



*Annual Report to the Members  
of the Corporation  
2019- 2020*

*Your History.....*

*Your Legacy.....*

*Your Bethania.....*

## MISSION STATEMENT

*Bethania, a Mennonite Organization, provides compassionate, outstanding long term care and affordable housing for seniors*

## VISION STATEMENT

*The Bethania Group is recognized for excellence in faith based personal care services and housing for seniors*

## OUR VALUES

1. **Respect** for individual rights
2. **Dignity and support** of Residents self- worth
3. **Integrity** of staff
4. **Hope** in faith

## OUR STRATEGIC PRIORITIES 2019- 2021

### Our Residents

- Strategy 1: Enhance Resident Centred Quality Care

### Our Community

- Strategy 2: Engage our Supportive Communities
- Strategy 3: Increase our Fundraising Effectiveness

### Our Staff

- Strategy 4: Cultivate a Highly Qualified, Compassionate and Innovative Workforce

### Our Organization

- Strategy 5: Secure the Financial Sustainability of our Programs and Operations
- Strategy 6: Identify New Business Opportunities in Personal Care and Affordable Housing

## MESSAGE FROM THE BETHANIA GROUP BOARD CHAIR

So do not fear, for I am with **you**; do not be dismayed, for I am your God. I **will** strengthen **you** and help **you**; I **will** uphold **you** with my righteous right hand. Isaiah 41:10

This, not only can be, but is a daunting task. The needs seem to be endless. Therefore to prevent discouragement and exhaustion we must focus on the people we do help. I'm reminded of the story of the boy who was spotted throwing stranded starfish back into the sea after a storm. When challenged as to the wisdom of his futile efforts, he tossed another one back into the water and replied, "It made a difference to that one."

What has Bethania Group done for seniors in 2019-2020?

March 20, 2019 - The Bethania Group Board approved the purchase of Arlington House from the Manitoba Government. While the price was reasonable, the task of renovating and refurbishing was huge. Our staff rose to the occasion and so we are now the proud owners of an excellent 116 suite facility complete with a new kitchen and rebuilt balconies.

At that same meeting the Board also approved the motion, "that the Bethania Group Board ratify their prior approval for the sponsor management of Fred Tipping Place and 529 Country Club Blvd. as described in the Sponsor Management Agreement and endorsed by our legal counsel." This expanded our independent living suites by 205 units in F.T.P. and 107 units at C.C.B. This, more than doubled our capacity for rent-geared-to-income housing.

The question we have had to ask ourselves is, “Why are we doing this?”

Here are some numbers for your consideration, numbers that you can find by looking through the financial statements we’ve provided for you today.

The answer is simple. We are making life more affordable for the seniors among us.

<b>30% RGI properties</b>	<b>Total Suites</b>	<b>2019-20 Rent collected</b>	<b>Paid Avg./mon</b>	<b>Mkt. val/ mo. est. \$750</b>	<b>Monthly discount</b>
Bethania Haus	54	411,170	\$635	\$750	\$115
285 Pembina	116	427,409	\$307	\$750	\$443
Arlington Haus	116	625,932	\$450	\$750	\$300
Fred Tipping Pl.	205	884,569	\$360	\$750	\$390
529 Country Club Blvd	107	464,792	\$362	\$750	\$388
TOTAL	598	\$2,813,872	\$392	\$750	\$358
<b>Personal Care Homes</b>	<b>Total Suites</b>	<b>2019-20 Rent collected</b>	<b>Avg./mon</b>	<b>Actual operating cost</b>	<b>Monthly discount</b>
Bethania PCH	148	3,011,635	\$1,696	\$6,009	\$4,313
Pembina Place PCH	57	1,298,049	\$1,898	\$6,273	\$4,375
TOTAL	205				
Assisted Living Services					
TOTAL	143				
TOTAL units* of care	946				

\* some units contain a husband and wife. Therefore the number of people benefiting exceeds 946.

The savings for our seniors are in the millions and have been made possible mainly through government subsidies and through donations for special projects and for Spiritual Care.

We thank our staff and our government and our private donors for having made this possible.

In the last quarter we, like everyone else in the world, were faced with the threat of the Covid19 Pandemic.

We are grateful to our staff who acted as our first line of defence. By their diligence and planning and by their quick reaction to the threat our elderly have been kept safe to date. We pray that God will continue to shower us with his mercy as we work to keep the pandemic at bay.

The Board too has had to adapt. All meetings from April through Sept were conducted via WebEx. We miss the regular appearances at Bethania but the

Staff have done a wonderful job of keeping us informed.

One down side to all of this is that we were planning to celebrate our 75<sup>th</sup> Anniversary this year with our annual fundraiser in September. This has been postponed to 2021. Second, we miss the many volunteers who had to be turned away during our shut-down. Third, donations have been slow in coming for our Spiritual Care Program, which now is more important than ever. We ask that you keep

Bethania Group in mind as you plan your annual tithe. May God bless you as you offer your support in this work.

So, as we reflect on our Mission Statement, and ask ourselves whether or not we are living up to our mandate, the answer has to be a resounding "Yes!".

On behalf of the Board I thank you for letting us be a part of this service.  
God Bless.



Henry Neudorf – Board Chair

### **MESSAGE FROM THE CHIEF EXECUTIVE OFFICER**

Without question, this past year has been the most challenging in the 75 year history of Bethania.

For the period of October/19 to January/20, it was business as usual. Then in February, it was becoming clear there was a severe respiratory illness that was developing into a true pandemic. By the beginning of March, COVID 19, as it became labelled, surfaced in Manitoba and completely changed the priorities and nature of our work, perhaps for years to come. Since that time, my senior staff and managers have spent 95% of our energy and time in addressing the ever-changing demands of preventing COVID 19 from entering our PCHs and also protecting our tenants in our seniors housing facilities.

By virtue of its importance, this brief annual report will focus primarily on our ongoing response across the Bethania Group organization to the COVID 19 threat to the health of our residents, tenants and staff.

As CEO, I am blessed and forever grateful that we have extraordinary Senior Director and Nursing Leadership teams who have worked tirelessly day and night over the past 7 months despite their own anxieties and the toll it has taken on their personal life,

and for all our dedicated managers and staff, to deal with this insidious virus. Our Board members have also provided critical advice and unwavering support for our staff and myself as we journey through this unprecedented time. We also recognize and thank the many, many families who have sent emails and made calls to thank us for our resident care and our efforts to keep their loved ones safe.

Please join us in asking for God's Blessing and to watch over our Residents and their Families, our Tenants, our Board, our Staff, our Membership, and our supportive Churches. Keep us in your prayers.



Gary J. Ledoux - Chief Executive Officer

## **2019-2020 ANNUAL REPORT HIGHLIGHTS**

(October 2019 – September 2020)

### **Governance and Executive Management**

- The Service Purchase Agreement negotiation process with WRHA on the Schedules for Accountability, Funding, etc., was delayed starting in September and then suspended when COVID emerged. It is assumed they will restart in late winter or early spring 2021.
- The MARCHE CEOs *Financial Pressures and Deficits Report* was submitted to the Health Minister, in November/19 however, a discussion about the report was not held until August/20. It is unknown when the Minister will formally respond to the recommendations about increased and sustainable funding.
- MARCHE has also met with the Minister early fall to request that COVID 19 related costs for the PCHs be reimbursed. These costs have been tracked as of March/20. As of August, the collective deficit was over a million dollars. We have since received a positive response and are awaiting a decision on what costs will be accepted and how funding will flow.
- Since March, our Directors and Nursing Leadership teams have been in a constant state of planning, implementing, assessing and revising Infection Prevention and Control measures for the PCHs and for the EPHs. We have worked closely with WRHA Long Term Care to ensure we follow the Public Health best practices and are meeting the directions set forth by Shared Health and Public Health. Some of the key developments included:
  - Moving to a Single Site employer for PCH staff, meaning staff can only work at one PCH. This caused some gaps in our workforce level as we lost many casuals who worked higher FTEs at other PCHs. The reporting burden for this initiative is enormous and our Director of HR and other senior staff worked many nights and weekends to meet the deadlines. We have also experienced a slightly higher sick leave rate as staff grapple with family needs and their own health concerns.
  - A significant demand for Directors, Nurse Leaders and other managers to take on the staff-screening role added to the growing fatigue among us. Screening starts at 5:30 am and continues until 11:00 pm. Fortunately we were able to hire students in the summer to take on most of the screening slots and we hope funds will come from the province to pay for the new staff hired for screening in September. The critical importance of staff screening is demonstrated by the outbreaks at the various PCHs in Manitoba-all were traced to a staff member. We have also been screening and educating family visitors for the indoor and in room visits to detect any possible infections before entry.
  - Many hours were and are being spent in daily or weekly meetings with WRHA and internally with various Management and Nursing Leadership teams. Revised practices, emerging issues and a shifting pandemic infection rate and threat level require quick responses and agile adaptations. At times, managers were working close to 24/7 to meet new practices and public health or Ministerial decisions sometimes announced without prior consultation or notice (e.g. start date of in door visiting) requiring rapid implementation.
  - Managing the family visiting shut down in March and then planning and implementing the virtual, indoor, outdoor and in room visitation process took hundreds of hours by managers and staff. Much of the burden for the visit themselves fell to Recreation staff while the planning and execution to the Director of Recreation, Senior Administrative Coordinator and other managers. Having to first bar families from on site visiting in March until June, having restricted visiting hours for indoor and outdoor spaces and finally limiting family members for in room visiting has been one of the most stressful aspect of the pandemic on managers and staff. We were acutely aware of and equally concerned about the negative effects on the wellbeing of our residents when in person family visits were suspended and then limited. The vast majority of families understood and while disappointed, were supportive of these preventive measures imposed by Public Health. However, we must report that a small

number of people were very critical of any restrictions and/or ignored the guidelines for safe visiting precautions.

- A great of time and effort also went into communications activities to ensure families, residents and other stakeholders were kept up to date on the pandemic and our response activities and initiatives. This included creating letters and announcements for website and mail out, developing guidelines for various visit opportunities, calling all families at both PCHs, providing families with handout updates at point of entry, reassuring residents and explaining PPE use, etc. Other key COVID activities and projects will be noted in the next sections of the report.
- It should also be mentioned that despite the substantial drain on our time caused by COVID, we also had to maintain our usual personal care, cleaning, food services, maintenance work, administration, finance, rec programming and human resource activities to the best of our capabilities since March. In addition, despite the pandemic the province went ahead with modified Manitoba Health PCH Standards Reviews on July 14, 2020 at Bethania and on August 28, 2020 at Pembina Place. Both visits went very well. We did not receive any further corrective action for Bethania as per the report. We will receive Pembina Place report within 60 days of the visit.
- We were very excited about the upcoming 75<sup>th</sup> Anniversary of Bethania Mennonite Personal Care Home in 2020 including a “Homecoming” evening in June and a Gala Celebration and Fund Raising evening in September 2020. We had to cancel the Homecoming and first delayed the Gala to November/20. At present, we have further delayed the Gala to September 2021. The Gala would have been our major fundraising event this year so we must do a special appeal in late October for donations to keep our Spiritual Care staff and programs going. We hope our membership and other donors will give generously to this appeal.

- Bethania wants to acknowledge and thank the Winnipeg Foundation, the United Way (federal government Emergency Community Support fund) the Manitoba Summer Student Recovery Jobs Program, the federal Canada Summer Jobs program and the Manitoba Back to Work program for providing financial support to allow us to hire students and temporary staff to assist us in our Covid activities.
- We also wish to recognize the expert advice and constant support of Hana Forbes and her staff at the Long Term Care Program, WRHA and for the ongoing support of our MARCHE PCH colleagues.

#### **BETHANIA MENNONITE PCH & PEMBINA PLACE MENNONITE PCH**

##### **Chronology**

- On March 16 following Public Health Orders, we suspended all family and other visits and restricted access by non-essential staff/contractors. As soon as supplies were provided, all staff began to use PPE and staff screening was carried out at the start of each work shift by Directors and managers.
- Planning also began for new IPC measures and to develop a COVID outbreak protocol. Daily conference calls were initiated by LTC WRHA with all PCH CEOs to provide updates and to work on common objectives and procedures. Regular senior staff, manager, Building Managers and Nurse Leader meetings also began.
- Virtual visits by Facebook and Google Duo were launched to provide at least some form of family connections with residents during the lock down. We also began regular communication with families via our website and to encourage contact with Nursing staff for health status updates on loved ones. Window visits were also implemented by appointment.
- At this time in respect to best practices in April, we also implemented a system to hold presents, supplies and other family provided materials to Residents for 72 hours.
- Outdoor visits were approved by Shared Health in late May and became very popular

and in July, we were allowed to have in door visits by families in the TeaHaus at Bethania and Friendship Room at Pembina Place.

- In late spring, Shared Health directed that staff could only work at one PCH, which led to an enormous amount of work to determine which staff would remain with us and those who would not. This affected our casual pool of HCAs in the main and was exacerbated by sick leave increases.
- In August, the province decided that in room visits could be allowed but that only two Designated Family Caregivers could participate. After our own risk assessment and in light of the number of large families who were regular caregivers, we allowed four persons to be DFCs.
- Unfortunately, over the late summer and early fall, COVID outbreaks began in first rural and then urban PCHs. On September 29, Public Health declared Winnipeg an Orange level pandemic zone and instructed PCHs to stop in door visits and to only allow one designated visitor at a time, now with only 2 DFC's on the list. It is unknown at this time when the threat level will be reduced.
- The Minister of Health promoted the development and funding of outdoor winter shelters for visiting and the renovation of indoor areas to meet IPC standards. Both Bethania and Pembina Place are ongoing these renovations to our existing in door visiting areas, with completion dates by end of October. With these changes, we may be able to reopen in door visits despite being at the Orange Level.

#### **Physician Services Changes**

- On April 3, following the Shared health Manitoba guidelines, we implemented the "one only" clinician to attend in house each week, with a schedule developed to rotate this between our four physicians. They continued to do weekly telephone rounds with the nurses on their residents and would recommend if a specific resident required an in-house visit from the onsite physician.
- In May and until August, we had a physician in twice a week and they continued to do weekly telephone rounds.
- In September our four Doctors returned to the regular in house weekly visits.

#### **Infection Prevention and Control**

- Infection Prevention and Control/Outbreak Management education is offered routinely since the onset of the pandemic and includes Routine Practices, Hand Hygiene, Point of Care Risk Assessment, Outbreak Management and PPE using a variety of presentation formats to allow for physical distancing and to increase accessibility.
- Education is delivered via informal unit huddles, through small group lecture format sessions that are scheduled over multiple time slots, staff meetings, online self-learning training modules and through pre-recorded PowerPoint presentations that are saved to the Bethania Group Shared drive.
- Audits are completed to ensure compliance with new procedures and protocols. Hand Hygiene, equipment cleaning, and PPE compliance
- In September, we completed the WRHA Outbreak Implementation Plan, which details COVID case response protocols for every department in the PCH.
- Infection control education and procedures have been compiled into a resource binder at each nursing station.
- Compliance and learning is monitored via knowledge check quizzes, PPE return demonstrations, PPE use audits and through informal learning opportunities that arise on the unit.
- A huge challenge is the volume and pace of information being circulated/updated through Shared Health resulting in multiple 'roll out' attempts for a single topic. At times, the revised information contradicted what was previously circulated, which proved to be confusing for staff and labour intensive for educators.
- Education modules are posted on the Bethania Group staff only webpage, shared drive and the Bethania Staff YouTube channel.

#### **Enhancing Staff Communication**

- General Staff meetings have been held monthly to ensure all staff were informed of Infection control procedures and protocols and to provide information and guidance if a resident is tested positive for COVID-19.

- Ongoing Nursing huddles are also held to ensure nurses are updated on all new IPC procedures.
- We also communicate with Staff using our website, using Poster boards in the lunch and staff rooms, posting memos and updates in entrance areas and preparing handout memos and guidelines at points of entry.
- Covid-19 outbreak management binder was developed for all departments to ensure they are aware of new protocols and procedures. Quick reference
- Staff are also encouraged and reminded to go to the shared health site for all updated information on COVID-19

### **Concerns / Complaints**

- We have had an increase in complaints since the implementation of Covid-19 procedures and protocols. Complaints have been made to the Health Minister's office, WRHA Client Relations, directly to CEO or Director of Care via letter, email and phone.
- As noted, earlier the majority of complaints related to the visiting shut down and more recently about restrictions on the number of visitors. We have tried to respond to these concerns with compassion and understanding as we know family and residents are missing and longing for each other. We have also done our best to console our residents and provide emotional and spiritual support as these limits are in place.

### **Spiritual Care**

- Spiritual Care services are being provided in some unique ways during this crisis:
  - 1:1 visits are provided by chaplains to help residents adapt to the absence or limitations of family visits.
  - Sacrament of the Sick provided by Catholic Priest for Residents on End of Life care follow COVID-19 protocols
  - Outdoor Pastoral care visits
  - Small Group devotionals on units and in Chapel maintaining social distancing
  - Message of Faith and Hope from Director of Spiritual Care on Bethania Group website

- Assisting with Family visits and keeping in touch with family members about Spiritual concerns of residents
- Facilitating the viewing of community Church services for residents via Livestream
- Virtual WEBEX Memorial Services are provided with consent for Residents who passed away to offer bereavement support to their families and our staff

### **Resident and Family Councils**

- The Resident & Family Council meetings at Bethania and Pembina Place were altered as families are not able to attend. Meetings were held practicing physical distancing and group size was limited. Other members who were not able to attend due to restrictions were asked if there were any concerns they would like addressed.
- Alternative methods of expressing/discussing concerns or issues have been offered to residents and their representatives, such as Ongoing dialogue with Residents regarding care issues, "Touch base" calls to all families providing opportunity for family to ask questions, be informed of occurrences within the home.
- Video conferencing and visitations also provided many opportunities for family representatives to ask questions, care issues forwarded to nursing.

### **Bethania and Pembina Place Therapeutic Recreation Services & Volunteer Services:**

- As noted Recreation set up video chats with family members including many from out of country using FaceTime, Google duo, Phone visits, and Video messenger.
- Recreation was also the lead to facilitate visits for Residents with their families through windows visits and the outdoor and indoor visits. Some family rely on the staff to assist them in engaging the resident in conversation.
- Recreation staff also read correspondence from families and held news updates with small groups, to talk about all the changes that are occurring, directives from government/public health but also to share positive inspirational stories and even some humor.
- We posted a "joke of the day and quote of the day" , staff inspirational messages and a

“Thank you” sign from families thanking all the staff during this time

- Recreation programming was impacted greatly by the pandemic. All group programs were suspended on March 13; recreation staff provided one to one programming, similar protocols in place as influenza outbreak. Recreation’s role in facilitating virtual and window visits from family and friends took on a primary role of the therapeutic recreation staff resulting in limited programs. Once additional staff hired, recreation was then able to provide recreation programs. In addition to visitor restrictions, restricting Volunteers affected services to celebrate milestones or life events together.
- We did some creative programming for residents to recognize and celebrate i.e. Father’s Day Car Show, Mother’s Day Spa, and a Canada Day cart with music and refreshments. Residents enjoyed the programming but did miss sharing these special days with their family.
- COVID Protocols were followed so that group size was no more than 10 residents in the program at one time practicing social distancing, sanitizing equipment after use; implementations of Drop- In type programming spread over a duration of time rather than the usual one-hour program with several attendees and less transporting of residents to common areas and an increase of smaller group on the wings.

#### **Food Services**

- Food Services implemented various changes to comply with Covid19 guidelines relative to meal service such as adding tables and changed our seating plans to accommodate residents being 6 feet apart in all dining areas and staff wearing masks and eye shields when serving residents.
- There was a small impact on procurement of food at the beginning when we first started dealing with COVID; these problems were fixed relatively quickly. For items that were not available, there were often substitutes even though they may have cost more.

#### **Housekeeping/Laundry**

- Housekeeping procedures have been enhanced with ensuring that handrails and other high touch areas (door knobs, light

switches etc.) are cleaned more thoroughly with accel or oxivir at minimum once/day; staff common areas have been enhanced with accel wipes; meeting rooms with extra hand sanitizer and Locker rooms with added cleaning scheduled.

#### **Human Resources**

- April 6, 2020 we implemented a day, evening and night extra shift for Nurses and HCA’s at both PCHs. These were “COVID-19” shifts recognizing that if we did have a Covid case or staff became ill there were extra staff to cover the open shifts. The Covid -19 shifts were not always covered every day as we averaged one sick call each shift. These extra shifts also assisted us with the anticipated vacation time already planned.
- Absenteeism has increased for symptomatic staff that require testing, waiting for results and isolation periods.
- The Single Site directive has affected us greatly in many ways as we lost 11 Casual staff members at Pembina and 21 at Bethania
- Our Part Time Rehab Specialist from Bethania was also reallocated to Pembina Place to ensure coverage at Pembina and seven Part Time & Full Time Health Care Aides were assigned to Pembina Place from Bethania.
- Both Nurses and HCA’s have been working several hours of overtime from both volunteering and being mandated to work where shifts must be covered and some staff are overwhelmed with stress and very tired from extra shifts, mandated overtime, etc.
- Additional measures have been put in place to support staff who are experiencing increased workload and/or stress and EAP is regularly promoted, discussed, and very encouraged. We have managed to honour planned vacation time even when short staffed.
- Keeping staff morale up has been important. We have held appreciation BBQs, had Popcorn days, Popsicles were provided for the month of August to all staff, Words of Inspiration and Hope posted on the units, ice cream cones for all staff and “Taste of Harvest” corn on the cob for residents and

staff – Sept 4<sup>th</sup> at Bethania, Sept 23<sup>rd</sup> at Pembina Place.

#### **Bethania Mennonite Memorial Foundation**

- As noted by the Board Chair, the Bethania Mennonite Memorial Foundation continues experience diminishing levels of spiritual care donations. We are very grateful to our families and residents who have named Bethania Spiritual Care for charitable donations in their memorial, and to all other supporters who donated during the year.
- 2019 has been one of the more successful periods for fundraising and we did raise enough donations to cover the cost of the Spiritual Care program due to two large bequests that were received, however since March donations have decreased substantially to the point we will not be able to cover Spiritual Care costs in 20-21.
- As noted, we had to cancel our 75<sup>th</sup> Anniversary Gala Fundraising dinner and all other fundraising events such as the Spring Tea, Spring Appeal, and Dankfest. We are counting on the generosity of our community to donate in larger amounts for the Christmas Appeal campaign to begin in late October.

#### **Bethania Housing Management**

- The addition of building management services for 601 Osborne and 529 Country Club Blvd seniors' residences added significantly to our workload across finance, human resources, building operations and senior management.
- In addition to the usual renovation, repairs and upgrades (e.g. KeyScan entry systems) that we have continued to do during this stressful year, we have worked closely with our building managers to implement COVID preventive strategies for tenants and our staff, including promotion of mask use, restricting visitors, hand hygiene and closing

common meeting space for physical distancing. In most cases, tenants have been compliant and equally worried about COVID transmission in their buildings.

- We are working closely with WRHA and MB Housing to ensure we are providing best practices in prevention and infection control.

#### **Information Technology/Management**

- ArlingtonHaus doors and Pembina Place PCH 3<sup>rd</sup> floor stairwell were converted over to the Aurora Keyscan Card Access system in spring and to all the Bethania Group sites in the fall.
- Cybersecurity Education has been provided to all staff including monthly educational publications and emails.
- The Information Technology/5 year Strategic Plan was completed/reviewed including exploring cloud-based hosting for our servers in the future to save costs and provide immediate restore capacity in case of disaster or malfunction of physical hosts.
- Public WiFi has been installed at Bethania and Pembina Place and current coverage is in common areas for each PCH and can be expanded as needed.

Finally, I want to acknowledge and express our sincere appreciation to Paul Klassen, Senior Director Finance and Facilities for his 12 years of service to the Bethania Group. Paul has been an integral part of the growth and transformation process of all of Bethania's corporations in the past 7 years. Paul will be missed by all our staff and our Board of Directors. Best of luck and good health in retirement Paul.

#### **Board of Directors**

- Henry Neudorf, Brigitte Kutasiewich, Shellie Sklepowich, Erna Braun, Lawrence Hamm, Erica Wideman, Lawrence Toet, Herb Schaan, Joan Ernst Drosdoski, Darren Quiring, Irene Goerz, Martin Enns, Susan Schmidt.

#### **Director Management Team**

- Doris Furtado, Director of Care; Ferd Funk, Director of Spiritual Care/Chaplain; Paul Klassen, Senior Director, Finance and

Facilities; Daphne Froese, Director of Food & Support Services; Kim Newbold, Director of Human Resources; Sergio Cohen, Director of Environmental Services & Building

Operations; Dianne Nixdorf, Director of Therapeutic Recreation and Volunteers; Kim McMillan, Senior Administrative & Fundraising Coordinator; Gary Ledoux, CEO

Gary J. Ledoux, CEO  
The Bethania Group  
October, 2020

**Psalm 23** The LORD is my shepherd; I shall not want.

He maketh me to lie down in green pastures: he leadeth me beside the still waters.

He restoreth my soul: he leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the LORD for ever.