Alberta
HEALTH FACILITIES REVIEW
COMMITEE

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February 16, 2005

Mr. David Tuer
Chair
Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2

Ms. Donna Kingelin
Senior Vice President of Long Term Care
Central Care Corporation
200, 614 Coronation Boulevard
Cambridge ON N1R 3E8

Dear Mr. Tuer and Ms. Kingelin:

RE: Bow-Crest Care Centre – Central Care Corporation, Calgary
Routine Visit – January 4 and 5, 2005

A routine visit to the Bow-Crest Care Centre was conducted by members of the Health Facilities Review Committee in January 2005. A summary of their observations and findings has been attached for your review. The following are **recommendations** for your attention:

Repeat Recommendation:

1. **For the safety of the residents, ensure that there is recent photo identification for each resident either in the medication administration record or attached to the resident's medication box to be used for verification purposes during the medication administration process.**

New Recommendations:

1. **For the safety, security, comfort and dignity of the residents, ensure that renovation plans include addressing the following concerns and problem areas:**

   a) **the crowded tub rooms**
   b) **the call bell system**
   c) **the leaky and smelly plumbing system**
   d) **the allocation of space at nursing stations**
   e) **the air exchange and HVAC system**
   f) **the number of residents sharing toilet facilities**
   g) **wheelchair accessible emergency exits**

2. **Proceed as quickly as possible with an audit of the residents' personal laundry to ensure it is properly labelled and is in the possession of the rightful owner.**

3. **For the safety and security of the residents, ensure that all staff are wearing visible name identification.**

4. **Ensure that the cleaning schedule for the kitchen area includes the top of all appliances next to the food preparation area.**

5. **Consider installing emergency battery-operated lighting in the hallways and other strategic areas to ensure that in the event of a power failure there is sufficient light to provide care and comfort to the residents.**

Your reply to these recommendations is important to us. We would appreciate your response by **May 31, 2005** indicating what measures you have undertaken to address the recommendations and the results either expected or achieved.

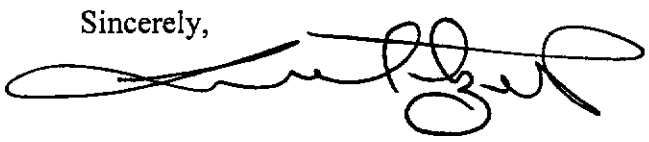
During the course of this visit, the members were pleased that significant positive changes had been made and new initiatives had been implemented since the Committee's last routine visit in May 2002. These changes are highlighted in the attached summary. The members were especially impressed with the care, commitment and attitude of staff towards the residents and family members, as well as the overall peaceful environment that has been developed.

In closing, I wish to thank the residents, family members, visitors, the administrator and all staff members who participated in this review.

On behalf of the Health Facilities Review Committee, please accept our appreciation for the provision of quality care to the residents of Bow-Crest Care Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Leonard Mitzel, MLA
Chair

Attachment

c.c. Honourable Iris Evans
Minister of Health and Wellness

Ms. Paddy Meade
Deputy Minister, Health and Wellness

Mr. Jack Davis
President and Chief Executive Officer
Calgary Health Region

Administrator
Bow-Crest Care Centre

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Bow-Crest Care Centre – Central Care Corporation, Calgary

Dates of Visit: January 4 and 5, 2005

PEOPLE INTERVIEWED:

- 48 Residents
- 100 Residents Observed
- 14 Family Members/Visitors
- Administrator
- Director of Accommodation Services
- 2 Program Managers
- Administrative Services and Planning Coordinator
- Pharmacist – Canada Safeway (via telephone)
- Staff Development Coordinator
- Physiotherapist
- Occupational Therapist
- Recreation Manager
- Dietician
- Food Services Coordinator
- Volunteer Services Coordinator
- Maintenance Worker
- Social Worker
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN MAY 2002:

Follow-up actions taken on recommendations made from the last visit:

- Photo identification on the residents' medication boxes is not being kept current. See Section 2.0.
- The deep fryer in the kitchen has been removed, and the area has been cleaned. A number of ceiling tiles above the stove have been replaced.
- The preventative maintenance program has been developed and is being used.
- Portable fire extinguisher inspections are being completed on a monthly basis, and recorded on the attached tags.

Notable changes to the facility/building or equipment since the last visit:

- A new roof, skylights and solar tinting of windows have been installed.
- A new private dining area has been created on the first floor.
- The second floor smoking room has been converted to a multi-purpose room.
- New kitchen equipment has been installed, including a new booster heater for the dishwasher.
- There has been ongoing replacement of furnishings in resident rooms, including beds and mattresses.
- New lifts, weigh scales, oxygen concentrators, linen carts, and a snow blower have been purchased.
- A new resident/family loading area has been created.
- A new surveillance camera and video recording system has been installed.
- New computers have been purchased.

Program changes/improvements since the last visit:

- The care, rehabilitation and support staff hours have been increased.
- Licensed practical nurses have been hired for the day shift.
- A hip protection program has been introduced.

1.0 RESIDENT CARE:

- The first impression that visiting members had upon entering this facility was how attractive it was with a large central courtyard and wide hallways. When given a tour of the facility, visiting members were also impressed with the number of well appointed, decorated and comfortable seating areas on each floor.
- Each floor has its own dining room, which is divided into two large areas. One side is used for residents who require feeding assistance. The other side is used for those who can feed themselves. The dining rooms on each floor overlook the central courtyard. Each floor has a smaller room off the main dining area where aggressive/disruptive residents are given their meals. The main kitchen is on the second floor and meals are delivered to the servery on the first floor, where food is then served to the residents. The servery on each floor has a refrigerator, which is kept well stocked with fluids so residents can help themselves throughout the day.

- Visiting members noted that all residents' rooms along the exterior wall of the facility had windows that could be opened, while those on the inside wall on the first floor had patio doors that opened to the central courtyard. There are 74 residents living on the first floor, and 77 residents living on the second floor.

- Visiting members found the facility quite warm during the visit and noted that some of the residents had their windows open, allowing the outside air (-20 degrees Celsius) to enter the room, which made the room feel quite drafty.

- The main floor has a ventilated smoking room. The facility has a policy of not accepting any further residents who smoke, and once the few smokers still residing in the facility are discharged, this room will be turned into a television room for the enjoyment of all residents.

- Comments heard from residents interviewed on the first floor were all very positive regarding the care they receive, and included the following comments:
  - "I have no problems."
  - "This is a good place."
  - "Great staff."
  - "Feels like home."
  - "Good care."
  - "Fabulous staff."
  - "Care could not be better."

- Negative comments received were in regard to the fact that the food could be more varied and that personal clothing goes missing when sent to the laundry. It was difficult for visiting members to obtain feedback from residents on the second floor due to the fact that this floor houses residents with dementia and/or Alzheimer's disease. Due to the visitor restriction policy in place from mid-December to January 4 as a result of two Norwalk virus outbreaks, only one family member was available for an interview. Comments from this spouse were: "The care here is very good, but the care staff are so very busy that I know that if it wasn't for my being here every day my husband would not still be walking, and he would be much thinner. The staff just do not have time to spend with him. I help out with other residents as well. Something should be done about increasing the staffing."

- The common tub rooms are too crowded to use lifts, so residents are undressed in their rooms, draped in towels and portered to the tub room. Staff advised that they try to ensure that the resident is well covered when taking them to the tub room. For the dignity and safety of the residents, a wall in the tub room should be removed, which would allow the necessary space to prepare residents for a bath and for the use of the lifts in the privacy of the tub room. **(See Recommendation # 1 a)**

- On the second day of the routine visit, the call bell system was not working due to moisture in the lines. Visiting members were advised that due to the age of the equipment, it is very difficult to obtain the parts needed to do the necessary repairs. Management was calling in extra staff to help monitor residents by personally visiting them to make sure they were not in need of assistance. **(See Recommendation # 1 b)**

- Visiting members noted that there was a very strong odour in the hallways and in some residents' rooms during the morning hours; however, by mid-morning, the odour was fairly well under control, with the exception of several bathrooms. When housekeeping staff were questioned regarding the odour in the bathroom, visiting members were informed that the one bathroom in particular always had odour, and they thought it came from the sink drain. **(See Recommendation # 1 c)**

- Visiting members attended a Resident Council meeting, which included 16 residents, the social worker, recreation therapist, volunteer coordinator, maintenance staff, dietician and the administrator. Issues discussed covered recreation activities, money raised from tuck shop sales, and help for the filing of income tax returns. Residents brought up the fact that they would like more fresh fruit during the day, being able to have a choice between regular and decaf coffee, and problems with missing clothing when sent to the laundry.

- During the Resident Council meeting, the administrator advised residents that a new system for the labelling of clothing was being put in place and that a new employee has been hired to go through all clothing to ensure that personal clothing is labelled and delivered to the right resident's room, and to make sure that only clothing belonging to that resident was in their closet. Visiting members commend administration for taking positive steps to address the laundry problems. **(See Recommendation # 2)**

- To allow time for all issues to be discussed at the Resident Council monthly meetings and not have it dominated by discussion regarding food issues, a Food Committee made up of five residents and the dietician has been formed. Food suppliers are invited to attend the meetings to discuss residents' concerns and offer solutions. An example provided to visiting members was that a meat supplier was invited to a meeting and he brought samples of various meats for the residents to sample and advise which ones they would like to have served in the facility. Administration is to be commended for taking measures to address the residents' food preferences.

- A Family Advisory Committee meets quarterly to discuss any concerns and to make suggestions on improvements they would like to see. This committee also runs the tuck shop and holds bazaars, white elephant sales, etc., to raise funds to purchase items for the enjoyment of the residents.

- A family information night is held every two to three months and is attended by the administrator, director of care and environmental services.

- Staff advised that a least restraint policy is in effect at the facility, and lap belts are only used when absolutely necessary for the safety of the resident. An evaluation is done and certain criteria met prior to the use of the lap belt. "STOP" stickers are being put on all lap belts to remind staff not to buckle them. This is particularly useful for any new staff. Staff advised that the only exception for buckling the lap belts is when residents are being taken on the bus for outings.

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members interviewed the contract pharmacist by telephone and were advised that both the pharmacist and the physicians review medication orders every 90 days.

- The facility has a Professional Advisory Committee that meets every two to three months. Meetings are attended by the chief of medical staff, the director of care, the pharmacist, and program managers.

- Visiting members observed the administration of medications on several occasions and noted that nursing staff were sometimes having difficulty separating the unit dose pouches from the roll. In discussions with the nursing staff, it was stated that it appeared the rolls had been reversed at the pharmacy during the dispensing process. The pharmacist advised that there is a new piece of loading equipment being used and it does in fact insert the medications into the pouch from the opposite side of the roll and will necessitate a change in the procedures of the staff administering medications. This information was passed on to the nursing staff.

- Visiting members noted that on the medication carts on both the first and second floors, not all of the residents' medication boxes included photo identification. Visiting members were told that in some cases either the resident refused to have a photo taken or it was a very recent admission. As soon as this was brought to the attention of the program manager, the photos of the new admissions were placed on the medication box; however, nursing staff did acknowledge that some of the residents with photos missing had been at the facility for some time. **(See Repeat Recommendation # 1)**

- The pharmacist advised visiting members that at the pharmacy, the preparation of the residents' medication pouches is checked by technicians at the time of loading, a computer check is done by the pharmacist, and the facility's nursing staff check the name and contents against the medication administration record. The pharmacist stated that he believes that the medication distribution and administration system in place is very safe and secure.

- Visiting members observed that medications were being charted at the time of administration and were safely and securely stored when not in use.

- The pharmacist stated that chemical restraints are very rarely used.

- Visiting members noted that the traffic and activity around the two nursing stations and the rather small medication storage room made it very difficult for nursing staff to carry on any private conversations with residents, family members or other staff, and to update the residents' medical records. **(See Recommendation # 1 d)**

3.0 STAFF:

- All staff who were interviewed expressed satisfaction with their working conditions and advised that they receive great support from management.

- Visiting members noted that a number of the staff were not wearing visible nametags. **(See Recommendation # 3)**

- Visiting members noted that the nursing stations consisted of a desk in the hallway which is open to the public and residents. This placement does not provide any privacy for charting, interviewing of residents and/or families, or for discussions with physicians. Visiting members also noted that the medication rooms behind the nursing stations were very small and crowded. **(See Recommendation # 1d)**

- All registered nurses, licensed practical nurses and personal care aides receive two days of classroom orientation, then one night, two days, and two evening shift orientations. Following that, new staff work on the buddy system for as long as is deemed necessary. Part of the orientation includes one afternoon course on dealing with aggressive behaviour, and two full days for the Supportive Pathways Program.

- All care staff have taken courses on wound prevention, handling residents with dementia, aggressive behaviour, and Protection for Persons in Care.

- The staff development coordinator also holds seminars for residents and families on infection control and nutrition.

- The staff development coordinator stated she felt that this facility had great teamwork amongst the staff, which makes it a great place to work. She also stated that management is very approachable and supportive. She advised that providing orientation on all shifts is difficult to do on her own, and she would really appreciate having an assistant to help cover the shifts, particularly the night shifts.

4.0 REHABILITATION:

4.1 Physiotherapy:

- All three rehabilitation departments work closely together to assess what will work best for the residents. Teamwork was very much in evidence during the routine visit.

- The physiotherapist assesses every resident upon admission to decide what program would be most beneficial, such as exercise, walking, one-on-one, etc.

- The facility has purchased a Doppler machine, which provides information on what may be causing leg swelling. A reading is done on all residents and if the reading is questionable, the physiotherapist discusses the results with a physician who specializes in lower leg assessments. The physiotherapist stated she feels this is a great safeguard for residents as it allows the resident to be supplied with the correct compression stockings.

- The physiotherapist has introduced a hip protector program, which has resulted in a dramatic decrease in injuries due to falls.

- To provide comfort to residents suffering from bedsores and/or wounds, the facility has purchased 26 special sheepskins plus booties, special mattresses and/or mattress covers.

- The physiotherapist advised she conducts an average of five to eight consultations per day with the registered nurses.

- The physiotherapist advised visiting members that she takes advantage of all inservices offered by vendors so she can become more knowledgeable on new techniques and products that would be beneficial to residents.

4.2 Occupational Therapy:

- Visiting members interviewed the occupational therapist who stated she does an initial assessment of each resident upon admission. The occupational therapist stated that she is able to do most of the required fittings on her own, but uses the regional seating clinic for customized wheelchairs. If four or more wheelchairs need to be customized, a technician comes to the facility. However, if less than four wheelchairs need to be customized, the resident must be taken to the regional seating clinic. The occupational therapist stated she uses outside facilities for splints, casts, etc. The residents must be taken to the outside facility for fittings, but the occupational therapist advised she has found one that will come to the facility, which makes it far more convenient and less stressful for the resident.

- The occupational therapist advised she spends time keeping the equipment in good repair, including wheelchairs, walkers and hot pack machines. The occupational therapist ensures that the bathrooms are properly equipped with arm lifts, and also installs Super Poles by beds to assist residents getting in and out of bed.

- The sheepskin program introduced by the wound care team ensures pressure relief measures are taken.

- The occupational therapist advised she has been asked to write a paper on the Hip Protector Program for the Canadian Health Care Association.

- The occupational therapist stated she has introduced a new one-on-one program that identifies residents who would benefit from more intensive therapy, i.e. weight lifting and/or coordination exercises. The program can only handle four or five residents per session, so the resident must meet certain criteria such as being motivated to attend regularly and have a certain amount of mobility before being accepted in the program.

4.3 Recreational Therapy:

- The residents on the first floor of the facility are more mobile, and have a high degree of cognitive awareness. The second floor residents have dementia or Alzheimer's disease. Different recreational activities are scheduled for each floor.

- Visiting members were impressed with the variety and number of activities scheduled for residents on both floors, and the fact that activities are scheduled during the days, evenings and weekends.

- The recreational therapist schedules special dinners each month. For example, in December, a Christmas dinner with carol singers, Octoberfest in October, Chinese night in February, Greek night with belly dancers, and casino night with casino games and chocolate dollars being used as money. The recreation therapist advised that the belly dancers at the Greek night were a big hit with the residents.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- Visiting members spoke with the volunteer services coordinator, who advised that pastors from all faiths hold Sunday services on a rotating basis, with the Roman Catholic Church holding Mass every Friday evening. Volunteers from the various churches visit the facility to provide hymn singing every Monday and Friday.

- Memorial services are held monthly.

- Church services are held in the first floor recreation room, which is separated from the dining room by a foldaway wall, which can be opened if additional space is required.

5.2 Volunteer Support:

- Visiting members were advised that approximately 50 volunteers assist with various duties at the facility, such as recreational activities, one-on-one visits, the tuck shop, portering, taking residents to doctor and dental appointments, community outings, pastoral care, and mealtime assistance.

- Two seniors' clubs help cognitively aware residents get together three times a month to do crafts, such as greeting cards, key chains, book markers, etc. They then hold sales of the items made and the money raised is used to purchase gifts for all residents at Christmas time, buy cushions for the benches in the various seating areas in the courtyard, and flowers for the enjoyment of the residents.

- The local Lions Club holds special events at Christmas and in the spring when they take residents to a restaurant for dinner and cover all associated costs.

- Visiting members commend all volunteers, the volunteer coordinator and the rehabilitation staff for providing a high level of service that enhances the lives of residents at the facility.

6.0 DIETARY:

- Visiting members met with the clinical dietician and were informed that she carries out an initial screening and assessment of new admissions, attends all care conferences and reviews the referral binder kept at each nursing station. This binder is updated by nursing staff and documents concerns regarding diet, food texture, liquid consumption and swallowing issues.

- Visiting members were advised that the menu is prepared on a three-week rotation, and the dietician indicated that this requires a well-planned menu.

- The dietician stated she is a member of the wound team together with nursing staff and representatives from physiotherapy and occupational therapy. The wound team meets monthly. In addition, one-on-one conversations are carried out with residents during mealtime as well as consultations with personal care aides in order for the dietician to be made aware of the dietary status of residents. During an infectious outbreak, daily meetings are held so that all staff are aware of critical issues.

- Interviews with residents and family members indicated general satisfaction with the food services, and regular food satisfaction surveys confirmed this. Visiting members

observed during several mealtimes that most of the residents seemed to enjoy their meal and related well to the staff. Visiting members were told that approximately 50 percent of the residents require assistance with feeding.

- Food services staff are required to take the Food Safe course as well as customer relations and back care training. Monthly inservice courses on WHIMIS, dementia interaction, dealing with aggression and serving food are available.

- The dietician advised that standardized recipes are used in most cases; however, specialty menu items are prepared on request. Meal temperature audits are performed at the cooking stage and also at the servery stations. A thermal cart is used to deliver the bulk meals to the first floor dining room servery.

- Each floor was noted to have a large, bright residents' dining room, and the second floor has a smaller dining room called Grandma's Kitchen for those residents who require special feeding assistance. A table is set up in one of the second floor resident lounges for one of the loud and aggressive residents, and he is served separately.

- The residents participating on the Food Committee provide feedback to the food service staff as to food likes and dislikes, and are given the opportunity to talk with both food suppliers and chefs.

- The facility has a hydration program in place that encourages the consumption of water and other liquid refreshments. Snacks are provided every morning, afternoon and evening and include selections of sandwiches, cookies, fresh fruits and juices, coffee/tea and high calorie milk shakes. Personal care aides ensure that there is always cold water available to the residents.

- Visiting members noted that the storage areas for food products were very crowded as there had just been a large delivery, and visiting members noted that by the next day everything had been stacked on shelves. The food stored in the coolers was properly covered and placed on racks.

- There is a cleaning schedule in place for the kitchen area; however, visiting members noted a large build-up of dust and lint on top of some of the larger appliances directly next to the food preparation area. Visiting members were told that the full cleaning schedule has not yet been implemented. **(See Recommendation # 4)**

7.0 ENVIRONMENT:

7.1 Infection Control:

- Visiting members were informed that the facility had two Norwalk virus outbreaks during the month of December, and on the first day of the routine visit, were in contact with the regional health authority to advise that there had

been no new outbreaks and they would be lifting the visitor restriction policy that had been in place since mid-December.

- Staff advised that since all recreational activities had been cancelled during the two outbreaks, and the visitor restriction put in place, it was hard on the residents, particularly over the Christmas season. The Christmas dinner that had been cancelled was rescheduled for January.

- Universal precautions were in place during the outbreak. One housekeeping staff member was assigned to wash all contact points, commodes, etc. with bleach. The mandatory wearing of gloves and masks, and extra handwashing protocol was in place.

- Visiting members were advised that 97 percent of residents and 92 percent of staff have received immunization for influenza viruses.

- Medical wastes were noted to be stored in a locked area and disposed of in a satisfactory manner.

7.2 Maintenance and Housekeeping:

- The facility now has a computerized preventative maintenance program in place that is up-to-date, and training of the maintenance staff is set to start in the spring of 2005. It is designed to be part of the overall Quality Improvement Program that includes a variety of performance indicators.

- Full-time maintenance workers are responsible for the overall maintenance of the facility; however, much of the major plumbing, heating, ventilation and air conditioning, elevators, and call bell maintenance are contracted out.

- Visiting members noted that the interior of the building shows a lot of wear, particularly the walls in the hallways and residents' rooms. Visiting members were told that there is a painting program in place that schedules one to two resident rooms each month, and a renovation plan to upgrade resident rooms and toilets. The linoleum/tile flooring is becoming very worn and has been patched in a number of the rooms.

- The electrical, plumbing, heating, ventilation and air conditioning systems are in need of repair on a regular basis, and although there is a bed replacement program in place, many of the cranking mechanisms on the residents' beds are breaking down. Visiting members were told that moisture has been getting into the call bell lines on the first floor making them inoperable. **(See Recommendation # 1 e)**

- Within the facility, there are 52 residents sharing 13 toilets, and as housekeeping staff pointed out, a few of the shared toilet/sink rooms have an odour problem that is associated with the plumbing system rather than a cleaning issue. A curtain separates the beds, and limited space for personal effects in some of the semi-private rooms coupled with the sharing of a toilet with three other residents tends to lower the level of privacy and dignity for the residents. **(See Recommendation # 1 f)**

- Five full-time staff members provide housekeeping services, with two on-call staff. In spite of the age and condition of some of the floors and walls, the facility appeared to be kept reasonably clean and there were few negative comments received with regard to housekeeping.

- All facility laundry is done on-site, and residents' personal laundry is also done on-site when requested. Some residents complained about personal laundry not being returned to them. **(See Recommendation # 2)**

7.3 Safety/Security:

- Fire extinguishers were observed to be easily accessible, and inspection tags had been initialled indicating they had been checked monthly. Fire drills are carried out monthly for staff on all shifts, and staff receive regular instructions and training for fire and other disaster procedures. The facility's disaster plan is linked to the regional plan.

- Emergency exits were observed to be clearly marked and clear of any obstructions. The facility has electronic emergency doors, alarms, and signage showing evacuation routes.

- Visiting members noted that there are only two wheelchair accessible emergency exits for the entire facility, and the stairwells are such that they cannot be equipped with slides. Visiting members were told that the fire department is aware of the emergency exit situation, and that at the time of its construction, the building complied with the fire code in place at the time. **(See Recommendation # 1 g)**

- Visiting members were advised that the facility has an emergency generator that has been inoperable for well over a year, and when members asked what was available in the event of a power failure, it was pointed out that the two nursing stations had a supply of flashlights available to them. Visiting members looked at the box of flashlights at one of the nursing stations and found that of the six flashlights, one did not have a bulb, and there were only enough batteries available for three flashlights. **(See Recommendation # 5)**

- Visiting members were advised that there are six surveillance cameras at exterior doors and on the perimeter of the facility. The monitor is located at the reception desk at the main entrance.

8.0 ADDITIONAL PROGRAMS:

Social Work:

- The social worker spends four days a week at this facility, and one day a week at the Mount Royal Care Centre.
- The social worker advised visiting members that she checks the 24-hour report first thing each morning to see what has happened overnight, notes any family dissatisfaction or any upset resident, then checks with the registered nurse to see if any residents need her attention.
- The social worker meets with all new residents immediately upon admission and with the family as soon as possible to see what social support is required, goes over the financial situation, and discusses power of attorney, personal directives, etc.
- The social worker attends all care conferences, which are usually held six to eight weeks after admission, and annually thereafter. The social worker also attends the Resident Council meetings and the Family Council meetings.
- The social worker advised that she had arranged for an income tax expert to come to the facility to help residents with their tax returns at no cost to them.
- A lot of the social worker's time is spent visiting with residents, which she finds provides her with the opportunity to find out how they are really doing and if they are having any problems. She also works with staff on personal issues, problems with other staff, financial problems, etc.

9.0 RECOMMENDATIONS:

Repeat Recommendation:

1. **For the safety of the residents, ensure that there is recent photo identification for each resident either in the medication administration record or attached to the resident's medication box to be used for verification purposes during the medication administration process.**

New Recommendations:

1. **For the safety, security, comfort and dignity of the residents, ensure that renovation plans include addressing the following concerns and problem areas:**

   a) **the crowded tub rooms**

   b) **the call bell system**

   c) **the leaky and smelly plumbing system**

   d) **the allocation of space at nursing stations**

   e) **the air exchange and HVAC system**

   f) **the number of residents sharing toilet facilities**

   g) **wheelchair accessible emergency exits**

2. **Proceed as quickly as possible with an audit of the residents' personal laundry to ensure it is properly labelled and is in the possession of the rightful owner.**

3. **For the safety and security of the residents, ensure that all staff are wearing visible name identification.**

4. **Ensure that the cleaning schedule for the kitchen area includes the top of all appliances next to the food preparation area.**

5. **Consider installing emergency battery-operated lighting in the hallways and other strategic areas to ensure that in the event of a power failure there is sufficient light to provide care and comfort to the residents.**

Calgary Health Region
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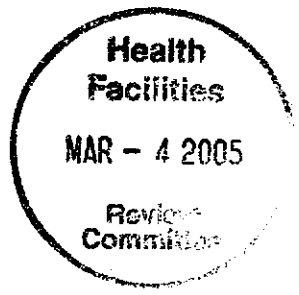
February 24, 2005

calgary health region
Office of the Board



Leonard Mitzel
Chair
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue N.W.
Edmonton, AB T6G 0T2

Dear Mr. Mitzel:

Re: Bow-Crest Care Centre – Central Care Corporation, Calgary
Routine Visit – January 4 and 5, 2005

Thank you for your report of February 16th, 2005 with respect to the routine visit to the Bow-Crest Care Centre – Central Care Corporation, Calgary, conducted by members of the Health Facilities Review Committee in January 2005.

By copy of this letter, I am requesting that Mr. Mike Conroy, Vice-President, Southeast Community Portfolio, provide a response to the recommendations by May 31, 2005 and copy our office.

I am also forwarding a copy of this letter to our Corporate Counsel for information.

Sincerely,

David Tuer
Board Chair

c: Mike Conroy, Vice-President, Southeast Community Portfolio
Beth Gorchynski, Quality Care Specialist, Supported Living Services
David Weyant, General Counsel

calgary health region

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Mr. Leonard Mitzel
Chair
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044-82 Avenue N.W.
Edmonton, AB
T6G 0T2

RE: BOW-CREST CARE CENTRE, CALGARY

Dear Mr. Mitzel:

In response to the Health Facilities Review Committee report of February 16, 2005 the Calgary Health Region is pleased to provide you with the following information.

Repeat Recommendation:

1. For the safety of the residents, ensure that there is recent photo identification for each resident either in the medication administration record or attached to the residents' medication box to be used for verification purposes during the medication administration process.

   The Quality Specialist for Supported Living has reviewed this recommendation with both the Director of Care and Regional Manager for Bow-Crest. In the course of these discussions, process issues were identified and corrective measures initiated. The Supported Living team will verify in the summer of 2005 if the process changes have been successful in ensuring up-to-date photo identification on the medication record.

New Recommendations

Although the facility will be responding directly to these recommendations, we believe initiatives undertaken at the Regional level are relevant to the first and fifth recommendation. To that end, I would like to provide some information related to the Calgary Health Region's care centre capacity plans. One of the objectives of that plan is to upgrade existing care centre capacity to meet current and emerging care and service needs. Through a planned process, operators in the Region have identified their ability to meet these requirements and parameters for refurbishment and/or replacement of that capacity have been developed. The priorities for renovation and replacement are complete and the rejuvenation schedule and feasibility of projects is being developed. It is believed that this process addresses not only the recommendations identified by the Health Facilities Review Committee at Bow-Crest, but also at other sites across our Region.

Thank you for your ongoing commitment to the care of residents in long term care. Should you wish any further information related to the care centre capacity plan, please do not hesitate to contact me.

Sincerely,

Lorne Robertson
Interim Vice President
Southeast Community Portfolio

c: David Tuer, Board Chair
Debbie Mansell, Quality Specialist, Southeast Community Portfolio
David Weyant, General Counsel

CENTRALCARE
CORPORATION

BOW-CREST CARE CENTRE, CALGARY

May 30, 2005

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Mr. L. Mitzel, MLA
Chairperson,
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 – 82 Avenue NW
Edmonton, Alberta
T6G 0T2

Dear Mr. Mitzel:

I am writing to provide you with an update on and a response to the recommendations made subsequent to the January 4 & January 5, 2005 visit by members of the Health Facilities Review Committee. Our responses are outlined below:

Repeat Recommendation:

- **For the safety of the residents, ensure that there is a recent photo identification for each resident either in the medication administration record or attached to the resident's medication box for verification purposes during the medication administration process:**
  - Digital photos are being taken upon admission as part of the admission process, the photos are printed and attached to the medication box.

New Recommendations:

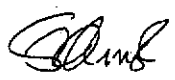
1) **For the safety, security, comfort and dignity of the residents, ensure that renovation plans include addressing the following concerns and problem areas:**
   a) **The crowded tubs rooms:** excess equipment has been removed from tub rooms, discussions with the Calgary Health Region around the rejuvenation of the site propose the expansion of the tub room doubling it in size, this would not be completed for a least two years.
   b) **The call bell system:** has been replaced.
   c) **The leaky and smelly plumbing system: plumbing work was initiated and resulted in the resealing of pipe joints and toilet bases, although we believe the problem has been addressed it will be monitored on an ongoing basis.**
   d) **The allocation of space at nursing stations:** the renovation plan includes increasing the size of the nursing station & medication room and will add an area for private meetings between staff/family and physicians.
   e) **The air exchange and HVAC system:** the company has invited several firms to respond to an RFP for Preventative Maintenance Services. It is expected that the enhanced services will be in place for all Central Care Corporation sites by the end of the summer.
   f) **The number of residents sharing toilet facilities:** the rejuvenation discussions with the CHR, propose a redevelopment which would result in no more than two individuals sharing a washroom, this work would not be concluded for at least 2.5 years.

g) **Wheelchair accessible emergency exits:** two wheelchair accessible exits do exist, it is not expected that more than three exists will exist subsequent to the rejuvenation.

2) **Proceed as quickly as possible with an audit of the resident's personal laundry to ensure it is properly labeled and is in the possession of the rightful owner:** an audit has been conducted to identify and resolve labeling and distribution issues, the audit will re-occur on a regular basis.
3) **For the safety and security of the residents, ensure that all staff are wearing visible name identification:** this has been addressed.
4) **Ensure that the cleaning schedule for the kitchen area includes the top of all appliances next to the food preparation area:** done.
5) **Consider installing emergency battery operated lighting in the hallways and other strategic areas to ensure that in the event of a power failure there is sufficient light to provide care and comfort to the residents:** options are being reviewed and it is expected that the installation of emergency lighting will be completed by mid-July.

I trust the forgoing addresses the question that have been raised, if however you have concerns or further questions, please contact me at 780-489-5234 ext 240.

Sincerely



Sean Himsl
Provincial Director
Central Care Corporation

cc:
Mr. D. Tuer
Ms. D. Kingelin