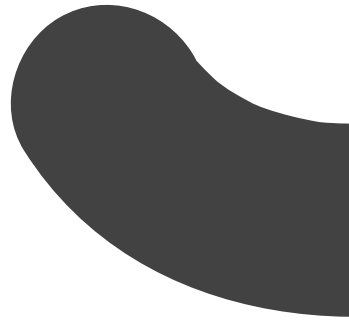
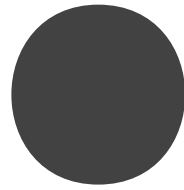


2024-25



HEYFIELD
HOSPITAL
Central Gippsland Health

Annual Report



Heyfield Hospital acknowledges the Traditional Owners of the land - the Gunaikurnai people – and pays respect to their Elders past and present.

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Our vision & priorities

Getting you better together.

Our Purpose is to procure integrated services that support the health and wellbeing of our community.

- We represent the local voice of the community and surrounds for their health and wellbeing needs.
- We procure excellent person centred service for our community.
- We ensure services are targeted and aligned to our community's needs.
- We attract a passionate local workforce who help us scale sustainability.
- We will deliver value for our community.
- We are well governed, independent and community focused.

Our Priorities

Services for our community

1. We listen to and actively engage clients, our community and key stakeholders to help us better understand and meet their needs, and to ensure awareness of our services.
2. We provide our community with easy access to services.
3. We are focused on continuous improvement by evaluating our services.

A sustainable entity

1. We leverage our resources to full effect in the interests of meeting our community's health and wellbeing needs.
2. We achieve our goals ethically and in compliance with regulatory expectations and best practices.

A valued workforce

1. We attract, retain and progress passionate and high performing staff who model our values.
2. We encourage our people to help us achieve our vision.

About us

Heyfield Hospital Incorporated, now a well-established health and aged care provider in the small town of Heyfield, Victoria, has a rich history of service to the local community. Founded in 1934 as a community-driven initiative, Heyfield Hospital was established to meet the pressing healthcare needs of residents in Heyfield and surrounding areas.

Before its inception, locals had limited access to healthcare services, with the nearest hospital situated miles away. The formation of the hospital was a testament to the town's resilience and its commitment to community well-being.

The original Heyfield Hospital provided basic medical and emergency care, serving as a lifeline for many rural families. Over the years, it expanded its services to accommodate changing healthcare demands and to support a growing elderly population. In 1994, recognising an increasing need for residential aged care, Heyfield Hospital Incorporated expanded its mandate to include aged care services. This shift transformed the facility into a multi-faceted healthcare organization, encompassing both acute and residential aged care services.

In recent years, Heyfield Hospital Incorporated has continued its commitment to community-focused healthcare through partnerships with local healthcare providers and by adapting its services to meet the unique needs of rural communities. Today, the organisation operates not only as a healthcare provider, but also as a significant contributor to local employment and a center for community support.

While healthcare funding and policy changes present ongoing challenges, Heyfield Hospital Incorporated remains dedicated to upholding the legacy of care and community support that has defined it for over half a century. Its mission reflects the enduring values of its founders and underscores its role as an essential institution within the Heyfield community.

Heyfield Hospital

The Hospital functions as an 11-bed private hospital and provides a mix of private, public (funded by Central Gippsland Health) and Transitional Care Beds (through the Transitional Care Program) that are subcontracted from Latrobe Regional Health.

Heyfield Hospital services a local catchment area that includes the towns of Glenmaggie, Coongulla, Nambrok, Cowwarr and surrounds.

Laurina Lodge

Aged Care Services are also provided at Heyfield Hospital through Laurina Lodge, an aged care facility built in 1994 and extended in 2006 to comprise 49 permanent and two 2 respite beds.

Central Gippsland Health

Heyfield Hospital is owned by the local community and operates under a Management Agreement with CGH on behalf of a local/community Board of Management. The Management Agreement came into place in June 2000.

Board Chair Report

As we wrap up the 2024-25 financial year, I'm immensely proud of how our organisation has demonstrated resilience, collaboration, and purposeful progress. Serving as Chair during a year of both challenges and opportunities has been an honour, and I'm deeply grateful for the insight and dedication each Board member has contributed.

Annual highlights

- Revised our Management Agreement with Central Gippsland Health, securing a 10-year partnership that safeguards cohesion and stability amidst the state government's Health Service Network reforms.
- Strengthened compliance, accreditation, and reporting frameworks while adapting to new funding models and Royal Commission into Aged Care recommendations.
- Preserved a robust financial position through disciplined fiscal management and the unwavering support of our partners.
- Advanced the Tri-Board Alliance with Central Gippsland Health and Stretton Park.
- Deepened community engagement via events, information sessions, and volunteer programs (HHI hosts the largest volunteer network within the network).

Governance enhancements

- Completing a comprehensive review of our strategic plan.
- Provided active support to the CEO and leadership team as they navigated operational and legislative changes.
- Invested in Board governance training and education to elevate our collective expertise.

Challenges and resilience

Like many organisations this year, we encountered unexpected disruptions. The temporary closure of our kitchen for essential repairs tested our agility and resourcefulness. I commend staff, residents, and volunteers for their patience, creativity, and unwavering commitment throughout this period.

Looking ahead to 2026

- Enrich the lives of residents, staff, and the broader community through purposeful initiatives identified in our updated strategic plan.
- Strengthen stakeholder engagement and foster greater transparency in all our activities.
- Cultivate a culture of innovation, inclusion, and respect.
- Foster and strengthen our relationship with the Heyfield Medical Centre through enhanced collaboration with the new owners.

Acknowledgements

My heartfelt thanks go to each Board member for your wisdom and time, and to our CEO, leadership team, staff, and volunteers for your dedication and partnership. Together, we have laid a solid foundation for sustainable growth, and I look forward with great optimism to what we will achieve in 2026.

Raelene Hanratty
Chair of the Board

Director Aged Care Services report

It is with great pride that I present the 2024–2025 Annual Report for Heyfield Hospital Inc. (HHI), incorporating Laurina Lodge. This year has been marked by renewed stability, strong leadership, meaningful reform, and the deepening of our commitment to person-centred, high-quality aged care.

Workforce and leadership stability

This year has seen a notable shift in team culture and capability through the successful implementation of a new clinical and non-clinical workforce model. This structure, led by Rebecca Berry, has brought clarity to roles, strengthened collaboration, and created a level of stability not experienced for several years. Rebecca's leadership has empowered staff across all areas of the service to work with purpose and consistency, improving both team morale and outcomes for residents. Rebecca was supported by Kim Elledge as Clinical Manager. Kim's contributions to care quality and staff mentorship were invaluable, and we thank her sincerely for her dedication to HHI. Kim has since embraced a new lifestyle "following the sun" in her caravan, but continues to visit Laurina Lodge whenever her travels bring her back to Gippsland. Following Kim's departure, Bryan Deoma stepped into the Clinical Manager role, bringing a steady and thoughtful presence. Bryan has been well supported by our senior Registered Nurses, in particular Hailey Baxter, whose quiet leadership has been instrumental in maintaining continuity and quality. This strong clinical leadership team has contributed directly to improved care outcomes and increased support for our staff.

Dementia Model of Care

One of the most significant initiatives this year was the rollout of our new Dementia Model of Care. All staff participated in a full-day education session. This immersive and practical session explored best practice, person-centred approaches to dementia, and provided staff with the skills and confidence to engage with residents in ways that are respectful, calming, and effective. The HHI Board had the opportunity to experience a small component of this education during the Annual Tri-Board Meeting. The session was very well received by both board members and staff, highlighting the strong alignment between strategic direction and day-to-day care delivery.

We are already seeing tangible outcomes from the implementation of this model:

- A noticeable reduction in resident-to-resident incidents
- An increase in compliments from residents and families regarding the care, empathy, and responsiveness of staff
- A more settled environment in our dementia support areas, benefiting both residents and their carers

This initiative has laid the foundation for future excellence in dementia care and reinforces our commitment to delivering compassionate, informed, and relationship-centred care.

Director Aged Care services report

Strategic direction and partnerships

In 2024, the HHI Board completed a new Strategic Plan outlining clear goals and a long-term vision for the organisation. This strategic clarity strengthens our capacity to adapt and grow while staying true to our mission and values. We were also pleased to renew and strengthen our management agreement with Central Gippsland Health (CGH). This agreement ensures continued access to governance support, clinical oversight, and leadership mentorship—essential as the aged care sector continues to face reform and complexity.

Infrastructure and capital projects

Capital works reached a major milestone this year, with all resident rooms now fully renovated and fitted with private ensuites. In addition, air conditioning has been installed in all areas of the Lodge, greatly improving the comfort and wellbeing of both residents and staff. Master planning continues, with applications submitted for the Aged Care Capital Assistance Program. While we were unsuccessful in two rounds, we remain hopeful for a positive outcome in future submissions and are committed to ensuring Laurina Lodge continues to meet the evolving needs of our residents. In line with these developments, we also farewelled the Maternal and Child Health (MCH) service from the HHI precinct, with the service now based at the Heyfield Community Centre. This relocation makes the service more accessible to local families and ensures that Laurina Lodge is better prepared for future health challenges, as was highlighted during the COVID-19 pandemic. Importantly, the availability of this space has enabled the creation of a dedicated palliative care family room, offering a private and peaceful environment where patients and their loved ones can be supported with dignity and compassion throughout their end-of-life journey.

Workplace relations and reform readiness

Staff received a well-deserved wage increase this year as part of Stage 3 of the Fair Work Commission's Work Value Case. We also successfully completed Enterprise Bargaining Agreement (EBA) negotiations, reflecting fair and sustainable conditions for staff across all disciplines. Significant work continues in preparing for the implementation of the Strengthened Aged Care Quality Standards. Our compliance systems are being refined, and staff are increasingly engaged in audit, reflection, and quality improvement initiatives aligned with these new expectations.

Financial sustainability

The 2024–25 financial year concluded with a strong result. Every member of our team plays a role in ensuring that funding is used efficiently and effectively for the benefit of our residents. This year has been one of transformation and consolidation. Through leadership renewal, workforce education, capital improvement, and strategic clarity, Laurina Lodge continues to build its reputation as a provider of choice in aged care. We thank our dedicated staff, volunteers, families, residents, and partners for their ongoing commitment to our values and vision. The Heyfield community can be proud of what has been achieved—and excited about what's yet to come.

Megan Tyler

Director of Aged Care

Quality improvement & innovation

Laurina Lodge has received an overall Star Rating: Good – 4/5 Stars.

This reflects our dedication to high-quality care across several critical areas: Compliance, Quality Measures, Residents' Experience, and Staffing. Below is a breakdown of each component and how our performance aligns with national standards and expectations.

1. Compliance Rating: Good 4 Stars

A 4 star rating means that Laurina Lodge Hostel has had no compliance issues for one year. This rating is based on our adherence to government regulations and standards for safety and quality of care. A good rating in this category signifies that Laurina Lodge consistently delivers effective and safe clinical care. This achievement is a testament to our team's commitment to meeting and exceeding compliance requirements, ensuring that our residents receive high-quality, dependable care.

2. Quality Measures Rating: Excellent 5 Stars

The Quality Measures Rating is an important indicator that evaluates five key health-related issues, serving as a benchmark for high-quality care. This rating is updated quarterly and compares Laurina Lodge's incident data from the past three months with the national average. By maintaining performance on these measures, we are able to continuously assess and enhance the quality of our clinical care. This ongoing evaluation ensures that our residents' health outcomes remain a priority.

3. Residents' Experience Rating: Acceptable 3 Stars

The Residents' Experience Rating, updated annually through the Residents' Experience Survey, reflects resident satisfaction and quality of life. Laurina Lodge's rating in this area highlights our commitment to creating a welcoming, engaging environment that meets the expectations of our residents. It also provides valuable insights into areas where we can further improve resident experiences, enhancing the community atmosphere and individual well-being.

4. Staffing Rating: Acceptable 3 Stars

Our current Staffing Rating has been rated as acceptable meaning we are meeting the required Mandatory care minutes. This rating is based on quarterly reporting of care time provided by registered nurses, enrolled nurses, and personal care workers. It examines two specific metrics:

- The total nursing and personal care time delivered by all care providers.
- The care time provided specifically by Registered Nurses.

Meeting or exceeding these targets directly impacts the Staffing Rating. Currently, we are exceeding our direct care minutes on average of 10mins per resident per day.

Lifestyle & leisure



We would like to thank all residents and families for their contributions to the Leisure and Lifestyle Program. We are thrilled to be a part of this amazing Aged Care Team across our sites and have very much enjoyed learning and helping to continue to improve our lifestyle opportunities for our amazing residents at Laurina Lodge in 2025. - Sue and Deidre

“We are very grateful for all of the suggestions and feedback received, and we are tremendously proud of what we have achieved this year within the program.”

A key focus for our team this year was to reaffirm our relationships and collaboration with the local community. Laurina Lodge is rich with dedicated staff, family and friends, and amazing volunteers. The benefits to our residents in having so much support from their local community are priceless. As staff, we are privileged to witness our residents being repaid in time and kindness by the community that many of them have contributed to throughout their lives. To all of these wonderful people, we thank you for your ongoing support of our residents and staff at Laurina Lodge.

Lifestyle & leisure continued

Acknowledgements

Deidre, Sue and Laurina Lodge would like to thank the following people, groups and organisations for their ongoing support throughout this year with their generosity, donations and time:

- Heyfield Lions Club
- Heyfield Bendigo Bank
- Heyfield IGA
- Lewyz Quality Meatz
- Heyfield Bakery
- Heyfield RSL
- East Gippsland Dog Obedience Club
- Heyfield Primary School
- St Michael's Primary School
- Vinnies
- Twice Blessed
- Uniting Church, Anglican Church and Catholic Church Heyfield
- Heyfield Men's Shed
- Heyfield Community Resource Centre
- Vern Graham Mitre 10
- Latrobe Valley Line Dancers
- Heyfield Circle Dance
- Music and entertainers Dennis Crane, John Kennedy, Ukulele Ladies, Maggie and Stew, Liam.
- Volunteers - Julie Bencraft, Noelene Northway, Ian Mayze, Del Cochrance, Vicky Grace, Penny Carruthers, Jim Coleman, Lee Grant, Diane Thompson, Judith Lake, Cherrill Marsh, Sue Artso, Gillian Hartwig, Lisa Bean, Aileen and Max Paige

Key areas of focus this year

- Collaboration with residents and family members with care plans in accordance with the Strengthened Aged Care Standards.
- Collaboration with our fellow Aged Care Facilities at CGH to strengthen our ties and the sharing of resources and knowledge.
- Providing residents with ongoing person-centered care, meaningful activities and more options in communal areas and the Activity Room to maintain and enhance their autonomy.
- Providing residents with a one stop Information Station containing feedback forms, OPAN Advocacy, Aged Care Quality Strengthened Standards information, Resident Meeting minutes, Aged Care Rights.
- Maintaining and developing our valued relationships with the broader community.
- Continuous upkeep and replacement of activities equipment and spaces.
- Ongoing learning, support and development for our staff.
- Recruit and support volunteers and provide ongoing training.

Lifestyle & leisure continued

Resident experience surveys and dining experience questionnaires

We have conducted a number of resident surveys this year at Laurina Lodge, including quarterly Quality of Life and Quality of Care surveys in our efforts to truly capture how our residents are feeling and their experience living at Laurina Lodge. Our team highly value this ongoing feedback from our residents as we use this information to explore ways of improving our service and delivery at the facility. Whilst the survey experience can be onerous at times for our residents, we appreciate their feedback and partnering with us in our efforts to continuously improve.

We have recently introduced Dining Experience Questionnaires to our dining areas across our sites. These forms are available at all times to our residents and are a very simple three-question tick box style form. These forms allow our catering team to receive real time responses from our residents about their meal and dining experience. Any actions required by our catering department can be addressed or acknowledged in a much quicker fashion whether it be compliment or complaint. The Food Focus Group has also been introduced to capture what residents would like to see more of on the menu giving them more options.

Purchases and equipment for activities department

Nil large purchases for equipment made for the lifestyle department for 2025. Smaller purchases to upgrade communal areas with board games, etc, and smaller consumables such as bingo and hoy prizes, lollies, chocolates, cooking items and crafting supplies made as needed using the budgeted lifestyle funds.

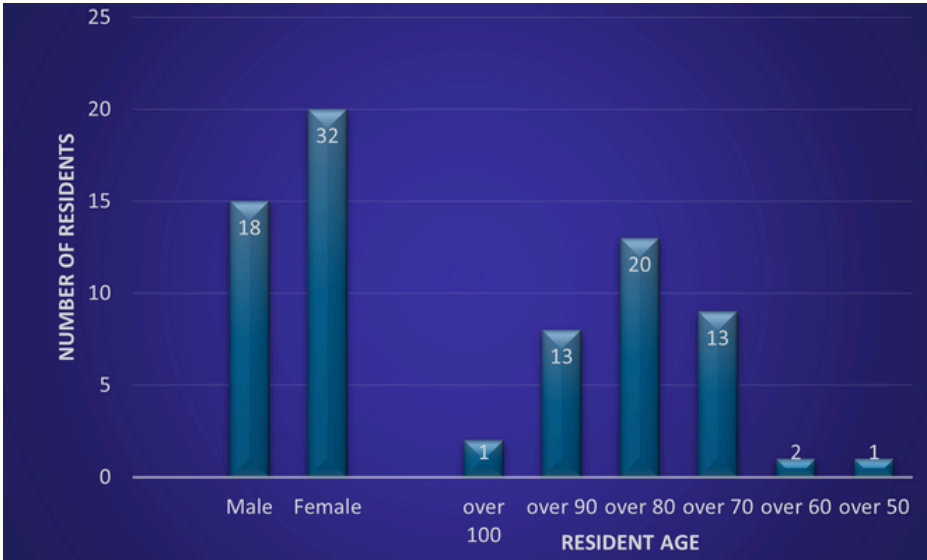
Special events

Laurina Lodge has celebrated a number of special events this year for our residents to enjoy and participate in. We like to celebrate all of our multicultural events on the annual calendar regardless of whether we have residents from diverse ethnic backgrounds or not. It gives us chance to celebrate, have fun and an opportunity to learn about other cultures and beliefs. Deidre and Sue always decorate the home beautifully to coincide with the event and residents enjoy the combination of decoration, activities, music and food for the occasion. Heyfield won first prize for its art display during Naidoc Week and were awarded a beautiful painting by Deborah Leon titled *Family*, which is located near the activity room for all to admire.

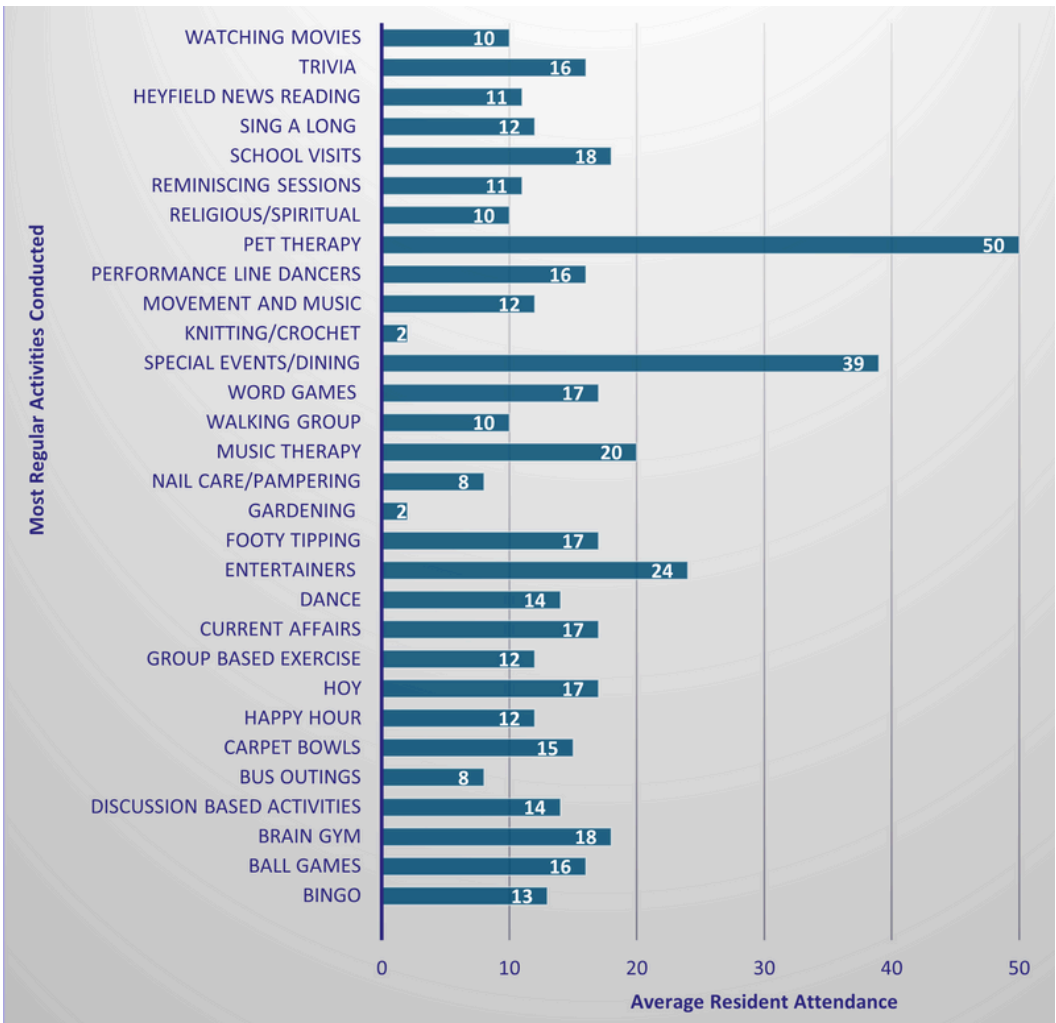


Lifestyle & leisure continued

General resident statistics that help guide activity planning and suitability



Activities and average attendance



Lifestyle & leisure continued

The chart previously displays our average resident attendance across some of the activities regularly featured on the planner throughout the year at Laurina Lodge in 2025. The most attended activities are special events/dining and pet therapy visits.

The most popular activities that are attended by resident choice are entertainers, school visits, and music related activities, followed by word games, brain gym, trivia, current affairs, discussion groups and ball games.

This year's average of 424 activities for three months were documented in MANAD by our Diversional Therapists. On average, we have an individual resident attendance per three months of around 4936 across these activities both individual and group based.

Planning for the year ahead

As we look to the coming year ahead, our Diversional Therapists, Deidre and Sue, will continue to ensure our residents are enjoying purposeful and engaging activities and experiences. By partnering and working alongside our other CGH Aged Care Facilities and fellow Lifestyle teams, we look forward to being able to provide even more experiences for our residents such as entertainment and communities outings in the coming year. Collaborating with our residents and family members to create stronger care plans focusing on Strengthened Aged Care Standards, Trauma Aware Care, reablement, Cultural Aware Care and autonomy. By partnering together with our residents, families and the community we hope to continue to grow and develop our program to ensure we are continuing to meet the needs and wishes of our residents.

We encourage our residents and their families to continue to support and play an active role in the program design and participation throughout the year. Feedback, suggestions and comments are always welcome and we will aim, as always, to focus on person centered experiences for our residents at Laurina Lodge.

Thank you for a wonderful 2025 and we look forward to the coming year ahead.

The Lifestyle Team
Deidre and Sue

Board of Directors

Raelene Hanratty
(Board Chair)

Raelene joined the Board of HHI in January 2016 taking on the role of Deputy Chair in January 2019 and Chair in November 2019. A long-time local, Raelene grew up in Coongulla and has represented Heyfield in tennis, where she is a Life Member, basketball, and more recently, golf. For the last 38 years, Raelene has resided at Upper Maffra West on her husband's family dairy farm where they have raised seven children. They purchased the farm in 2006 and plan to remain in the area for a long time to come. Raelene is currently a member of the Rural Financial Counselling Services Gippsland Board; Deputy Chair of Regional Development Australia Gippsland Committee; and a member of the Gippsdairy Board. Raelene is also currently participating in a community project supporting the modernisation and expansion of the Macalister Irrigation District, and various projects supporting the transition of Heyfield, post the closure of timber harvesting. Raelene has an excellent understanding of governance and business management and is excited to bring these skills to HHI to deliver the changes that both the health and Aged Care sectors are experiencing, whilst supporting the vision, mission, and values that underpin the level of care expected by our patients and residents. Raelene is committed to the growth and sustainability of HHI, and supporting the health service requirements of the district both now and into the future.

Ann Wootton
Vice Chair

Ann was in executive and general management before retiring to Gippsland in 2017. Ann's career was in professional services, firstly in Australian law firms in knowledge and operational management, moving to the compliance and risk management services industry in executive management roles. Her most recent executive role was as an executive director of a global risk management company. She has worked with clients from major Australian banks to Fortune 500 organisations globally. Ann has held director roles in many not-for-profit organisations in Melbourne and Gippsland. Currently her director roles (in addition to the Heyfield Hospital Board) include an independent director of the Risk and Audit Committee at Central Gippsland Health Service, and Vice-Chair of the Gippsland Art Gallery Foundation. Appointed to the Board in 2019.

Board of Directors

Sarah Christian

Sarah grew up in Heyfield and completed a Bachelor of Science at Melbourne University. After travelling overseas and working at the Great Ormond Street Hospital for Sick Children in London UK, she returned to Australia to complete a Bachelor of Medicine and Surgery at Flinders University in Adelaide. Sarah completed her specialist training with the Royal Australian College of General Practitioners in 2014. She was recognised as a Rural Generalist in 2024 for her Additional Skills Training in Small Town Rural General Practice. Sarah is a GP supervisor for both the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine. She is passionate about addressing the rural shortage of doctors and medical services. Sarah has three beautiful children and loves spending time with her extended family. Appointed to the Board in 2017.

Peter Skeels

Peter has over 36 years' experience in the provision of financial, commercial, and strategic advice within electricity supply, power generation and water supply sectors. In recent years, Peter has been extensively involved in the justification, financing, construction and delivery of the Gippsland Water Factory Project, a \$230M advanced wastewater treatment and recycling project located near Morwell, Victoria. His past roles have included Financial Planning and Strategy, Chief Financial Officer, and General Manager, Customer Services and General Manager Operations. Peter is recently retired and consults on a part time basis within the electricity and water sector. Peter holds a Bachelor of Business, Monash University with majors in Accounting and Economics and is a Fellow of the Australian Society of Certified Practising Accountants (FCPA). He has held the following voluntary appointments, Past Chairman, Gippsland Branch CPA 1998 – 2004, Director and Deputy Chairman, Gippsland Grammar School, Sale 2004 – 2013 and Director Heyfield Hospital Incorporated 2014 – present. Appointed to the Board in 2014.

Board of Directors

John Sunderman

John was educated at Heyfield primary school and Gippsland Grammar, spending a semester at the University of Illinois in year 12. On finishing school, John has worked on the family farm at Heyfield running angus cattle stud, a poll Dorset sheep stud and a dairy farm. John has been President of the Catholic College (Sale) School Board, Secretary/Treasurer of the Seaton Fire Brigade, Secretary and Treasurer of the Heyfield Golf Club and a member of the Macalister Consultative Committee for Irrigators. Appointed to the Board in 2014.

Liz Driffield

Appointed to the Board in 2023.

Glen Williamson
Observer

Since 2019, Glen has been a Commercial Executive looking after seven small global businesses in the role of Chief Operations Officer for a private entrepreneur with a combined turnover of \$50M, covering all facets of operations such as Risk Strategy, Mergers and Acquisitions and Financial Governance in industries as varied as Technology Hardware, Digital Software Services, Motor Sport and Meal Replacement Shakes across a multitude of geographies. Prior to that, Glen was a Global Procurement professional for more than 20 years. Glen brings experience across the Retail, Pharmacy Distribution, Not for Profit, Finance, IT, Facilities Management and Telecommunications Technology industries many times along the journey. Glen also has an interest in Mental Health and is currently studying to gain a Diploma of Counselling with the Australian Institute of Professional Counsellors. Appointed as an observer in 2024.

Board of Directors

Mary Manescu
Observer

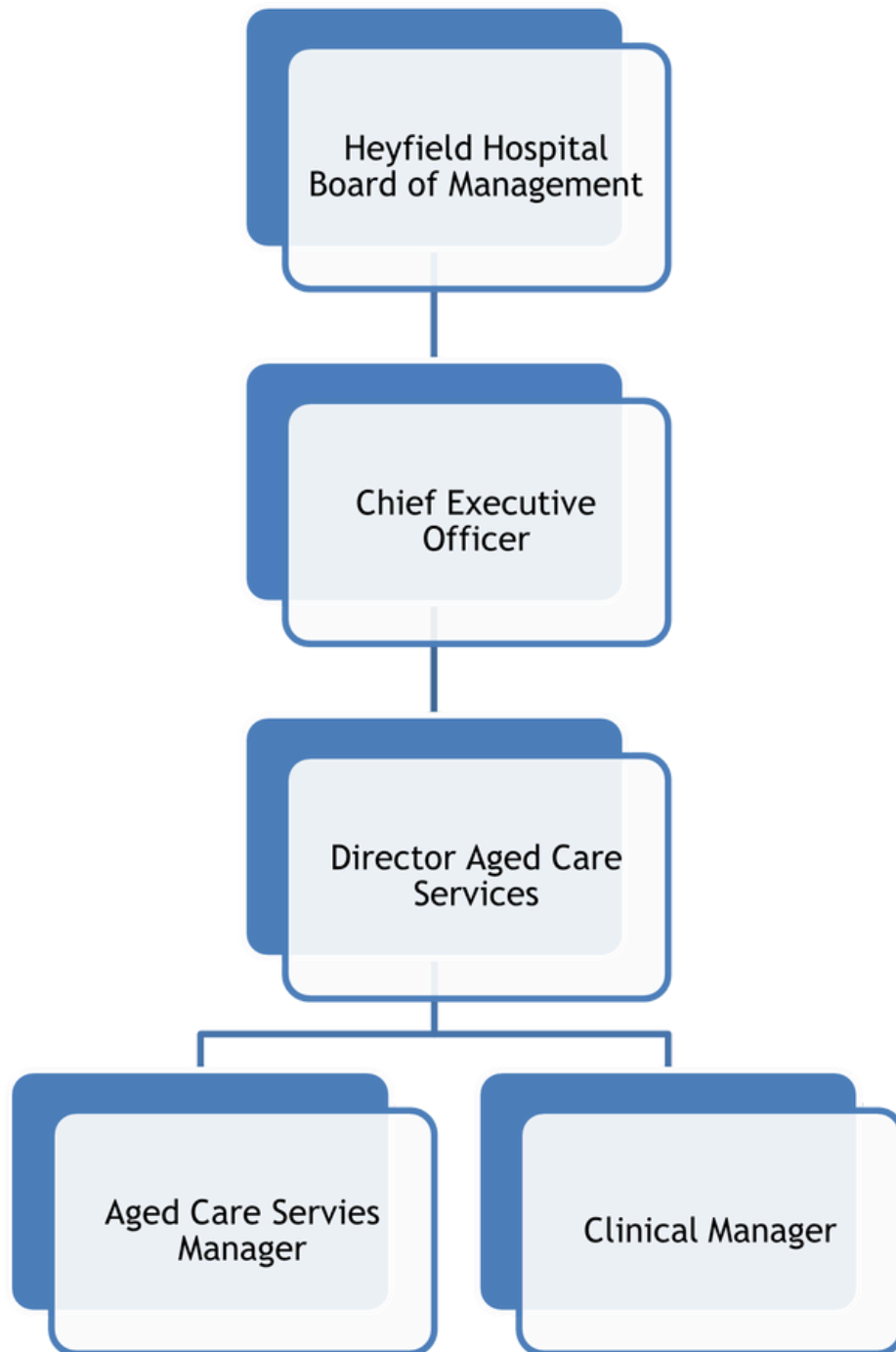
Mary is the CEO of Omeo District Health (ODH). Prior to her appointment at ODH, she held a range of clinical nursing and senior leadership roles in the private and public health sector. She also worked extensively for the Department of Health (Victoria) in various areas including regulation, major capital works, performance and information management. Mary holds a Master of Health Services Management and is a graduate of the Australian Institute of Company Directors. Beyond her substantive role, Mary is an accreditation surveyor with the Australian Council on Healthcare Standards. Appointed as an observer in 2024.

David Graham
Observer

David was educated at Heyfield Primary and then Gippsland Grammar for his secondary years. After finishing year 12, he worked with a Timber Import/Export company in Melbourne for four years before returning to work in the family business. David has been Sole Director of Vern Graham Pty Ltd since July 2000. He served as a Board Member of Heyfield & District Community Financial Services for 11 years, including 3 years as Treasurer. Being a keen sportsman, David has served on committees of numerous local clubs and community organisations. Appointed as an observer in 2024.



Organisational structure



Funding & occupancy report

The Australian National Aged Care Classification (AN-ACC) is a funding model introduced to ensure fair and tailored funding for aged care facilities, based on the specific care needs of each resident. Instead of a one-size-fits-all approach, AN-ACC allocates funds based on an assessment of each resident's level of care requirements.

This model has two main components:

1. **Variable Funding:** Adjusts daily funding based on individual care needs, so residents needing more intensive care receive higher funding.
2. **Fixed Funding:** Covers the general operational costs of running an aged care facility, regardless of individual care levels.

The AN-ACC model replaced the previous ACFI (Aged Care Funding Instrument), aiming to improve transparency and flexibility in funding, enabling aged care facilities to better support diverse resident needs.

AN-ACC funding comparison

Laurina Lodge received funding under the Australian National Aged Care Classification (AN-ACC) with the following results when compared to the industry average:

- **AN-ACC Variable Funding:** Laurina Lodge's average AN-ACC variable funding per day was \$136.49, slightly below the industry average of \$144.24. This funding supports day-to-day resident care needs, covering essential services and staffing.
- **AN-ACC Total Funding:** Laurina Lodge's average total AN-ACC funding per day was \$276.09, which exceeded the industry average of \$270.01. This indicates that, while variable funding was lower, our overall funding support was higher than the industry standard, reflecting Laurina Lodge's commitment to comprehensive resident care.

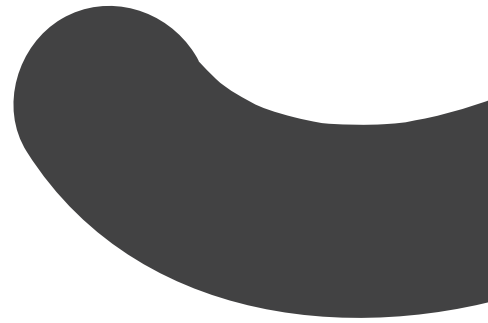
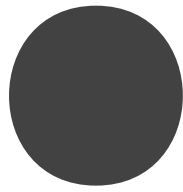
Occupancy rates

The occupancy rates at Laurina Lodge for the financial year reflect both areas of strength and opportunity:

- **Permanent Care:** Laurina Lodge's average occupancy for permanent care was 85%, which is below the industry average of 89.48%. While lower than the industry benchmark, this allows Laurina Lodge the capacity to respond to new permanent care admissions more flexibly.
- **Respite Care:** Laurina Lodge maintained an average respite care occupancy of 6.27%, notably above the industry average of 1.28%. This elevated respite care rate highlights the facility's strong role in providing temporary care support for families and carers in the community.
- **Overall Occupancy:** The average total occupancy at Laurina Lodge was 91.26%, slightly above the industry average of 90.76%. While there is a small gap, Laurina Lodge's consistent occupancy level demonstrates the sustained demand for our services and the community's trust in our care.

Laurina Lodge's funding through AN-ACC demonstrates an effective use of resources to meet resident needs, even with variable funding slightly below the industry average. Our occupancy rates, particularly in respite care, underscore our dedication to supporting both permanent and temporary residents, providing valuable relief for local families.

Financial statements



HEYFIELD HOSPITAL INCORPORATED

ABN : 90 859 155 652

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**ANNUAL FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025**

HEYFIELD HOSPITAL INCORPORATED
ANNUAL FINANCIAL STATEMENTS

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HEYFIELD HOSPITAL INCORPORATED

REPORT BY THE COMMITTEE

Your Committee present this report on the Heyfield Hospital Incorporated for the year ended 30 June 2025.

Committee Members

The names of each person who has been a Committee member during the period and to the date of this report are maintained in a register at the principal place of business of Heyfield Hospital Incorporated and can be reviewed upon written request to the Committee.

The Committee Members have been in office since the start of the financial period to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the Association during the financial year was that of acute hospital services and residential aged care services. No significant change in the nature of these activities occurred during the year.

Objectives

The short-term objective of the Association is to provide acute hospital services and residential aged care services.

The long-term objective is to have provide acute hospital services and residential aged care services.

Strategies for achieving the objectives

To achieve its stated objectives, the Association has adopted the following strategies:

- Heyfield Hospital Inc. Strategic Plan

Performance measures

The Association measures its performance through the use of both quantitative and qualitative benchmarks. The benchmarks will be used by the Committee to assess the financial sustainability of the Association and whether the Association's short-term and long-term objectives are being achieved.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under subdivision 60.40 of the *Australian Charities and Not-for-profits Commission Act 2012* is set out on page 3 of this financial statement.

Signed in accordance with a resolution of the Committee



Raelene Hanratty
Chair

Mary Manescu

Digitally signed by Mary
Manescu
Date: 2025.10.31 14:08:27
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Ionela "Mary" Manescu
Deputy Chair

Dated this 30th day of October 2025.

AUDITORS INDEPENDENCE DECLARATION UNDER SUBDIVISION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE BOARD OF HEYFIELD HOSPITAL INCORPORATED

As lead auditor of the financial report of Heyfield Hospital Incorporated for the financial year ended 30 June 2025, I declare that to the best of my knowledge and belief, there have been:

- (a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- (b) No contraventions of any applicable code of professional conduct in relation to the audit.

Crowe Audit Australia

CROWE AUDIT AUSTRALIA

G. Robertson

GORDON ROBERTSON

Partner

Date: 30th October 2025

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HEYFIELD HOSPITAL INCORPORATED

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2025

	<i>Note</i>	2025 \$	2024 \$
Revenue	3(a)	8,507,544	6,500,313
Capital Revenue	3(c)	28,000	437,000
Other Revenue	3(b)	767,803	774,047
Employee Expenses	4(a)	(6,844,504)	(5,495,328)
Supplies and Consumables	4(b)	(450,115)	(401,680)
Other Expenses	4(c)	(964,222)	(965,549)
Depreciation	4(d)	(374,970)	(314,865)
NET RESULT FOR THE YEAR		669,536	533,938
Other Comprehensive Income		-	3,997,604
COMPREHENSIVE RESULT FOR THE YEAR		669,536	4,531,542

This statement should be read in conjunction with the accompanying notes.

HEYFIELD HOSPITAL INCORPORATED

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2025

	<i>Note</i>	2025 \$	2024 \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	5	4,762,521	431,789
Receivables	6	757,777	773,406
Financial Assets	7	4,686,870	4,467,662
Total Current Assets		10,207,168	5,672,857
Non-Current Assets			
Property, Plant & Equipment	9	13,463,095	13,691,382
Total Non-Current Assets		13,463,095	13,691,382
TOTAL ASSETS		23,670,263	19,364,239
LIABILITIES			
Current Liabilities			
Payables	10	364,117	229,914
Bank Loan	11	20,174	45,819
Provisions	12	774,094	658,803
Refundable Deposits and Accommodation Bonds	8	7,560,627	4,321,667
Total Current Liabilities		8,719,011	5,256,203
Non-Current Liabilities			
Bank Loan	11	-	17,404
Provisions	12	269,832	78,748
Total Non-Current Liabilities		269,832	96,152
TOTAL LIABILITIES		8,988,843	5,352,355
NET ASSETS		14,681,420	14,011,884
EQUITY			
Asset Revaluation Reserve	13a	9,146,016	9,146,016
Accumulated Surplus	13b	5,535,404	4,865,868
TOTAL EQUITY	13c	14,681,420	14,011,884

This statement should be read in conjunction with the accompanying notes.

HEYFIELD HOSPITAL INCORPORATED

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

		Asset Revaluation Reserve	Accumulated Surplus	Total
	Note	\$	\$	\$
Balance as at 30 June 2023		5,148,412	4,331,930	9,480,342
Net result for the year	13	-	533,938	533,938
Other comprehensive income for the year	13	3,997,604	-	3,997,604
Balance as at 30 June 2024	13	9,146,016	4,865,868	14,011,884
Net result for the year	13	-	669,536	669,536
Balance as at 30 June 2025	13	9,146,016	5,535,404	14,681,420

This Statement should be read in conjunction with the accompanying notes

HEYFIELD HOSPITAL INCORPORATED

CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Grants from Government		6,615,255	4,878,976
Patient and Resident Fees Received		1,912,641	1,488,203
Capital Grants from Government		28,000	437,000
Donations and Bequests Received		6,380	5,150
Capital Donations		-	-
Interest Received		317,822	269,648
Interest Expense		7,597	(6,577)
GST (paid to) / received from ATO		(17,170)	15,980
Other Receipts		456,048	121,461
Employee Expenses Paid		(6,538,129)	(5,318,729)
Payments for Supplies and Consumables		(1,287,731)	(1,594,860)
NET CASH INFLOW FROM OPERATING ACTIVITIES	14	1,500,713	296,252
CASH FLOWS FROM INVESTING ACTIVITIES			
Redemption Financial Assets		(219,208)	1,733,137
Payments for Property Plant and Equipment		(146,685)	(1,499,625)
NET CASH INFLOW / (OUTFLOW) FROM INVESTING ACTIVITIES		(365,893)	233,512
CASH FLOWS FROM FINANCING ACTIVITIES			
Net Proceeds/(repayment) from residential accommodation deposits and ingoings		3,238,961	(348,986)
Repayment of Loans		(43,049)	(28,480)
NET CASH (OUTFLOW)/INFLOW FROM FINANCING ACTIVITIES		3,195,912	(377,466)
NET INCREASE/(DECREASE) IN CASH HELD		4,330,732	152,298
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		431,789	279,491
CASH AND CASH EQUIVALENTS AT END OF PERIOD	5	4,762,521	431,789

This Statement should be read in conjunction with the accompanying notes.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION

The accounting policies that are material to Heyfield Hospital Incorporated are set out below. The accounting policies adopted are consistent with those of the previous financial year, unless otherwise stated.

The financial statements are for Heyfield Hospital Incorporated as an individual entity, incorporated and domiciled in Australia. Heyfield Hospital Incorporated is a not-for-profit incorporated association.

Statement of Compliance

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards - Simplified Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board ('AASB'), the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012*.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial statement containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of this financial statement are presented below. They have been consistently applied unless otherwise stated.

Basis of Preparation

The financial statements, except the cash flow information, has been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities. Historical cost is generally based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

Material Accounting Policies

The material accounting policies set out below have been applied consistently to all periods presented in these financial statements, except as explained under changes in accounting policies.

(a) Income Tax

As the incorporated Association is a charitable institution in terms of subsection 50-5 of the *Income Tax Assessment Act 1997*, as amended, it is exempt from paying income tax.

(b) Receivables

Receivables are recognised and carried at original invoice amount. Collectability of debts is reviewed on an ongoing basis and debts which are known to be uncollectible are written off. An expected credit loss is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued

(c) Property, Plant and Equipment

Freehold land and buildings

Land and buildings are shown at fair value, based on periodic, at least every 3 - 5 years, valuations by external independent valuers, less subsequent depreciation and impairment for buildings. The valuations are undertaken more frequently if there is a material change in the fair value relative to the carrying amount.

Any accumulated depreciation at the date of revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset. Increases in the carrying amounts arising on revaluation of land and buildings are credited in other comprehensive income through to the revaluation surplus reserve in equity. Any revaluation decrements are initially taken in other comprehensive income through to the revaluation surplus reserve to the extent of any previous revaluation surplus of the same asset. Thereafter the decrements are taken to profit or loss.

Plant and equipment

Plant and equipment are brought to account at cost less, where applicable, any accumulated depreciation and impairment losses. Historical cost includes expenditure that is directly attributable to the acquisition of the assets.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

The carrying amount of plant and equipment is reviewed annually by the Committee to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the estimated replacement cost of the asset. The cost of plant and equipment constructed within the Association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Depreciation

The depreciable amount of all plant and equipment are depreciated over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation method and rates used for each class of depreciable asset are

Class of Plant and Equipment	Depreciation rates	Depreciation method
Buildings	2%	Straight line method
Plant, Vehicles and Furniture	10% - 100%	Straight line method
Furniture and Fittings	10% - 100%	Straight line method

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial performance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION**(c) Property, Plant and Equipment continued**

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained surplus.

(d) Impairment of non-financial assets

At each reporting date, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and replacement cost, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of profit or loss and other comprehensive income.

(e) Investments and other financial assets**Classification**

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss

Impairment of financial assets

The entity recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the entity's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION

(e) Investments and other financial assets continued

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

(f) Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to reporting date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

(g) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Provisions recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued

(h) Revenue Recognition

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the incorporated association is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the incorporated association: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Association satisfies the performance obligations stated within the funding agreements.

If conditions are attached to the grant which must be satisfied before the Association is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Interest

Interest revenue is recognised as interest accrues using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

All revenue is stated net of the amount of goods and services tax (GST).

(i) New, revised or amending Accounting Standards and Interpretations adopted

During the current year, the Association has adopted all of the new and revised Australian Accounting Standards and Interpretations applicable to its operations which became mandatory.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Association.

There are no new and revised accounting standards issued but not yet effective as at the date of signing of the financial statements which the Association has decided to early adopt.

(j) Standards and Interpretations affecting the reported results or financial position

There are no new and revised Standards and Interpretations adopted in these financial statements affecting the reporting results or financial position.

(k) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 1: MATERIAL ACCOUNTING POLICY INFORMATION continued

(l) Accommodation Bonds and Refundable Accommodation Deposits (RAD's)

Accommodation bonds and Refundable Accommodation Deposits are non-interest bearing deposits made by aged care facility residents to the entity upon their admission. The liability for accommodation bonds and refundable accommodation deposits is carried at the amounts that would be payable on exit of the resident. This is the amount received on entry of the resident less deduction for fees and retentions pursuant to the Aged Care Act 1997 and the Fees and Principles Act 2014 (No.2). Accommodation bonds are classified as current liabilities as the entity does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The obligation to settle could occur at any time.

(m) Economic dependence

Heyfield Hospital Inc. is dependent on the contributed financial support of the Government and in particular, the Department of Health and as at the date of signing the financial statements the Committee are not aware that funding will not continue.

NOTE 2: MATERIAL ACCOUNTING ESTIMATES AND JUDGEMENTS

The Committee evaluates estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Association.

Key Estimates

Impairment

The Association assesses impairment at each reporting date by evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

No impairment has been recognised in respect of property, plant and equipment at reporting date.

Employee benefits provision

As per Note 1(f), the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Estimation of useful lives of assets

The incorporated association determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 3: REVENUE

	2025	2024
	\$	\$
REVENUE AND INCOME FROM TRANSACTIONS		
(a) Revenue from contracts with Customers		
Care Subsidies and Supplements - Commonwealth	5,250,957	3,936,681
Resident Fees - Means Tested Care Fees	151,588	117,414
Accommodation Subsidies and Supplements - Commonwealth	707,855	533,476
Resident Accommodation Payments and Charges	173,746	100,918
Basic Daily Fee	1,120,599	882,501
Public Bed Contract Activity Fees	533,030	348,685
Government Grants	123,413	120,403
Patient Fees	446,356	460,235
Total revenue from contracts with customers	<u>8,507,544</u>	<u>6,500,313</u>
(b) Other Income		
Interest Income	317,822	269,648
Donations and Fundraising	6,380	5,150
Rental Income	74,300	75,826
Other income	369,301	423,423
Total Other Income	<u>767,803</u>	<u>774,047</u>
(c) Capital Income		
Capital Donations	-	-
Government Grants - Capital	28,000	437,000
	<u>28,000</u>	<u>437,000</u>
TOTAL REVENUE	<u><u>9,303,347</u></u>	<u><u>7,711,360</u></u>

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Total 2025 \$	Total 2024 \$
NOTE 4: EXPENDITURE		
(a) Employee Benefits		
Salaries and Wages	6,159,480	4,940,611
Workcover	132,566	118,164
Superannuation	552,458	436,553
	<u>6,844,504</u>	<u>5,495,328</u>
(b) Supplies and Consumables		
Medical and Surgical Supplies	72,266	52,359
Patient Expenses	11,973	20,171
Drug Supplies	10,768	9,194
Food Supplies	355,108	319,956
	<u>450,115</u>	<u>401,680</u>
(c) Other Expenses		
Domestic Services and Supplies	154,912	146,023
Fuel, Light, Power and Water	120,299	132,811
Repairs and Maintenance	102,792	117,794
Administration Expenses	506,864	472,170
Insurances	65,877	55,844
Audit Fee	21,075	34,330
Interest Expense	(7,597)	6,577
	<u>964,222</u>	<u>965,549</u>
(d) Depreciation		
Buildings	331,710	266,192
Plant and Equipment		
Plant	20,470	21,686
Medical	7,217	6,412
Non Medical	10,149	10,405
Motor Vehicles	1,830	2,000
Communications	-	3,567
Furniture and Fittings	3,594	4,603
	<u>374,970</u>	<u>314,865</u>
TOTAL EXPENDITURE	<u>8,633,811</u>	<u>7,177,422</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 5: CASH AND CASH EQUIVALENTS

Cash is represented by cash floats, cash book balances of bank accounts and short term deposits with banks.

This excludes Patient monies held in trust (refer Note 8)

These funds form part of the working capital of the Hospital

	Total 2025 \$	Total 2024 \$
Cash on Hand	900	900
Cash at Bank	4,761,621	430,889
	<u>4,762,521</u>	<u>431,789</u>

NOTE 6: RECEIVABLES

Current

Patient and Resident Fees	146,343	166,695
Other Debtors	243,938	351,560
Accrued Income	332,347	237,172
GST Receivable	39,414	22,244
TOTAL	<u>762,042</u>	<u>777,671</u>

Less Provision for Doubtful Debts

Patient and Resident Fees	(4,265)	(4,265)
TOTAL RECEIVABLES	<u>757,777</u>	<u>773,406</u>

Movement in the Allowance for doubtful debts

Balance at beginning of year	4,265	4,265
Amounts written off during the year	-	-
Increase in allowance recognised in profit or loss	-	-
Balance at end of year	<u>4,265</u>	<u>4,265</u>

NOTE 7: FINANCIAL ASSETS

Term Deposits	<u>4,686,870</u>	<u>4,467,662</u>
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Term deposits are classified as financial assets when the investment term is greater than three months in line with AASB 107 Cash Flow Statements.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	Total 2025 \$	Total 2024 \$
NOTE 8: REFUNDABLE DEPOSITS AND ACCOMMODATION BONDS		
Refundable Deposits and Accommodation Bonds		
Amounts due and payable	1,224,629	700,000
Amounts payable within 12 months (Est)	1,421,398	812,473
Amounts payable after 12 months (Est)	4,914,600	2,809,194
Resident Monies received and amounts owing	<u>7,560,627</u>	<u>4,321,667</u>

This consists of the balance due to residents from Ingoings and Accommodation Bonds and Refundable Accommodation Deposits paid at time of entry, less retentions to date.

Represented by the following restricted assets

Term Deposits	4,686,870	4,321,667
TOTAL	<u>4,686,870</u>	<u>4,321,667</u>

Heyfield Hospital Inc Board is confident that that they will be able to meet resident trust commitments when they arise.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 9: PROPERTY, PLANT AND EQUIPMENT

	2025	2024
	\$	\$
Land		
Freehold Land at Valuation	925,000	925,000
Total Land	925,000	925,000
Buildings		
Works in Progress	1,458,494	1,324,599
Buildings at Cost	473,463	473,463
Less Accumulated Depreciation	(7,606)	(1,578)
	1,924,351	1,796,484
Buildings at Valuation	10,530,000	10,530,000
Less Accumulated Depreciation	(325,683)	-
Total Buildings	12,128,668	12,326,484
Plant and Equipment at Cost		
-Plant	456,218	443,428
Less Accumulated Depreciation	(184,198)	(163,727)
-Major Medical	258,552	258,552
Less Accumulated Depreciation	(219,436)	(212,219)
-Computers and Communications	132,391	132,391
Less Accumulated Depreciation	(132,391)	(132,391)
-Vehicles	20,000	20,000
Less Accumulated Depreciation	(16,499)	(14,668)
-Other Equipment	231,386	231,386
Less Accumulated Depreciation	(163,013)	(152,864)
Total Plant and Equipment	383,011	409,888
Furniture and Fittings at Cost	186,912	186,912
Less Accumulated Depreciation	(160,495)	(156,902)
Total Furniture and Fittings	26,416	30,010
Total Property, Plant and Equipment	13,463,095	13,691,382

	Land	Buildings	Plant and Equipment	Furniture and Fittings	Total
	\$	\$	\$	\$	\$
Balance as at 30 June 2023	375,000	7,720,035	379,369	34,613	8,509,017
Additions	-	1,425,037	74,588	-	1,499,625
Depreciation (refer Note 4d)	-	(266,192)	(44,070)	(4,603)	(314,865)
Revaluation	550,000	3,447,604	-	-	3,997,604
Balance as at 30 June 2024	925,000	12,326,484	409,888	30,010	13,691,381
Additions	-	133,895	12,790	-	146,685
Depreciation (refer Note 4d)	-	(331,710)	(39,666)	(3,594)	(374,970)
Balance as at 30 June 2025	925,000	12,128,668	383,011	26,416	13,463,095

Revaluation of land and buildings

Land and buildings were revalued by Gippsland Property Valuations. The valuation, which conforms to Australian valuation standards, was determined by reference to the basis of the value of the land and site improvements together with an assessment of the "highest and best use" of the land and the structural improvements on the land. The effective date of the valuation is at 30 June 2024.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 10: PAYABLES	2025	2024
	\$	\$
Current		
Trade Creditors	226,518	7,624
Accrued Expenses	137,599	222,290
Income in Advance	-	-
TOTAL	364,117	229,914

NOTE 11: BORROWINGS

Current		
Bank Loan	20,174	45,819
Total Current Borrowings	20,174	45,819
Non-Current		
Bank Loan	-	17,404
Total Non-Current Borrowings	-	17,404
TOTAL BORROWINGS	20,174	63,223

Assets pledged as security

The secured bank loan obtained in 2021 is secured over land and buildings and has a carrying amount of \$20,174. The loan is due to mature on 5th January 2026, and interest of 3.09% is paid.

NOTE 12: EMPLOYEE PROVISIONS

Current		
Long Service Leave	166,370	216,847
Accrued Wages and Salaries	152,309	93,952
Annual Leave	452,284	344,970
Accrued Days Off	3,131	3,034
Total Current Provisions	774,094	658,803
Non-Current		
Long Service Leave	269,832	78,748
Total Non-Current Provisions	269,832	78,748
TOTAL PROVISIONS	1,043,926	737,551

The following assumptions were adopted in measuring present value:

Wage Inflation Rate	4.25%	4.45%
On-Cost Factor	16.558%	11.25%

(a) Provision for Employee Entitlements

A provision has been recognised for employee entitlements relating to annual and long service leave for employees. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been included in Note 1(f).

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

	2025	2024
	\$	\$
NOTE 13: RESERVES		
(a) Asset Revaluation Reserve		
Land		
Balance at the beginning of the reporting period	850,000	300,000
Revaluation Increments	-	550,000
Balance at the end of the reporting period	<u>850,000</u>	<u>850,000</u>
Building		
Balance at the beginning of the reporting period	8,296,016	4,848,412
Revaluation Increments	-	3,447,604
Balance at the end of the reporting period	<u>8,296,016</u>	<u>8,296,016</u>
Balance Asset Revaluation Reserve at the end of the reporting period	<u>9,146,016</u>	<u>9,146,016</u>
Total Reserves at the end of the reporting period	<u>9,146,016</u>	<u>9,146,016</u>
(b) Accumulated Surpluses		
Balance at the beginning of the reporting period	4,865,868	4,331,930
Net Result for the Year	669,536	533,938
Balance at the end of the reporting period	<u>5,535,404</u>	<u>4,865,868</u>
(c) Equity		
Total Equity at the Beginning of the reporting period	14,011,884	9,480,342
Total Changes in Equity Recognised in the Comprehensive Operating	669,536	533,938
Revaluation Increments	-	3,997,604
Total Equity at the reporting date	<u>14,681,420</u>	<u>14,011,884</u>
NOTE 14: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH INFLOW FROM OPERATING ACTIVITIES		
Net Result for the Year	669,536	533,938
NON CASH MOVEMENTS		
Depreciation	374,970	314,865
Provision for Doubtful Debts	-	-
Change in Operating Assets and Liabilities		
Decrease / (Increase) in Receivables	15,629	(434,670)
Increase in Employee Benefits	306,375	176,599
Increase / (Decrease) in Payables	134,203	(294,480)
NET CASH INFLOW FROM OPERATING ACTIVITIES	<u>1,500,713</u>	<u>296,252</u>

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 15: SEGMENT REPORTING

	Hospital		Residential Aged Care		Total	
	2025	2024	2025	2024	2025	2024
	\$	\$	\$	\$	\$	\$
Segment Revenue	1,102,799	929,323	8,200,548	6,782,037	9,303,347	7,711,360
Total Revenue	1,102,799	929,323	8,200,548	6,782,037	9,303,347	7,711,360
Segment Expense	991,061	823,507	7,267,780	6,039,050	8,258,841	6,862,557
Depreciation and Amortisation	56,246	47,230	318,724	267,635	374,970	314,865
Total Expense	1,047,307	870,737	7,586,504	6,306,685	8,633,811	7,177,422
Net Result for Year	55,492	58,586	614,044	475,352	669,536	533,938
Segment Assets	2,840,432	2,323,709	20,829,831	17,040,530	23,670,263	19,364,239
Total Assets	2,840,432	2,323,709	20,829,831	17,040,530	23,670,263	19,364,239
Segment Liabilities	1,348,326	802,853	7,640,517	4,549,502	8,988,843	5,352,355
Total Liabilities	1,348,326	802,853	7,640,517	4,549,502	8,988,843	5,352,355
Net Assets	1,492,106	1,520,856	13,189,314	12,491,028	14,681,420	14,011,884

The major products/services from which the above segments derive revenue are:

Business Segments
Heyfield Hospital
Laurina Lodge Aged Care

Services
Patient Services
Aged Care Services

Geographical Segment

Heyfield Hospital operates in East Gippsland, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in East Gippsland, Victoria.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 16: FINANCIAL RISK MANAGEMENT

Financial Risk Management Policies

The Association's financial instruments consist mainly of deposits with banks, short-term deposits and accounts receivable and payable.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2025	2024
	\$	\$
Financial Assets		
Cash and cash equivalents	4,762,521	431,789
Loans and Receivables	722,628	755,427
Loans and Receivables - Term Deposits	4,686,870	4,467,662
Total Financial Assets	<u>10,172,019</u>	<u>5,654,878</u>
Financial Liabilities		
Payables at amortised cost	364,117	229,914
Borrowings	20,174	63,223
Monies held in Trust at amortised cost	7,560,627	4,321,667
Total Financial Liabilities	<u>7,944,918</u>	<u>4,614,804</u>

HEYFIELD HOSPITAL INCORPORATED**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025**

NOTE 17: COMMITMENTS

There are no known operating or capital commitments at reporting date. (2024 \$0).

NOTE 18: CONTINGENT LIABILITIES and CONTINGENT ASSETS

There are no known contingent liabilities or contingent assets at reporting date. (2024 \$0)

NOTE 19: RESPONSIBLE PERSON RELATED DISCLOSURES**(a) Responsible Persons**

Members of the Committee of the Hospital during the year were:

	Period from	Period to
Raelene Hanratty (Chair)	Jul-24	Jun-25
Ann Wootton	Jul-24	Jun-25
John Sunderman	Jul-24	Jun-25
Peter Skeels	Jul-24	Jun-25
Sarah Christian	Jul-24	Jun-25
Elizabeth "Liz" Driffield	Jul-24	Jun-25
Glen Williamson	Jul-24	Jun-25
David Graham	Jul-24	Jun-25
Ionela "Mary" Manescu (Vice Chair)	Jul-24	Jun-25

The Accountable Officer is Mark Dykgraaf, Chief Executive Officer - Central Gippsland Health Service.

(b) Remuneration of Responsible Persons

The Members of the Committee do not receive any remuneration in their capacity as board members. The remuneration of the Accountable Officer is the responsibility of Central Gippsland Health Service.

(c) Retirement Benefits Of Responsible Persons

No retirement benefits were paid in connection with the retirement of Responsible Persons of the Hospital.

HEYFIELD HOSPITAL INCORPORATED

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

NOTE 20: EVENTS OCCURRING AFTER REPORTING DATE

There were no events occurring after the balance date that would substantially affect the operation of the facility.

NOTE 21: RELATED PARTY TRANSACTIONS

Related parties include close family members of key management personnel (KMP) and entities that are controlled or jointly controlled by those KMP individually or collectively with their close family members. Transactions with related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

During the year, Dr Sarah Christian was a member of the Board. She is also a doctor with professional dealings with Heyfield Hospital Inc and earns an income through this, \$39,225 (2024 : \$36,796). Dr Christian is a shareholder in the Heyfield Medical Centre, Heyfield Hospital Inc rents the medical centre facility rooms to the Heyfield Medical Centre. Heyfield Hospital receives rental income from this transaction, \$38,295 was earned in 2025 (2024: \$336,892)

NOTE 22: KEY MANAGEMENT PERSONNEL COMPENSATION

Any person(s) having authority or responsibility for planning and controlling the activities of the Association, directly or indirectly, including any committee member (whether executive or otherwise) of that entity is considered key management personnel (KMP).

There was no compensation to KMP.

HEYFIELD HOSPITAL INCORPORATED

STATEMENT BY THE MEMBERS OF THE COMMITTEE

In accordance with a resolution by the members of the Committee of Heyfield Hospital Incorporated, the members of the Committee of the Association declare that:

1. The financial statements and notes, as set out on pages 3 to 26, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
 - a. Comply with Australian Accounting Standards Simplified Disclosure Requirements; and
 - b. Give a true and fair view of the financial position of the Association as at 30 June 2025 and of its performance for the financial year ended on that date; and
2. There are reasonable grounds to believe that the Association will be able to pay its debts as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2022* :



Raelene Hanratty
Chair

Mary Manescu

Digitally signed by Mary
Manescu
Date: 2025.10.31 14:42:02
+11'00'

Ionela "Mary" Manescu
Deputy Chair

Dated this 30th day of October 2025.

Independent Auditor's Report to the Members of Heyfield Hospital Incorporated

Opinion

We have audited the financial report of Heyfield Hospital Incorporated (the Association), which comprises the statement of financial position as at 30 June 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material accounting policies, and the statement by the committee of management.

In our opinion, the accompanying financial report of Heyfield Hospital Incorporated has been prepared in accordance with the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the Association's financial position as at 30 June 2025 and of its financial performance and cash flows for the year then ended; and
- (b) complying with Australian Accounting Standards – Simplified Disclosure Requirements, the *Associations Incorporation Reform Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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Other Information

The committee of management is responsible for the other information. The other information comprises the information included in the Association's Report by the Committee for the year ended 30 June 2025 but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report, or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Committee of Management for the Financial Report

The committee of management of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosure Requirements, the *Associations Incorporation Reform Act 2012* and the ACNC Act and for such internal control as the committee of management determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee of management is responsible for assessing the ability of the Association to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee of management either intends to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

The committee of management is responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, the auditor exercises professional judgement and maintains professional scepticism throughout the audit. The auditor also:

- Identifies and assesses the risks of material misstatement of the financial report, whether due to fraud or error, designs and performs audit procedures responsive to those risks, and obtains audit evidence that is sufficient and appropriate to provide a basis for the auditor's opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtains an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

- Evaluates the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Concludes on the appropriateness of those charged with governance's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If the auditor concludes that a material uncertainty exists, the auditor is required to draw attention in the auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify the auditor's opinion. The auditor's conclusions are based on the audit evidence obtained up to the date of the auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluates the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

The auditor communicates with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that the auditor identifies during the audit.

Crowe Audit Australia

CROWE AUDIT AUSTRALIA

G. Robertson

GORDON ROBERTSON

Partner

Dated at Warragul this 31st day of October 2025

Contact us

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