than fees for a retirement residence. Rate reductions also make LTC affordable to low-income seniors. As well, there are some options for seniors to select private or semi-private accommodations. Exhibit 4 below profiles these 7 LTC residences.

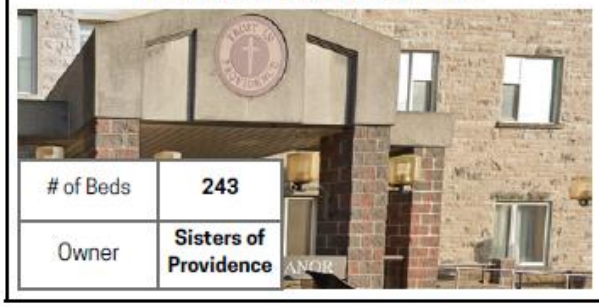
EXHIBIT 4

Long-Term Care Homes in Kingston, Ontario

Limestone Ridge

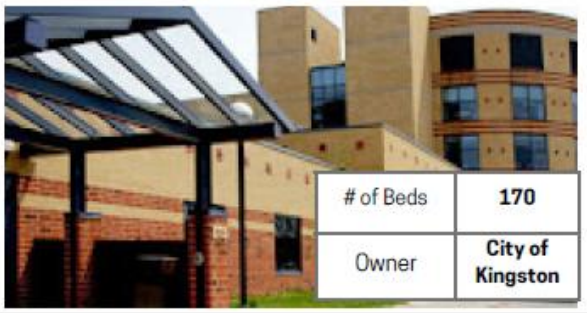
# of Beds	192
Owner	Extendicare

Providence Manor



# of Beds	243
Owner	Sisters of Providence

Rideaucrest



# of Beds	170
Owner	City of Kingston

Helen Henderson

# of Beds	102
Owner	Family Owned

Fairmount Home

# of Beds	128
Owner	County

Trillium

# of Beds	190
Owner	Aspira

Arbor Heights

# of Beds	174
Owner	Extendicare

Redevelopments: In Kingston, the oldest charity residence (Providence Manor) is being redeveloped at a different site and with some increase in capacity. When the new LTC buildings are completed in 2026, all the residents will be relocated to the new site.

One of the largest private LTC facility underwent redevelopment with some increase in units and the former Extendicare residents were relocated to the new building in December 2024. It was reported that former residents would still receive the subsidies at the old facility to reduce any financial impact. People were also able to get private rooms rather than sharing at the original building.

To-date, there have been no other new LTC developments in the City. No other private or non-profit providers have been added in this area. Meanwhile, the City co-ordinates the long waiting list for LTC based on the 'priority' for care on the list.

Many other factors affect the services available, for example:

- There are many reasons for applications to LTC including discharges from local hospitals. Some of the regular senior residences do offer forms of 'respite care' for people recovering from major surgery. In these cases, the residences provide short-term leases (or month-to-month) to allow for transitioning to other types of supported living as possible. Additional nursing care can be brought into the residences to meet these needs.
- There is some 'capacity' in some of the residences to help meet needs for more care rather than staying in hospitals or being on waiting lists for LTC. It was not possible to quantify how large a role the local residences play in this role for the community. However, as noted earlier, surveys have shown unusually large 'vacancy rates' (as high as 17%) in residences. This appears to be meeting some of the shortfall in supply of LTC units.
- It is worth noting that a few private LTC residences have a mix of assisted and LTC units. This may enable smoother transitions for seniors with increasing needs for support and nursing services. Meeting the needs of couples for different levels of care is an added factor when one person requires LTC while a partner is not eligible. Having a mix of care levels can make it possible for both to stay in the same residence.

Long and growing lists for LTC is a challenge with better health care and longer life spans. Areas with aging populations such as Kingston face more demand in coming years.

3.4 Assessing the Impacts of Financialization

Our study shows that Kingston has a much higher level of financialization in retirement residences and LTC homes than other communities:

- About 75% of this housing in Kingston is owned and operated by investment companies including some of the large Seniors REITs in Canada. All the retirement residences and over half of LTC homes fall into this category.
- In Canada, 42% of retirement residences and 22% of LTC homes are financialized. (Brown 2022)

Financialized companies have business strategies to generate a return on investment from the services they provide.

Seniors REITs are different from Rental REITs in Kingston: Our previous study of the two large Rental REITs in Kingston showed that:

- Rental REITs purchased existing rental properties and 'reprofiled' rents in vacant units to a much higher price point. Properties were improved without 'renovictions' seen in other communities.
- Some properties purchased were later resold to another REIT as the companies balanced their portfolios.

The main impact was to increase the rent levels - making the housing less affordable to the average tenant while generating a return for investors.

Seniors REITs in Kingston use different business strategies from approaches in Rental REITs.

Seniors' REITs use an added 'Fee-For-Services' approach: Brown (2022) cited several sources of profitability in retirement residences including: maximizing government funding to minimize costs, use debt-financing to finance growth, sale and lease-back arrangements, economies of scale, and fees-for-services models.

Our study shows that in Kingston:

- Seniors REITs are using additional 'fee-for-services' models to generate increased revenues and profitability.
- 'Restructuring' in the Kingston retirement residences and 'transfers' of older properties to other companies or to other subsidiaries were noted. One company acquired several properties. It is difficult to assess the effects of changes in management on the services provided.

The impacts for seniors were considered with information from interviews with seniors and the results discussed in Section 4.

4. Demand for Retirement Residences – Preferences & Choices

The second part of our study looked at factors affecting seniors' choices of retirement residences in our community. The purpose was to gain some insights on the demand for this type of housing and the support services people need. A larger scale study could be useful if funding were available.

Background Context – What We Know from Past Research

Many past studies have shown that over 80% of Canadian seniors want to age-in-place and stay in their homes in the communities where they live if they could do so safely and with the support services they need. Some community-based and small-scale efforts have tried to respond to that with examples such as co-housing, non-profits like Abbeyfield, the OASIS model or life-lease projects are geared toward this approach and support seniors. Home-care can assist with personal care and nursing care in peoples' homes if it is available.

The growth of the private market residences is based on a communal model for assisted living with two or more services for seniors who are prepared to sell a family home and can afford the costs. Younger seniors may see the decision as part of 'down-sizing' from a large family home or the security of having people on-call for emergencies. People needing the high levels of personal and nursing care would need to obtain home care services or move into the LTC system to meet health care needs.

Three Information Sources

Three sources were used to assess the reasons for choices among the various residences in Kingston:

- **Comments on websites** of some residences from seniors themselves and their family members;
- **Detailed interviews** with 7 seniors and 2 family members with people who have been living in various residences; and,
- **Case study of the redevelopment** of the existing Extendicare LTC residence and how the services have been enhanced by this move of existing residents to an improved facility.

4.1 Summary of Comments from Websites of Residences

A few Kingston residences have a place on their websites for residents or family members to make comments about their residence. However, these do not cover all the residences.

Our review in Fall 2024 noted that the number of comments posted were limited. Most comments were from 'newcomers' or those in residences for a short time. Therefore, they may not be representative of all residents there for a longer time. Although most spoke highly of staff and the sense of security, some seniors wished that they could have had more help to remain in their original homes as illustrated in Exhibit 5 below. Very few commented on the amenities and activities.

EXHIBIT 5

COMMENTS FROM SENIORS

SOCIAL CONNECTIONS

*"I was missing companionship when I lived at home, but I have **made new friends** and don't feel alone anymore."*

THE NEED FOR IN-HOME SUPPORT

A senior moved to a residence for support but **could have stayed home with in-home services**. She enjoys the new community, though the adjustment has taken time.

HIGH COSTS & THE DEMAND FOR MORE SENIOR LIVING ALTERNATIVES

A resident shared she could only afford her unit by selling her previous property. While she enjoys living there, she **wishes more services were available to help seniors age in place** with proper support.

NEW HOBBIES

*"Surprised myself in getting involves and learning new past times, many new people have become friends ... **I wouldn't want to be anywhere else**."*

STRUGGLE TO STAY IN A FAMILIAR COMMUNITY

A senior in Kingston recognizes she needs more support but finds **local residences unaffordable**. She's **hesitant to leave the comfort of her neighbourhood** and support network, and values her privacy too much to live with strangers.

Family Members' Perspectives

More comments were posted by family members of the seniors. Family members are involved to varying degrees in decisions about moving to a seniors' residence and what happens to the former family home.

A recurring theme in family member comments is having someone there to help the senior when it is needed – safety and security is of paramount concern to families.

Exhibit 6. Family Members' Perspectives on Retirement Residences

Type of Factor	Comments from Family Members
Staff there to provide security & support	" ....the warm, caring & more than friendly staff" are mentioned by many along with the welcoming atmosphere. ".. **staff also support family members and alleviate their worries**".... "creating a home-like feel/environment.."
Cleanliness	Many note the excellent '**sparkling' upkeep** in the residences & give thanks to cleaning staff.
Sense of community	Some noted the **homelike fee**l as being more suitable than the 'glitzy' scale of some newer places ..... seniors less over-whelmed in smaller, cozy spaces and do not like the new residences.
Amenities & programs	Many note the **impressive facilitie**s (a pool, exercise areas, activity rooms etc.) others comment on the wide variety of activities to choose from.
Food quality & diet	Many comment on the **excellent food**, variety & accommodating diet needs ..... excellent dining rooms .... Seniors eat better
Care & health services (not all have nursing staff)	Some note there are **'very caring staff'** .....'all staff dedicated to make it 'their homes'. Some went in after surgery and it helped them 'get back on their feet quickly' ...'nursing team have been very caring and knowledgeable'... However, one notes that "medical care has been much less than expected."
Other concerns e.g. their senior's satisfaction with the residence	Many note their family member settled in well and is happier not being alone. A few had negative comments about the specific home (e.g. state of cleanliness, staff not well-trained, do not respond to family's concerns etc.). These were in a minority.

Sources: Websites of some retirement residences.

These comments brought to light another dimension that is how the staff sometimes support family members who are still involved and caring about the well-being of their family member:

- Many family members visit regularly and would be involved when medical care is needed. Therefore, the staff have to play a dual role – supporting both the senior and their families.
- When a medical health issue arises, the seniors would be going to primary health care hospitals. The residence staff would notify the contact person for the senior who would be following up with hospital staff. They would determine if the follow-up nursing care is available to discharge people to a residence or if 'visiting nursing care' can be arranged.

- If a senior's health declines. it may be necessary to transition them to long-term care and there are long wait lists for spaces in LTC facilities. When a space is available, residence staff could assist family members to manage the move to LTC.

As people stay longer in retirement residences (10 or more years in some cases), the changing needs of seniors put pressures on residences that do not have the professional medical staffing to meet the needs.

Given the limited coverage of comments posted, our study undertook some in-depth interviews with seniors living in these residences.

4.2 Snapshots of Seniors' Experiences - Interviews and What We Heard

The SPCK&D carried out interviews with some seniors to hear directly about their experiences and give more insights into questions about:

- Reasons for choosing particular residences
- How well their residences meet their needs
- What else could be done to meet their needs

SPCK&D Board members contacted their networks of community members for suggestions about seniors who could be invited to participate in these interviews. The people suggested were contacted and invited to speak to us mostly with telephone interviews. There was an excellent response to our requests and people supported our efforts to shed some light on these types of residences in Kingston.

Key criteria for selecting people included:

- Coverage of most of the 10 retirement residences with a variety of services
- Single persons and some couples
- Length of time living in a residence varied from the recent move-ins to those with longer-term experience over 10 years
- Variety of personal circumstances (such as people with partners, people who had medical needs or needed more nursing services, people who had used several residences, etc.)

Results: SPCK&D's interviews covered 8 of the 10 assisted living residences and one of the LTC residences. Interviews included two family members of seniors moving to LTC or waiting to make that move. They also included some people relocated to the new Extendicare building in December 2024. Therefore, the results cover a wide spectrum of the people using these services.

Their 'stories' are summarized below. The names of people and their locations are excluded to protect privacy. Our study was **not** intended to assess any individual residence.

It is acknowledged that everyone's personal situation and preferences are unique. As well, their needs can change over time. The retirement residences themselves have to tailor their services to address the variability and dynamic nature of their clients' needs.

EXHIBIT 7

Residents' Views on Their Retirement Residences:

What We Heard from Seniors

1. A long-time resident in assisted living	**2. A newcomer to a residence (last year)**
Moved in with her husband nearly 10 years ago – now in her 90s and is on her own: • Likes her privacy in her bed-sit suite • She stays in her room a lot • Likes to walk around inside & outside • Goes for meals She moved to Kingston to be near her daughter. This It is simpler than newer residences and suits her taste. All these residences are expensive. It has lots of activities but she is not involved and it is not an enjoyable life for her. There is no nursing care here – people have to go to the hospital and a family member is involved.	A single person in her 80s had her own condo for a long time and liked neighbourhood. After she gave up her car she lost her independence. • Decided to sell the condo so that daughter would not have to deal with that. The condo was cheaper ($2,500/month). • She chose lovely patio unit on ground floor & pets allowed (she had cat). • Feels safer as they have a wellness centre with a nurse if needed (no extra charges) • Finds it very expensive and could only do it because she had property to sell. She has kept her friends and does things outside. She is an artist - still involved with art. This place has no bus & does not do outings. There need to be more alternatives like OASIS for people to stay in their homes. City could make it conditional on developers as done in the past.
3. A person deciding on alternatives now (A person in her own home) Residences are unaffordable. She wants alternatives to remain in her home on her own. Has supportive neighbours and likes her home outdoor space. Concerned that there is nothing to do in a home and wants to stay active. • Prefers her privacy in own home & gardens. • Values neighbour support -everyone helps each other. • Giving up her home to live with people she does not know is risky. • Would rather stay in neighbourhood she knows. • There need to be different alternatives.	**4. A person in her choice of residence** Made her own decision to sell family home & go where it was safer (e.g. from falling). She could have stayed at home with someone living with her. Family helped pre-screen homes and took her to 3 of best. • She chose the one she liked best because it was smaller (only 80 people), more friendly) & all on one level. • Has nurse on duty 24/7 & 365 days/year. • Staff very good and has good weekly cleaning service. • "Food For Thought" weekly meetings – they have input on menus. • Takes lot of time to adjust!

5. **A couple in a Residence with Full Nursing Care Needed**	6. **Partner moved in to prepare for post-surgery nursing care needed**
• Anticipating surgery & need for care led this couple to select a residence that could meet that need. • Chose the place with full care so would not have to move again. • Have optional add-on services at cost when needed (e.g. meals in their suite if they are sick). • They say the 'staff & food' are the best. Partner has wide circle of friends and activities. She can hire someone to stay with her partner if needed. She has a friend living there too that she is helping. Price is not a factor in their decision and they are very satisfied.	She moved into the unit with her partner to assist him but maintained her own home. After his death, she moved back to her home but also developed health problems and needed help. She has sold her home and is on a monthly lease as her plans are not finalized-needs more time. Price is not a factor. Chose a suite with full care to be available as needed. • Keeping flexible to changing needs means she will not have to move again. • She knew full services there were good. • She knows other people there and that was an added attraction. She is still adjusting to loss of her partner and dealing with her health issues. She is undecided on her future plans – needs more time to decide. She is staying on a month-to-month option offered by this residence.

7. Relocation of Extendicare LTC residents to new Limestone Ridge completed in December 2024.

All LTC residents moved to the new building before Christmas and have been settling into the new building with their own suites and common areas on each floor. It was too soon to assess the residents' views but some early indications are:

- Common areas on each floor enable residents to eat and socialize together.
- Having staff from the old facility helps residents and staff adapt.

One new resident was interviewed – she moved there in January

- She moved there for safety reasons after a fall in her condo.
- Her family helped get her unit set up.
- She is enjoying the meals and getting to know the care staff.
- She says she likes it there and is quite settled – she is happy and plans to stay there.

In addition, two interviews were completed with family members of seniors who needed more services:

- In one case, the move to LTC was completed recently, and in the second case the senior remained in her retirement residence so far.
- The second person also had experience with another family member in a different city who was in need of long-term care. Similar challenges arise in other cities.

Seniors Needing to Move for More Services – Transition to Long-Term Care

(Note that each senior is required to have a designated family member for residences to contact.)

8. Senior now moved to LTC from a Seniors Residence (Family Member)	**9. Long-time Resident without enough services in a Seniors Residence** (Family Member)
Originally chose her residence because it listed better services than some of the older ones. She paid $3,400/month (inc. extras). After several years at this newer residence with many listed services and amenities, she reported slow responses to alarms and calls for services. ' It says more services are available – but no guarantee they will come'. There are a few activity nights, food services not good for residents, it rarely has a doctor visiting, and needs more staffing. • She needs more reliable services now • Is having memory problems • Was on wait list for LTC for long time Her family member wants her to be where they have more staff to take care of her when she needs it. She has her own private room and there are more staff to make sure she has her meals and to take care of her. When she was offered a space, she had to move all her things very quickly so as not to lose it. She is still making the adjustment.	Her residence has been very good for over 10 years but now she is needing more personal care and services. This residence has no nursing or emergency services. People are sent to hospital Emergency for health issues. Recently had a health issue and was in hospital but could not return to residence as they had no qualified staff. Personal care services are limited – it caters to more independent seniors. Seems to be no help for people when they need it, and family has to come to assist. Has her own private space and can use common rooms but does not enjoy activities. The Residence seems to depend on family to do more for their senior. She was not expecting to move again. Her family member is reluctant to force her to make a move to a strange place.

Numerous comments came up from family members about the difficulties with moving and adjusting to LTC when people move from familiar surroundings.

- Family members (if available) are heavily involved in those changes. They report having to decide very quickly and make the physical move quickly to avoid losing the space in LTC.
- If they decline a space they report that the person may not be considered for a LTC space again for a while.

Overall, this small number of in-depth interviews demonstrated the diversity of people's needs and preferences as well as the dynamics over time because seniors can stay for many years in residences.

Key insight from what we heard (Exhibit 8) was the enormous variation in people's circumstances and individual preferences – everyone's story is different. Given that, having a variety of residences and mixes of services can be helpful for people who can afford these options to make choices and to find the best match for themselves.

Exhibit 8. WHAT WE HEARD IN INTERVIEWS ABOUT RESIDENCES
Their Experiences - Their Own Words

Key Factors	Comments from Seniors Interviewed
Monthly Costs for Suites	"They are all expensive" "They are not affordable ..... twice the cost of living in a condo" "Only affordable for people with expensive homes to sell" "Profit trumps care in too many of these places – need more options" For one person: Price was not a factor .... "Chose one with add-on nursing so would not have to move again"
Extra Services Give Sense of Security"	"We need more places with options for add-on services" "Knowing extra help is available if needed really matters" However, one person said: "It says more services are available ...but no guarantee they will deliver them when you want them"
Privacy/Independence	"Having our own suite really matters" "Give feeling of independence"
Choice of a Home	"Making my own decisions about where to go matters" "Do not want to be put in a home by their families like some"
Social Interaction & Group Living	"Takes a long tome to adjust to group living after living alone" "They don't do orientation for newcomers here"
Staffing Levels & Types of Staff	"Not enough staffing to deliver reliable services needed now" "Caters more for independent seniors .... does not offer add-on services needed for long-term residents" "Rely on family members to fill the gaps" "Staff are very good" but others said: "New staff need training" "On-site professional nursing staff makes a difference."
Long Wait Lists for LTC	"Long wait lists for LTC space when people need more services" "Moving to LTC is big adjustment -people do not expect to move again"
Keep Outside Connections	"Don't rely on the home for everything ...." "Staying connected outside is important for quality of life..."
Need for Alternatives in Community	"We need more alternatives to residences .... like OASIS to create supportive connections for people to stay in their homes"
• **Amenities & Activities** were not highlighted in interviews as important to them. • **Quality of Food & Dining Services** had very mixed ratings but did not seem to be a major factor in their satisfaction. • **When they sold their homes seems to vary.** Some moved in before putting their homes on the market and a few tried out more than one residence. Others sold before signing up for a residence and then they have to move. Some took 'short-term leases'.	

Source: SPCK&D Interviews with residents and selected family members (2024-25)

KEY FINDINGS from INTERVIEWS

OVERALL ASSESSMENT – TWO KEY FINDINGS

1. **Variety of Residences in Kingston Benefits Seniors – Options & Choices**

The retirement residences and half of the LTC system are owned and operated by private for-profit companies. The market sets the benchmarks for services provided and prices to the consumers. Some are clearly defined as 'luxury' or 'lifestyle' living whereas others are smaller, more 'home-like' communities.

- While all provide the basics for a safe, secure place run by staff with food services, amenities and other services vary. Seniors considering the shift from their own homes to a group living environment can choose the best options for their own lifestyle preferences – they have choices and they can move from one to another residence.

- Having the variety of choices is a strength in Kingston's system because seniors have varied preferences. Given that there are 'vacancies' in retirement residences based on CMHC data, they have the freedom to move to another residence if the services at their residence change.

2. **Add-on Services Model with Additional Fees – Flexibility for Changes**

Our study shows considerable variation across residences in what services are covered in the basic monthly charge including food services. Some have added services that are included and others services paid if used. Some offer 'Respite Care' (short-term rentals) or assistance after surgery with 'nursing staff' at extra fees. There are different 'levels' of nursing care and it is not always clear which 'levels' are available or being provided.

- Residents acknowledge that all of these residences are expensive but did not raise concerns about extra fees -indeed one person said extra costs for special services were not a concern. Another person liked the on-call 'nursing staff' for emergencies that was included in the basic fee in that residence.

- Add-on services were seen as positive by seniors because it gives flexibility and reassurance that future needs can be met. Many residents value the stability of staying in their residence and some are reluctant to move again.

Therefore, added-on services with fees seem to be viewed as useful options whether or not they actual make use of them personally.

Two areas of concern were noted and need further consideration, namely:

- **Shortage of LTC spaces can create bottlenecks** as people stay longer in residences and require more support from staff available. Only a few residences have extra staffing to provide the extra level of services required. Available staff may not be able to respond as quickly to people's needs and it impacts on services for all residents. Some examples were

illustrated in our interviews, however more information is needed on wait times for residents to move into long term care.

- **A User Guide to Residences could be Helpful:** Lack of clear and consistent information on the residences and services offered makes it difficult for consumers to make informed decisions about the best options to meet their needs. Seniors and their family members can visit websites for each of the residences, obtain their brochures and visit the residence to talk with staff. However, there are no comprehensive lists of what services are available. It could be helpful if some local organization could consider developing a guide to help other seniors.

4.3 Redevelopment of the Extendicare LTC Residence

During our study, Extendicare was in process of completing construction of its new property and planning for 'relocation' of its residents from the old property. All the residents were moved by Christmas 2024 into their new suites at Limestone Ridge in a different neighbourhood.

- Extendicare did not plan to retain its original property and it was sold to the City of Kingston for repurposing to other uses. This sparked intensive community engagement and a planning process leading to City Council decisions.
- Concerns arose about the impacts of moving existing residents from the familiar surroundings and services they had enjoyed. Extendicare emphasized the benefits from the new residence which provided everyone with their own suite instead of 'shared rooms' at the original site.

Exhibit 9 below provides a case study of the changes with the new Extendicare's property.

The 'redevelopment' of residences for long-term care is relevant to other properties in Kingston. The largest LTC owned by a non-profit charitable sponsor, Providence Manor, is already under redevelopment and its residents will be moving in 2026 to the new and improved buildings at Providence Village. As with Extendicare, the new building includes more suites to reduce 'sharing of rooms' and meet revised Provincial standards for licensed LTC facilities. The original site downtown will be used for other purposes as yet to be finalized.

Both of these examples involve existing properties that can be converted to other uses and they have new designs in different locations for the new facilities. Many factors affect the developments given that they involve different ownership companies, project designs, and types of accommodation provided for the seniors living in the properties.

Redevelopments can cause uncertainties for existing residents and their families given the lengthy building processes. It is not known at this time if there are any plans for other redevelopments of other LTC facilities in Kingston.

Exhibit 9 below summarizes the changes with new development for Extendicare in Kingston.

EXHIBIT 9. CASE STUDY of REDEVELOPMENT

SOCIAL PLANNING COUNCIL OF KINGSTON AND DISTRICT

EXTENDICARE

Extendicare is an organization that provides a range of senior care services across Canada. One of its long-term care facilities is located at 309 Queen Mary Road in Kingston.

In December 2023, 309 Queen Mary Road was purchased by the City of Kingston from Extendicare.

The property has the necessary zoning and physical design for transitional supportive housing. As a result, the City of Kingston made a recommendation at City Council to transform the nursing home into a **"shared care" model** with a mix of transitional housing, primary health care services, and community meeting space.

With the purchase of the site, Extendicare is constructing a new, state-of-the-art long-term care home to serve the people of Kingston. The project is expected to cost **$51M** and will be built within a new subdivision behind the RioCan Centre in Kingston's west end.

Old Extendicare	New Extendicare
• Houses 150 residents • Residents have the option of semi-private rooms or private rooms (private come at an additional cost)	• Will house 192 residents (**42 more than before**) • Residents will have private, customizable rooms (**at no additional cost**) • Designed to reduce the spread of infectious illnesses (private rooms, updated HVAC and larger open spaces) • More communal spaces for residents to meet with family and friends outside of their rooms

The City of Kingston's "shared care" model for the old Extendicare site is projected to **cost $9.4M**. The proposed project offers a transitional housing program, operated by Home Base Housing, to support up to 35 individuals who are 55+ years old, alongside a primary health care clinic, Midtown Kingston Health Home.

The City of Kingston signed a restrictive covenant that **prohibits** the use of the property as a consumption treatment (safe injection) site, emergency shelter or Integrated Care Hub. The restrictive covenant also commits to the establishment of a **community consultation committee**.

4.4 Overview of Retirement Residences in Kingston

Sections 3 and 4 of this Report have provided the profiles of residences, services and preferences of seniors for options provided by the private market for those with an ability to pay for their retirement living. There are no non-profit retirement residences in the Kingston area that can provide these services.

Some of the private market residences and long-term care properties have been have been in operation for many years. Other, higher market properties described as 'luxury' retirement living have been added in recent years. Even with higher prices and added fees for services used, our interviews showed there is strong demand and seniors are staying long-term until they need higher levels of care. Some do move on to long-term care when spaces are available.

However, 'affordability' of private retirement residences is a major challenge for seniors with modest-incomes unless they have valuable homes they could sell. When they require some support services, they would have to rely on 'community-care' or 'home-care' to assist them.

The following section discusses the affordability of other housing alternatives for seniors in Kingston who may require some assistance before they could qualify for long-term care services. People living in the community can have access to home care services in their existing homes to enable them to 'age-in-place', in their homes. The primary health care system is in place for medical and nursing care needs if there are shortages of long-term care capacity.

5. Retirement Living Alternatives in the Community

5.1 The Affordability Challenge with Retirement Residences

As we heard in our interviews, people living in the retirement residences feel that 'all of these (residences) are expensive'.

- The average cost for one person in these residences could easily reach **$50,000 to $70,000 or more per year.** For a couple with a one-bedroom apartment, added meals increase costs to $80,000 per year.

Living in the residences is more expensive than living in a condo unit or the newer luxury private rental apartments because of the added services provided in residences. If their retirement incomes are insufficient to cover monthly costs, they draw on assets they own. Seniors who were home-owners are able to self-finance the affordability 'gap' using their own resources from investments or property they owned.

The sustainability of this financing model needs to be considered given longer lifespans and if seniors move out of family homes at a younger age. Other research has shown that the average age of people living in retirement residences is close to 75 whereas the average age of people in long-term care is about 85. Our interviews included one person who had been living in a residence for 10 years and another person in a residence for 15 years. Our study also noted the challenges for moving into long-term care because of long waiting lists. The residences are not always staffed to provide more services as the needs of residents increase. Will the seniors have sufficient resources to pay extra charges for more services in the residence even if it can provide the needed services?

Even if all the seniors are able to remain in the retirement residences, this form of retirement living is still a small component of the local market with only 1,200 units. There are no other, more affordable assisted living alternatives. The majority of senior households are remaining in their own homes (if they are suitable and mortgage-free) or finding suitable rentals where rents are regulated. Lower-and moderate- income seniors face major challenges finding affordable housing in Kingston.

5.2 Affordable Rental Housing for Seniors – Needs for Assisted Living Services

Kingston has affordable seniors' rental housing owned by local non-profits and the City of Kingston (Kingston Frontenac Housing Corporation (KFHC)) rentals. These include rents based on seniors' incomes and other rents below average market rents for low- and moderate-income tenants.

- This housing is described as 'independent living' since there are no other 'services' located on-site for the residents. However, tenants may be able to obtain services through home care if they are in need of assistance.

- Tenants in these types of affordable rentals are also 'aging-in-place' but are unable to afford the private retirement residences. Non-profit and KFHC tenants have to rely on home-care services from community agencies when needed.
- Tenants tend to stay in until they need and are eligible for long-term care. The monthly fees for LTC are based on the provincial co-pay system and are affordable with low pension incomes.

Kingston also has other types of 'supportive housing' provided by seven non-profits that receive funding for staff to provide services for other groups (such as people with mental health conditions, the women's shelter, persons with developmental disabilities, and others). (See SPCK&D (2021) However, none of these specialize in assisted living for seniors.

The non-profit seniors housing groups run by voluntary and charitable organizations seek to provide social supports for the tenants they serve and they have provided affordable housing for seniors for several decades. Affordability is defined as paying no more than 30% of income for rents.

Their mandates were to provide independent living. It was assumed that tenants could move on to 'seniors' homes' with more services when those were needed. Therefore, they were not funded to have support staff or to provide 'assisted living' services like those in the private retirement residences. Tenants stay until they qualify for long-term care.

A 2021 SPCK&D study **("Profile of Kingston's Third Sector Housing")** profiled these and other non-profits in the Kingston area. Exhibit 10 below profiles six seniors' non-profits in the City of Kingston that provide affordable housing for a total of 293 senior tenants with lower- and moderate-incomes. Non-profits have a range of supports, for example:

- **Kinsmen's Club** sponsored three projects and created tight-knit communities with low rents and wheel-chair accessibility so that people could age-in-place for the long-term. They have 'common rooms' for people to come together and have outside organizations that offer services.
- **Crystal Springs Manor** sponsored by local churches had an active tenant association, social events and community dinners to encourage tenants to build relationships. Churches were actively involved to build a strong sense of community.
- **Marion Community Homes** sponsored by the Knights of Columbus focused on fostering a strong sense of community and life-long well-being.
- **Weller Arms** sponsored by another church fosters community with social activities (events, exercise programs, gardening) and the common room and outdoor patio promote social supports.
- **Royal Canadian Legion** is operated by a Legion Branch and gives support to veterans and their relatives, creating the strong sense of community with many activities and encouraging volunteerism.
- **Zion United Church** assists residents to access support services and promotes involvement in social events, dinners and gardening plus religious services held weekly in the large common room.

Fostering community supports is a recurring theme. However, even with their fund-raising abilities and volunteer contributions, they lack staffing to offer more personal care for their tenants.

EXHIBIT 10

Non-Profit Housing for Seniors in Kingston

(SPCK&D Report, 2021)

Dutch Heritage Village

- Adults aged 55+
- 34 units (17 low income tenants)
- 2 wheel-chair accessible units

Zion United Church

- Seniors 65 +
- 42 units (16 low income tenants)
- Social Activities

Marion Community Homes

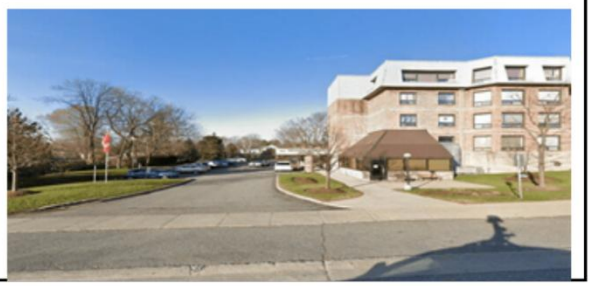
- Sponsored by Knights of Columbus
- Seniors Independent Living
- 50 units (22 low-income tenants)

Royal Canadian Legion Villa

- Seniors 65+, Veterans, Widows
- 43 units (all low income tenants)
- Run by Legion Branch

Crystal Springs Manor

- Sponsored by two churches
- Seniors Independent Living
- 50 units (20 low-income tenants)



Kinsmen Elderly Citizens Homes Ltd.

- Adults aged 55+
- 71 units
- Seniors 60+ with low incomes

The pros and cons of increased roles for local non-profits need careful consideration. It is not feasible to expect non-profits to provide more services without added resources. Some approaches may include:

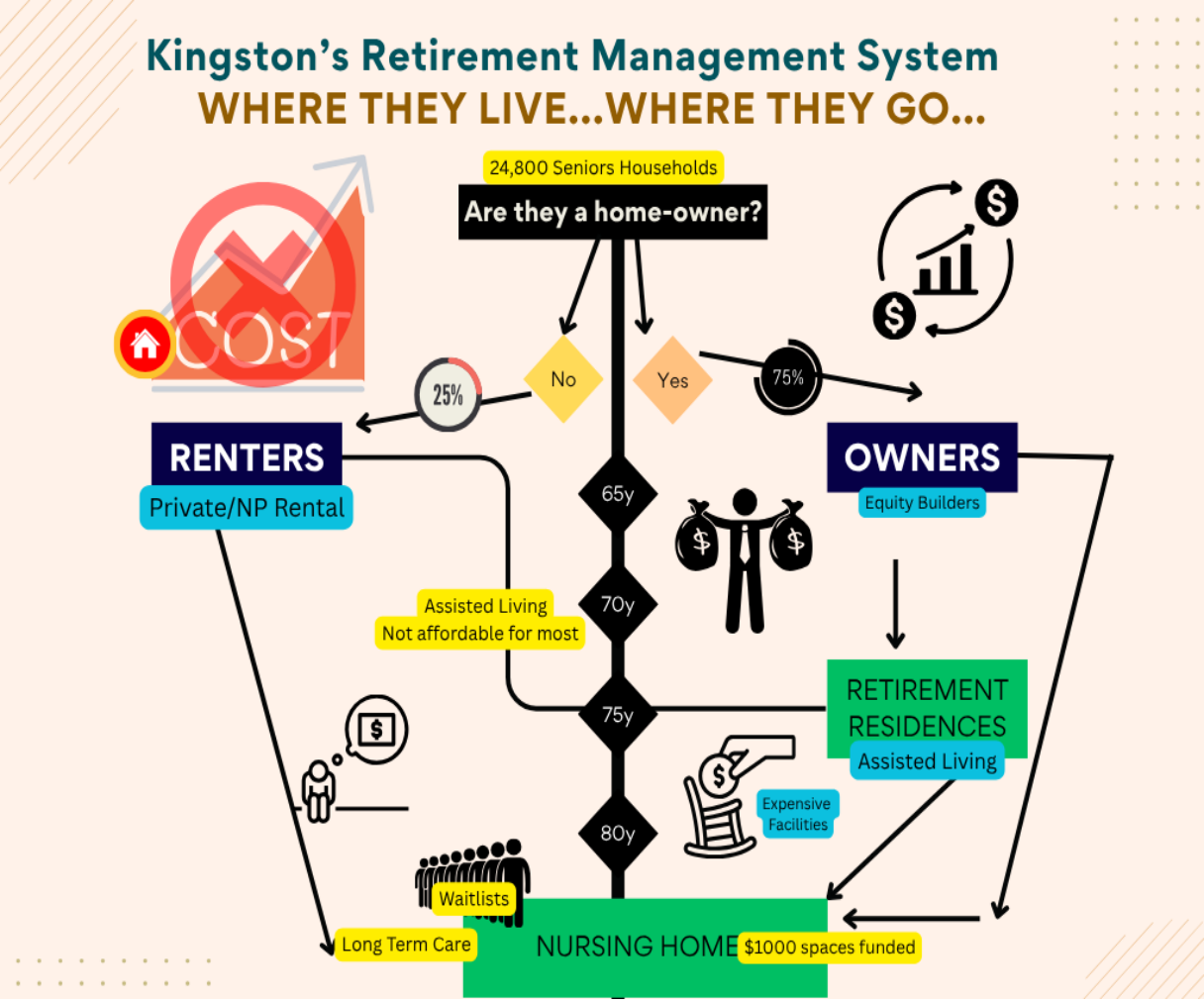
- Having funding for support staff could make it feasible to offer added assistance with daily living activities.
- Partnerships with service organizations have proved successful in non-profits elsewhere.
- Optional add-on services in non-profits parallels the approach in the private retirement residences except that the costs could not be passed on to lower-income seniors.

More research on successful approaches elsewhere might be useful.

5.3 Overview of System – Alternatives for Seniors' Housing

Exhibit 11 illustrates the alternatives for seniors in the retirement living system.

Exhibit 11



Kingston has a wide variety of 'residences' with differing owners, prices, and services for assisted living - primarily for seniors who are home-owners and more likely to have the resources to afford the costs. As people age in residences they may need more personal care and full nursing services that can only be found in long-term care. In other words, the residences are not providing a full continuum of care.

- The Chart illustrates the overall system in Kingston where about 75% of seniors own their homes. The retirement residences are positioned in this system as an option for younger seniors willing to sell their homes. However, what we heard from seniors confirms other research that the majority want alternatives to remain in their homes.
- Most seniors who rent housing do not have the incomes or resources to afford the high monthly costs in a residence. Some can access affordable housing but there are no non-profit retirement homes. As the Chart shows, there are no alternatives for them to access assisted living assistance except through home care and moves are delayed until they qualify for long-term care.

Long-term care is available to both renters and owners because it is affordable under the 'co-pay' formula. Any renter or owner can apply and eligible people are added to long waiting lists. Other people who need more services are staying in residences because they are reluctant to move again.

Based on information from this study, two priorities stand out as gaps in the current system. Both are difficult and costly to address but some options are identified for more consideration.

#1: Gap in the system for affordable 'assisted living'

This study did not assess access to home care services. It did show that many seniors need access to 'assisted living' supports at prices they could afford. Options used in other communities are worth considering. For example, a housing non-profit could partner with a service provider to make that feasible if the services are funded under other programs. Other approaches such as OASIS for Naturally-Occurring Retirement Communities (NORCs) and Co-housing may provide alternatives.

#2: Shortfall in the capacity in the LTC sector

Long waiting lists and waiting times to access critical long-term care services is a concern as seniors are aging. Expanding the capacity of the other four existing long-term care facilities (including the municipal and private owners) could be considered. Redevelopment of one or more of the older assisted living facilities could add LTC to create a full 'continuum of care'.

We heard in the study that seniors want more home-care services to support them in independent living to age-in-their-homes. Home care services were outside the scope of this current study. Funding for home-care services could be expanded on the grounds that other studies have shown it is more cost-effective than other types of care.

Kingston has many organizations involved with services for seniors and collaborations may be helpful to develop alternatives for seniors housing going forward.

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South East Ontario Health Link. www.southeasthealthline.ca

Websites for Companies Owning Retirement Communities in Kingston are readily accessible on-line.