

June 30, 2005

250 Garneau Professional Centre
11044 - 82 Avenue NW
Edmonton, Alberta
Canada T6G 0T2

Telephone 780/427-4924
Fax 780/427-0806

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

Mr. Paul Rushforth
Vice-President of Western Operations
Extendicare (Canada) Inc.
#306, 8657 - 51 Avenue
Edmonton AB T6E 6A8

Dear Mr. Tuer and Mr. Rushforth:

RE: Extendicare/Cedars Villa, Calgary
Routine Visit – April 28 and 29, 2005

A routine visit to Extendicare/Cedars Villa was conducted by members of the Health Facilities Review Committee in April 2005. A summary of their observations and findings has been attached for your review. The following are **recommendations** for your attention:

Repeat Recommendation:

1. **Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**

New Recommendations:

1. **For the comfort, privacy and dignity of the residents, the facility is encouraged to continue its efforts to secure approval for the Rejuvenation Program to improve the living space and the quality of life for the residents.**
2. **For the safety and security of the residents, ensure each resident medication administration record includes current photo identification.**
3. **For the health and safety of the residents, ensure that all food and beverages stored in the freezers and coolers are appropriately covered to avoid contamination.**

Your reply to these recommendations is important to us. We would appreciate your response by **September 30, 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 October 2002. These changes are highlighted in the attached summary. The members were especially impressed with the various programs offered to the residents, and the friendly and sincere care and attention that staff demonstrate towards the residents.

In closing, I wish to thank the residents, family members, visitors, 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 Extendicare/Cedars Villa. 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

Mrs. Linda McGeough
Regional Director
Extendicare (Canada) Inc.

Administrator
Extendicare/Cedars Villa

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Extendicare/Cedars Villa, Calgary

Dates of Visit: April 28 and 29, 2005

PEOPLE INTERVIEWED:

- 74 Residents
- 27 Family Members/Visitors
- Regional Manager, Programs
- Regional Manager, Support Services
- Director of Dementia Programs
- Director of General Programs
- Pharmacist
- Infection Control/Staff Education/Occupational Health and Safety Staff Member
- Physiotherapist
- Occupational Therapist
- 2 Recreation Therapists
- Pastoral Care/Volunteer Coordinator
- Multi-Site Dietary Supervisor
- Registered Dietician
- Maintenance Supervisor
- Support Services Supervisor
- Program Manager, Mental Health Services
- Multi-Site Social Worker
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN OCTOBER 2002:

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

- Quarterly medication error indicator reports are being monitored, and ongoing education is provided to nursing staff as required.
- Visiting members continue to have concern about staff not signing for medications immediately upon administration to each resident.
- Vacant rehabilitation positions have been filled.

- The kitchen rangehood is being cleaned on a regular basis.

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

- In 2003, the flooring in the lounge and hallway in Larkspur was replaced, as well as all east-facing windows. The dining room for residents with dementia was expanded and the lighting was upgraded in 12 residents' rooms.
- The walk-in cooler was enlarged and an upright freezer and food mixer were purchased.
- Major repairs to the roof and sprinkler system have been done.
- In 2004, the west-facing windows were replaced and the roof repaired.
- The facility has been carrying out an equipment replacement program. Furniture and equipment such as electric beds, lifts, and dining-room cabinets have been purchased.
- In 2005, new lounge furniture, sling lifts, floor polisher, kitchen ranges, water softener, Sentinel Beams and Sensormats will be purchased. The main dining room has been redecorated and handrails refinished. Automatic door openers on all doors leading into the courtyards have been installed, making them more accessible for residents.

Program changes/improvements since the last visit:

- Recreation staffing hours have been expanded to ensure evening and weekend programs meet resident needs.
- Falls Prevention, Weight Loss Prevention Clinical Pathway Program, and Skin and Wound Clinical Pathway Program have been developed and implemented.
- The Click and Point software program for collection and analysis of clinical indicators has been introduced.
- The Bayer CARE (Connect Appreciate Respond Empower) Program has been introduced, which is designed to review, enhance and improve communications between staff, residents and family members. Visiting members observed that staff were friendly and responsive with residents, families and visitors.
- There is active participation in regional programs and initiatives such as infection control, palliative care, wound assessment, and Supportive Pathways.
- The facility is in initial planning stages for implementation of the Minimum Data Set quality indicators and the Resident Assessment Instrument.

1.0 RESIDENT CARE:

- Visiting members were impressed with the number of outdoor and indoor lounge areas available to residents. Visiting members observed friendly and sincere interaction between residents, family, and staff. Resident interviews largely confirmed that the care and programs provided at this facility were very good and appreciated. Residents and family members made the following observations:
 - “Excellent care. It’s better than we expected.”
 - “Staff respond to concerns immediately.”
 - “Good care.”
 - “There are times we have to wait, as staff are very busy.”
- Resident care areas were noted to be generally uncluttered and allowed free flow of traffic. Some congestion occurred around the nursing stations, as these are often the hub of activities. The nursing stations are being renovated to make them more open and user friendly to both residents and staff.
- Visiting members observed a strong emphasis on resident safety, especially the falls prevention program. Residents at greater risk of falling are identified by a maple leaf symbol displayed on their room identification nametag.
- The facility has established units that provide specialized programming and care. These areas are cardiac/stroke residents, psychiatric residents and dementia units. This allows staff to plan and provide care based on the health issues the resident is dealing with. The more cognitively aware residents are in the west wing, and staff stated they can be demanding, and they are challenged to meet their needs. Residents are receiving quality care and staff are to be commended. Some additional hours in all program areas would allow staff to surpass the benchmarks they have set for the programs being provided.
- Visiting members noted that the large glass enclosed smoking room located directly across from the nursing station in the west wing was well used and very well ventilated. Plans are in place to replace the east wing’s smoking room with one similar to the smoking room in the west wing.
- During the routine visit, visiting members observed that residents moved freely around the facility, and activities were being held throughout the facility, keeping residents busy and interested in what was going on around them. Many family members interviewed commented favourably on the caring staff, but felt that they were too busy and had too many responsibilities for the number of residents. Visiting members noted that mealtimes, especially breakfast, were particularly hectic with portering residents, serving meals, feeding residents, administering medications and clean-up/set-up before the next seating time. The dining rooms are small and there

are two seatings at each mealtime. Residents were observed lined up, waiting to go into the dining room, making a congested area even more crowded and noisy.

- This facility was built in the mid 1960s to accommodate 150 residents. The 1972 addition brought the total beds up to its present 248. There are 41 private rooms, and the remainder are semi-private rooms. Some of the semi-private rooms have three or four residents sharing a toileting room. All of the resident rooms, both private and semi-private, are 216 square feet, not including the toilet area and the entranceway. For residents sharing a semi-private room, there is very limited space available to them for personal effects or furniture. The limited space and a curtain between the beds does not allow for privacy or dignity.
- The regional manager of programs informed visiting members that in 2004, there were 135 admissions and discharges to this facility largely because of transfers to other facilities for various reasons. Staff informed visiting members that families making the change did not have issues related to care and programming. The moves were related to more spacious accommodation, availability of private rooms and to be closer to their family.
- Visiting members were also advised that the region recently asked for proposals from facilities under a Rejuvenation Program concept. Extendicare responded by proposing that this facility be renovated to reduce the number of beds by between 80 and 100 to allow for more dining space and larger resident rooms. Several family members interviewed indicated that they were attempting to relocate their loved one to another facility because of the small and crowded resident rooms. (See Recommendation # 1)

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members met with the contract pharmacist who advised that medications are sent by courier to the facility on a daily basis and packaged in individual time-of-day strip packs, while narcotics are stored in blister packs and are counted twice on each shift. Steroid creams are packaged in small containers to limit excess usage.
- The pharmacist reviews medication orders every 90 days, and nursing staff ensures that the physicians review medication orders at least four times per year. Visiting members were told there is limited use of chemical restraints, and if they are used, it is only under a physician's order. The regional policy requires resident medication mapping before documented approval for a specific medication is given.
- New nursing staff receive one-on-one inservices on the method of filling medication orders, which supplements the orientation they receive. Registered nurses, and licensed practical nurses who have appropriate training, administer medications.

- The pharmacist told visiting members that the Pharmacy Therapeutic Committee meets regularly. Care conferences are scheduled for six weeks after admission and are held approximately every six months thereafter. Visiting members were also told that the Drug Utilization Review System calls for nursing staff to review medications on an on-going basis, and surveys on specific drugs such as anti-psychotics are done regularly. Errors in medications are recorded and sent through the program manager to the pharmacist and the directors of programs. These are reviewed by the Pharmacy Therapeutic Committee to identify specific problem areas so that corrective action can be taken.
- The pharmacist also advised that she carries out quarterly medication room and medication cart audits and removes expired and/or non-active medications. She also stated that she felt the medication system in place is satisfactory, and that medications are safely stored. The pharmacist stated that the nursing staff and personal care aides, were aware of the necessity to observe and report any indications of a reaction to medications.
- Visiting members noted that that not all of the residents' medication administration records had photo identification, even though some of the residents had been in the facility for nearly a year. (See Recommendation # 2)
- Visiting members observed medication distribution that was being done on the units, and nursing staff were observed signing for medications as they were being administered. However, visiting members also observed that during the extremely busy, congested and high traffic movement of the 8:00 a.m. breakfast seating in the main dining room, that resident medications were not being charted after being administered. Instead of documenting the administration of the medications, there is an informal system of flagging each medication bin to remind the nurse to chart later. Visiting members observed the staff administering medications removing flags while talking to visiting members, and replacing the flags elsewhere with no indication that the staff member was checking the medication administration record. (See Repeat Recommendation # 1)

3.0 STAFF:

- Visiting members observed staff to be open, friendly and engaged with residents, family members, visitors and each other. Staff morale appeared to be positive.
- Staff were holding their annual Quality Improvement Days at the time of the routine visit. Staff stated they enjoyed the opportunity to be directly involved in identifying areas that needed improvement and the possible solutions.
- The infection control staff and management staff have been covering for the staff educator during this time. The position will be filled in the near future. Visiting members noted that the continuing

education of staff is a high priority, and a lot of effort has gone into filling the gap while the position was vacant.

- Staff have the opportunity to attend both on-site and regional education opportunities. The director of dementia care has taken the training to teach Supportive Pathways and 60 of the care staff have already had the opportunity to participate in the program. Staff informed visiting members that family members have stated they are seeing a positive difference in the way staff are interacting with residents who have dementia. All staff will have the opportunity to take the Supportive Pathways training. When a special need is identified, speakers are brought in to give special presentations dealing with the issue.
- Mandatory inservices are held, and staff stated they try to find innovative ways to do them so that staff look forward to taking them. Clinical reviews for the professional staff are held monthly. A variety of topics are covered, and policies are reviewed and updated at that time. These sessions are well attended.
- Visiting members observed that staff in the facility are very committed to creating a learning environment and staff education has a high priority.
- All staff interviewed stated that this facility was an excellent place to work and they very much appreciate the Quality Improvement Days. Educational opportunities were available to everyone interested in learning how to enhance resident quality of life.

4.0 REHABILITATION:

4.1 Physiotherapy:

- Visiting members interviewed the physiotherapist who stated she assesses all new admissions. Rehabilitation staff are assigned to several units at this site and provide rehabilitation services to another Extendicare facility located in Calgary.
- A yearly review of all wheelchairs is conducted, and the necessary adjustments are made. The delivery of wheelchairs continues to be a slow process, taking between three and four months, and sometimes longer. Staff reported that there has been an increase in the paperwork, which is time consuming and takes away from their ability to meet resident needs.
- There are 20 to 30 residents on the physiotherapist's walking list. Recreation staff are to assist with these programs, but they have limited time available as they also carry out the recreation program. Residents are not helped to walk as often as needed as there are not enough personal care aides and activity aides to meet the need. Rehabilitation staff set priorities and adjust the care

plans accordingly. It is difficult to find enough staff to do two-person activities such as two-person walks and two-person transfers. Visiting members discussed concerns relating to staff levels with management.

- Visiting members were advised that registered nurses and physiotherapy staff work as a team to read the care plan, keep it up-to-date, and staff try to be proactive and deal with concerns as quickly as possible.
- A wound management team meets regularly, and they follow wound management protocol.
- Residents and families expressed satisfaction with the physiotherapy services they receive; however, they expressed concern about whether there was enough staff to provide the needed therapy. The facility is to be commended for their commitment to providing quality rehabilitation services for residents.

4.2 Occupational Therapy:

- Occupational therapists are assigned to units, and carry out the necessary assessments at admission and when referred by nursing staff. The activity aides are to work with them to carry out the programs that have been set up. There is limited time available, and the result is that programs are not carried out as consistently as they would like. There is particular difficulty when two-person activities are required. The activity aides also have responsibilities related to the recreation program and have limited time for rehabilitation.
- The Alberta Aids to Daily Living program is taking an increasing amount of the authorizer's time and this is also impacting on the amount of time available for assessments and therapy. The occupational therapists carry out the assessments and demonstrate to the activity aides how the program is to be carried out.
- The occupational therapists provide residents with wheelchair training, and do as much as they can to increase resident independence. They also carry out small repairs on wheelchairs. Major wheelchair repairs are done through one of the suppliers.
- Residents and families expressed appreciation for occupational therapy programs, but they also had a concern about whether the programs were being carried out consistently due to the heavy staff workload. This was most evident on the units with residents who were post stroke, had multiple sclerosis, cardiac conditions and psychiatric conditions.

4.3 Recreational Therapy:

- Visiting members observed that this facility has very comprehensive recreation therapy programs which are driven by resident need. The theme of these programs is for the residents to have fun.
- Residents were observed participating in activities and appeared to be enjoying themselves. Staff stated that between 70 and 80 percent of residents participate in activities. Efforts are made to include all residents in activities.
- Staffing includes three recreation therapists and six recreation therapy aides assigned to the six different resident care units.
- Recreation therapy staff assist with resident rehabilitation as well as recreation needs. A wide range of activities are offered including walking and exercise activities, outings, bingo and games, current events, garage sales, and Happy Hour on Friday afternoons. Residents are also taken on outings in the community.
- Visiting members were advised that activities are offered on days, evenings, weekends and special occasions.
- A facility Recreation Activities Coordinating Committee meets monthly to ensure that residents get the most benefit possible from scheduled events and activities.
- A waffle lunch held during the routine visit was a great success on one of the resident units.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- Visiting members were advised that this facility has a very active pastoral care program involving six denominations who minister to residents, family members and staff. Residents, family members and staff stated they were very appreciative of the pastoral care services provided.
- The pastoral care/volunteer coordinator and four pastoral care volunteers have been trained as palliative care volunteers. Six additional volunteers are undergoing similar training to ensure support for the facility's palliative care program.
- Multi-faith worship services are conducted in the facility's auditorium.

- Residents and family members can request the services of a family spiritual care provider if they so choose.

5.2 Volunteer Support:

- Visiting members were advised that approximately 100 volunteers support the residents of this facility in a variety of ways including parties, teas, special events, gardening, and transportation to and from medical appointments.
- A comprehensive recruitment, training and retention program is in place and effectively utilized.
- Volunteer recognition activities include educational opportunities, newsletters and thank you dinners.

6.0 DIETARY:

- Visiting members interviewed the dietician and were told that within two weeks of a new admission, the food likes/dislikes are noted, and within six weeks, a nutrition priority screen is developed, including blood test analysis that identifies nutrition and feeding needs. The annual care conference includes a review of this profile.
- As part of the facility's Quality Improvement program, the dietician conducts inservice presentations on feeding, nutrition concerns, and weight loss prevention. A formal system is in place for the dietician to investigate a situation when nutrition concerns have been identified, after which a nutrition intervention plan is developed, implemented, tracked and followed up on. A weight loss prevention protocol is also in place, which includes specific identifiers, charting, monitoring and analysis of food intake.
- The facility has a hydration protocol in place that sets out a goal of offering each resident at least two litres of fluid each day either at mealtime, snack time or during administration of medications.
- Meal service is centralized and prepared on-site using standardized recipes. The menu is prepared on a five-week rotation that is adjusted seasonally. Food temperature audits are carried out at serving time in both the main and dementia dining rooms. For each of the dining rooms, there are two seating times for all meals with one hour between seatings. All dietary staff have been through the regional Food Safe program, and after orientation, are trained by site supervisory staff.
- Visiting members noted there was friendly communication between residents and staff, and residents were offered two meal choices. Special attention to meal presentation is given to the 15 residents requiring pureed meals. Bulk foodservice is provided in both dining rooms, and as the dementia dining room is not close to the

kitchen area, the food is transported and then placed on a steam table prior to serving. Visiting members noted in the dementia dining room, personal care aides serve the food to the residents and clean up after, while in the main dining room, foodservice staff are responsible for serving the residents their meals and cleaning up after mealtime.

- Both dietary and foodservice staff were observed to be asking residents about the meal, and plate waste audits are carried out to identify quality, quantity and preferences of the meals served. These audits/surveys as well as input from the Resident Council contribute to generating menu changes.
- Snacks are provided throughout the day and include fresh fruit, sandwiches, baked goods, and a variety of beverages. For residents identified through the Weight Loss program, a high protein/high calorie pudding is offered at snack time.
- The facility has developed dietary guidebooks that are divided into colour-coded sections that correspond to the same colour-coded nametags in the main dining room resident's table. There is a separate laminated page for each resident with a photo and the nutritional profile of that resident. This ensures that each resident gets the appropriate meal that has been prescribed for him or her. This system is computerized and a printout document is forwarded to the resident's nursing unit for updates. A similar manual system is in place for the dementia dining room.
- The kitchen, food preparation and dish cleaning areas all appeared to be kept clean based on a regular cleaning schedule. The rangehood fire suppression system had been inspected within the last six months. The dry food storage area was neat and well organized, and visiting members were told that the two ranges had recently been replaced, and a charbroiler has been requested.
- Visiting members observed a cart of uncovered water pitchers with ice in them in the walk-in freezer, and noted that directly above, there was a build-up of condensation that could potentially drip into the pitchers. Visiting members also observed a tray of uncovered glasses of milk on the residents' snack cart in the walk-in cooler. (See Recommendation # 3)

7.0 ENVIRONMENT:

7.1 Infection Control:

- Extencicare has infection control policies in place. They coordinate their policies with the Calgary Health Region's outbreak control policies. Staff stated that having well-developed policies in place were essential this winter, as they had to deal with a number of infectious outbreaks.

- There is a regional odour control committee in place, and staff are following their recommendations to manage odours in this older facility. These efforts appear to be working, as there was good odour control in the facility. Hampers with lids are used for dirty linen, and soiled incontinence products are placed in plastic bags and tied prior to disposal. New roof top air circulation units have been installed, and this has improved the quality of the air and air circulation.
- Preventative measures are in place to deal with antibiotic resistant organisms. Staff stated that the increased public interest in the spread of antibiotic resistant organisms has made the facility's job easier as they report better compliance with directives than in the past.
- Infection control education is ongoing, and signs stating the importance of handwashing are posted throughout the building. Visiting members observed visitors and staff using the handwashing stations.
- Staff working in this area are knowledgeable and committed to ensuring that the rate of infection is kept to a minimum.

7.2 Maintenance:

- Visiting members were advised that this facility was constructed in 1964, with an additional 100 beds added in 1972.
- A manual preventative maintenance program is in place and kept current. Building improvements recently undertaken include windows and roof replacement, and a new water softening system.
- All resident care equipment is included in the preventative maintenance program. Resident lifts are serviced and replaced on a regular basis. Manual beds are gradually being replaced with electric beds. The current 150 manual beds will be replaced with new electric beds in the near future.
- Visiting members observed that the two full-time and two part-time maintenance staff do an excellent job of maintaining this aging building.

7.3 Housekeeping:

- Visiting members observed that the housekeeping staff do an excellent job of maintaining very high standards of cleanliness throughout the facility in spite of a variety of aging flooring surfaces.
- A regular cleaning schedule is in place, including deep cleaning, which is done once a year.

- Staff members expressed their appreciation for being included as part of the care team. Most housekeeping staff are long-term employees of this facility.
- Staff utilize a daily communication book which works very well to keep all staff informed of any housekeeping issues that arise.
- Staff members have access to a variety of inservice education opportunities, and are active participants in quality improvement teams. Their supervisor reviews their performance annually.

7.4 Laundry:

- Visiting members were advised that the facility does all of its own laundry and linens, including residents' personal clothing.
- The facility also makes resident clothing labels for all Extendicare facilities in Western Canada.
- Laundry staff are very proud of their contributions to resident care. Many of these staff members are also long-term employees.
- The facility has a regular linen replacement program in place.

7.5 Safety/Security:

- Occupational health and safety has a high priority in this organization. The Occupational Health and Safety Committee have been focusing on the reduction of injuries, especially the lost time injuries and the near misses, and raising the staff's awareness that these injuries are preventable. Staff informed visiting members that there has been a decrease in the number of injuries since they focused on this issue.
- A dual lift policy is in place, and no manual lifting is allowed. Staff are to use slides and mechanical lifts. Visiting members commend the implementation of this policy, as it enhances resident and staff safety.
- The facility is involved in the Partners in Injury Reduction Program. Staff have taken the auditing course and can now do internal audits. Staff are enthusiastic and committed to the injury reduction program, and the results reported to indicated that there has been a reduction in staff injuries.
- The fire marshal has been trained by the Calgary Fire Department and is carrying out the required fire drills. On the night shift, silent alarms are used so that residents aren't disturbed. They have two alarm drills as required by fire regulations during the year. The focus of the fire marshal is on fire, bomb

threats and missing residents. Fire drills appear to be well done and meet the fire code regulations.

- Management staff carry out a table top exercise once a year to maintain knowledge about the disaster plan, and to make any changes that will improve the plan. All staff receive mandatory inservice on the disaster plan and fire safety.
- Doors are locked at 8:00 p.m., and the evening and night nurses have a security checklist that they follow. There is an electronic lockdown and WanderGuard system in place. Staff reported that resident elopement is rare.

8.0 ADDITIONAL PROGRAMS:

Social Work:

- Visiting members were told that the multi-site social worker receives referrals from the nursing units to provide advice and assistance in areas such as access to community programs, for example, Assured Income for the Severely Disabled, Old Age Security, Alberta Seniors Benefit Plan, as well as facilitating family sessions to deal with issues such as dementia.
- Working closely with the volunteer coordinator, the social worker organizes and/or facilitates family or group sessions on topics such as guardianship and personal directives. The social worker also chairs and facilitates the Resident Council, which meets monthly, and has presentations from various staff members in the facility. The Resident Council meetings are attended by approximately 15 to 20 residents and family members. Minutes of the meetings are distributed, and a newsletter called the Cedars Post is published monthly.
- The social worker is also involved in putting on regular in-house staff training sessions of the CARE Program. This program has four modules, each one taking about three hours. These sessions are presented two or three times a month at both Extendicare/Cedars Villa and Extendicare/Hillcrest.

Mental Health Services:

- Visiting members were told that a regional geriatric mental health consultant visits the facility weekly, as well as on request, to carry out resident assessments and assist staff in dealing with specific problems.

9.0 RECOMMENDATIONS:

Repeat Recommendation:

- 1. Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**

New Recommendations:

- 1. For the comfort, privacy and dignity of the residents, the facility is encouraged to continue its efforts to secure approval for the Rejuvenation Program to improve the living space and the quality of life for the residents.**
- 2. For the safety and security of the residents, ensure each resident medication administration record includes current photo identification.**
- 3. For the health and safety of the residents, ensure that all food and beverages stored in the freezers and coolers are appropriately covered to avoid contamination.**

July 7, 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: Extendicare/Cedars Villa, Calgary
Routine Visit – April 28 and 29, 2005

Thank you for your report of June 30th, 2005 with respect to the routine visit to Extendicare/Cedars Villa, conducted by members of the Health Facilities Review Committee on April 28 and 29, 2005.

By copy of this letter, I am requesting that Mr. Paul Rushforth, Vice-President of Western Operations, Extendicare (Canada) Inc., provide a response to the recommendations by September 30, 2005 and copy our office.

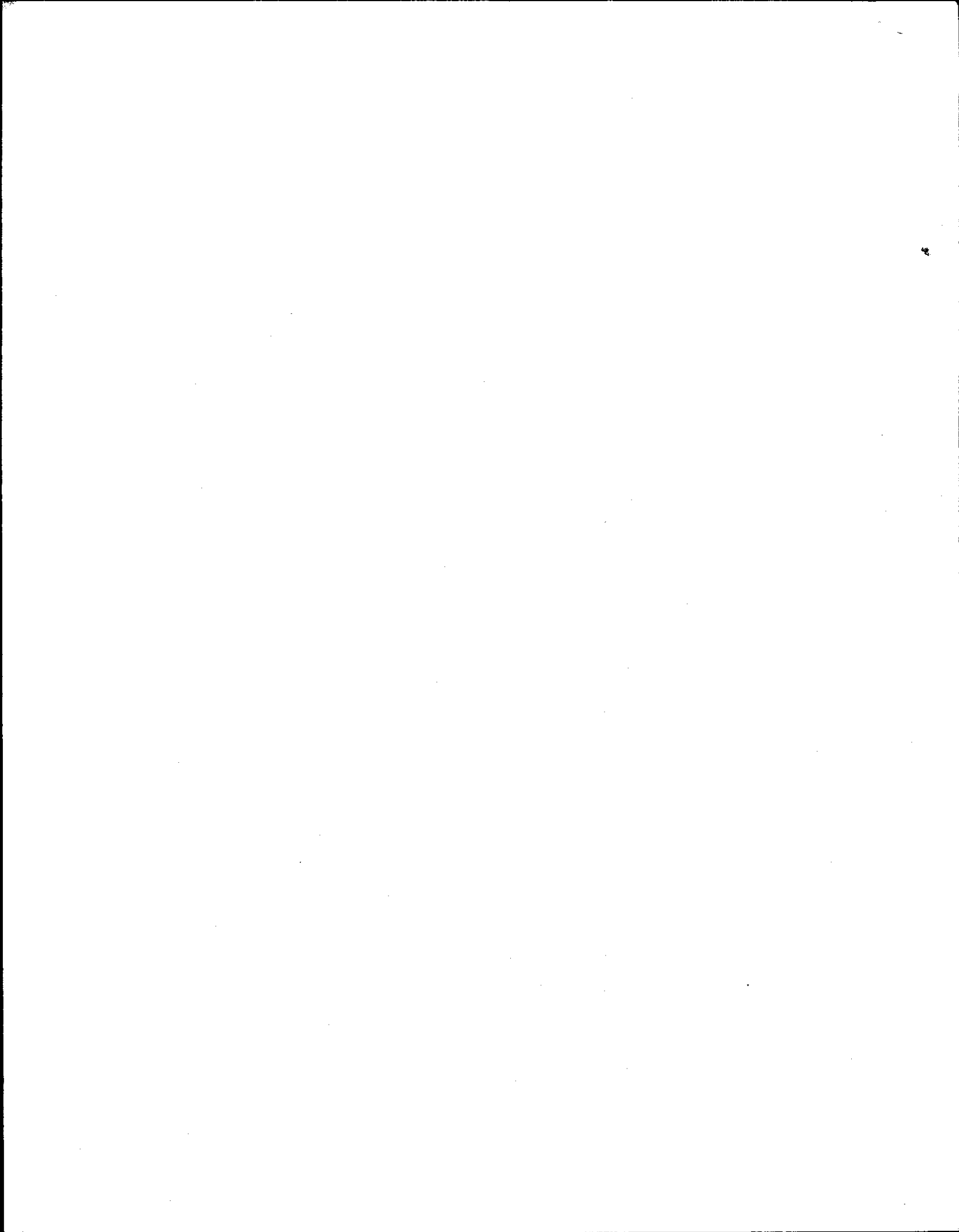
I am also forwarding a copy of this letter to our Corporate Counsel for information.

Sincerely,

David Tuer
Board Chair

c: Paul Rushforth, Vice President of Western Operations, Extendicare (Canada) Inc.
Brenda Huband, Vice President, Southeast Community Portfolio
Dr. Chris Eagle, Executive Vice President & Chief Clinical Officer
Debbie Mansell, Quality Specialist, Supported Living Services
David Weyant, General Counsel

/ld



August 26, 2005

EXTENDICARE

HFRC	
SEP 22 2005	
CHAIR	
EA	
MM	
SEC	
MGRS	
	CORR
BF	
FOIP	
MR	
FILE	

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

Dear Honourable Mitzel:

RE: Routine Visit Extendicare Cedars Villa, April 28 and 29, 2005

On behalf of the staff at Extendicare Cedars Villa please extend our appreciation to the Committee for the respectful manner in which the review was conducted and the recognition in the report of the valued work being conducted at the facility.

Following are the responses/actions taken to the recommendations arising out of the visit.

Recommendation:

Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in LTC facilities.

Response:

The R.N./L.P.N. staff are aware that this is a requirement, education, policies and processes are developed and in place. Regardless, the process requires ongoing attention to enforce practice. The Pharmacy and Therapeutics Committee will make this a standing agenda item and will process map the medication pass process and complete a root cause analysis and action plan to correct this situation.

Recommendation:

For the comfort, privacy and dignity of the residents, the facility is encouraged to continue its efforts to secure approval for the rejuvenation program to improve the living space and the quality of life for the residents.

Response:

Extendicare has submitted a proposal to the Calgary Health Region that would address the buildings deficiencies. Discussion on this proposal remains outstanding.

Recommendation:

For the safety and security of the residents, ensure each resident medication administration record includes current photo identification.

Response:

An audit has been completed of the Medication Administration records and photo identification is in place on all records.



Recommendation:

For the health and safety of the residents, ensure that all food and beverages stored in the freezers and coolers are appropriately covered to avoid contamination.

Response:

This situation was corrected immediately; frequent checks have been performed to ensure staff are consistently following this recommendation.

Sincerely,



Paul Rushforth
Vice President Extendicare Canada Inc
Western Operations

cc: Honorable Iris Evans, Minister of Health & Wellness
Ms Paddy Meade, Deputy Minister, Health and Wellness
Mr. David Tuer, Chair, Calgary Health Region
Ms Linda McGeough, Regional Director, Extendicare Canada Inc
Ms. Lori Young, Regional Manager, Extendicare Calgary
Ms Debra Mansell, Quality Specialist, Calgary Health Region



August 26, 2005

EXTENDICARE

HFRC	
SEP 22 2005	
CHAIR	
EA	
MM	
SEC	
MARS	
	CONF
BF	
FOIP	
MR	
FILE	

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

Dear Honourable Mitzel:

RE: Routine Visit Extendicare Cedars Villa, April 28 and 29, 2005

On behalf of the staff at Extendicare Cedars Villa please extend our appreciation to the Committee for the respectful manner in which the review was conducted and the recognition in the report of the valued work being conducted at the facility.

Following are the responses/actions taken to the recommendations arising out of the visit.

Recommendation:

Ensure that medications are signed for at the time of administration to each resident to comply with the Pharmacy Services Requirements in LTC facilities.

Response:

The R.N./L.P.N. staff are aware that this is a requirement, education, policies and processes are developed and in place. Regardless, the process requires ongoing attention to enforce practice. The Pharmacy and Therapeutics Committee will make this a standing agenda item and will process map the medication pass process and complete a root cause analysis and action plan to correct this situation.

Recommendation:

For the comfort, privacy and dignity of the residents, the facility is encouraged to continue its efforts to secure approval for the rejuvenation program to improve the living space and the quality of life for the residents.

Response:

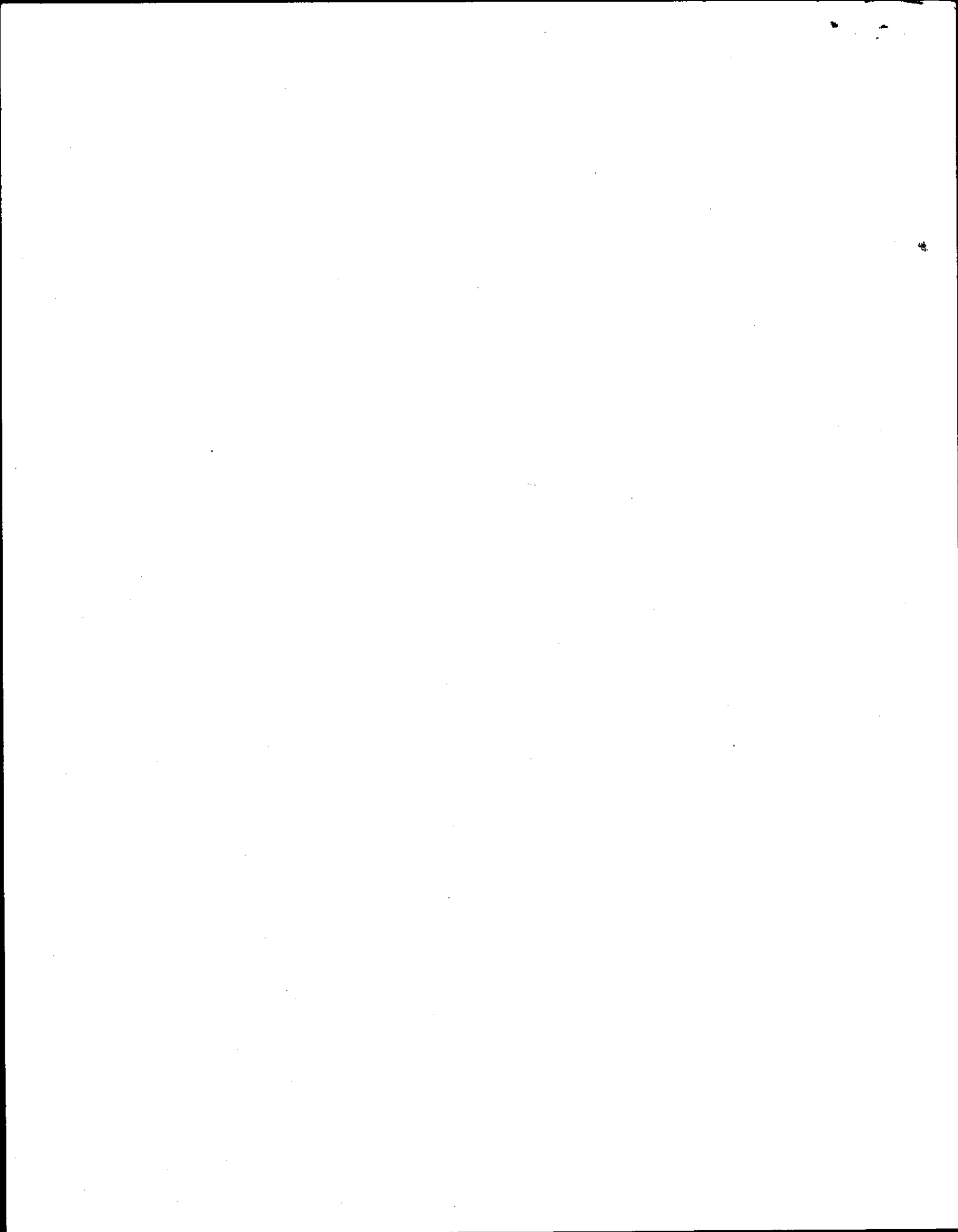
Extendicare has submitted a proposal to the Calgary Health Region that would address the buildings deficiencies. Discussion on this proposal remains outstanding.

Recommendation:

For the safety and security of the residents, ensure each resident medication administration record includes current photo identification.

Response:

An audit has been completed of the Medication Administration records and photo identification is in place on all records.



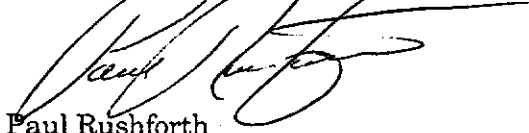
Recommendation:

For the health and safety of the residents, ensure that all food and beverages stored in the freezers and coolers are appropriately covered to avoid contamination.

Response:

This situation was corrected immediately; frequent checks have been performed to ensure staff are consistently following this recommendation.

Sincerely,



Paul Rushforth
Vice President Extendicare Canada Inc
Western Operations

cc: Honorable Iris Evans, Minister of Health & Wellness
Ms Paddy Meade, Deputy Minister, Health and Wellness
Mr. David Tuer, Chair, Calgary Health Region
Ms Linda McGeough, Regional Director, Extendicare Canada Inc
Ms. Lori Young, Regional Manager, Extendicare Calgary
Ms Debra Mansell, Quality Specialist, Calgary Health Region

