

October 8, 2004

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

Ms. Peggy Castellino
Board Chair
Sisters of Providence
Father Lacombe Care Centre
332 - 146 Ave. S.W.
Calgary AB T2X 2A3

David
Dear Mr. Tuer and Ms. Castellino:

RE: Father Lacombe Care Centre, Calgary
Routine Visit - July 27 and 28, 2004

A routine visit to the Father Lacombe Care Centre was conducted by members of the Health Facilities Review Committee in July 2004. A summary of their observations and findings has been attached for your review. The following are **recommendations** for your attention:

- 1. Ensure that nursing staff watch each resident consume their medications before signing for it as taken, to ensure the health and safety of all residents.**
- 2. Ensure that a regular cleaning schedule is established and followed for the kitchen rangehood, the vents above the grill, and the kitchen ceiling vents.**
- 3. Ensure that hazardous wastes (sharps, etc.) are securely stored in a locked area, for the protection and safety of residents, staff and the public.**

Your reply to these recommendations is important to us. We would appreciate your response by **January 15, 2004** 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 June 2001. These changes are highlighted in the attached summary. The members were especially impressed with the recreation programs in place for the enhancement of the residents' quality of life.

In closing, I wish to thank the residents, family members, visitors, the Director of Care 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 patients and residents of the Father Lacombe Care Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,


Bob Maskell, MLA
Chairman

Attachment

c.c. Honourable Gary G. Mar
Minister of Health and Wellness

Dr. Roger Palmer
Deputy Minister, Health and Wellness

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

Executive Director
Father Lacombe Care Centre

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Father Lacombe Care Centre, Calgary

Dates of Visit: July 27 and 28, 2004

PEOPLE INTERVIEWED:

- 49 Residents
- 18 Family Members/Visitors
- Executive Director
- Director of Care
- Program Leader, East
- Program Leader, West
- Pharmacist
- Education Coordinator
- Therapeutic Services Coordinator
- Physical Therapist
- Occupational Therapist
- Recreation Therapist
- Pastoral Care Coordinator
- Volunteer Services Coordinator
- Director of Support Services (Aramark)
- Environmental Services Coordinator
- Housekeeping Supervisor
- Social Worker
- Registered Nurse in Charge, Adult Day Support Program
- Unit Clerk, Adult Day Program
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN JUNE 2001:

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

- Management has communicated to staff the importance of wearing nametags, and staff are being encouraged to wear them at all times. Visiting members noted during the routine visit that staff were wearing visible name identification.
- The executive director has communicated with Alberta Aids to Daily Living with regard to the slow delivery of equipment for residents. The delivery time of equipment ordered from Alberta Aids to Daily Living is now four to six weeks.

- Cleaning procedures have been adjusted to ensure all kitchen equipment is checked and cleaned when required. The old food storage racks have been replaced.
- Monthly inspections are recorded on all portable fire extinguisher tags and the procedures have been revised to ensure inspections are noted. Management conducts routine but random checks of fire extinguisher tags.

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

- Both respite rooms have been renovated so that the bathroom is now separate from the bedroom area.
- The medication room on both the east and west wings have been moved to accommodate the medication carts as the facility is working towards receiving narcotics in pouches from the pharmacy and the carts must be more secure. The medication policies and procedures are being updated.

Program changes/improvements since the last visit:

- The number of hours of physiotherapy and occupational therapy services has increased.
- The recreation therapy programs have been increased and activities are now offered during evenings and weekends. Participation is based on resident's choice and staff respects those choices. The facility has implemented a standardized and reliable tool for recreational assessments with outcome measures called MARRC (Measurable Assessment in Recreation for Resident Centered Care). Results are used to determine if programs scheduled are meeting residents' needs. It monitors programs to ensure that a balance of programs are offered. Monthly recreation planning and semi-annual special events planning meetings have been implemented. This process has improved the quality of special events offered to residents and increased the variety and number of special outings for residents.
- The dining room has been made available outside of regular mealtimes for use by residents and family members. The dining area has been redecorated to make it a more homelike environment.

1.0 RESIDENT CARE:

- The present facility was opened in 1965 and includes 34 private and 38 semi-private residents rooms as well as two unfunded respite rooms. The respite rooms are currently being used as either transition beds or to accommodate the separation of residents who are not able to function in a semi-private environment. Each room has a vanity and sink in the room and an adjacent toilet area. Residents bathe in separate rooms as all need some or total assistance with bathing. Rooms are large enough to allow privacy for two residents.

- Visiting members observed the residents to be well groomed, happy in their environment and participating in many of the activities provided. There seemed to be very good interaction between the residents and staff, and sincere care and attention was displayed by the staff. Staff reported and visiting members observed an emphasis on teamwork by caregivers. Family members commented that they were very thankful for the care and compassion shown to residents by all staff.
- Comments received from resident and family interviews included:
 - "This is better than home."
 - "Just a wonderful place to be."
 - "They take better care of Mom than we could."
 - "Really like the food and the exercises."
 - "Would like more outings."
 - "Everything is very good, but the resident cat should not be allowed to run loose."
- The facility is a Catholic, community-based facility and its mission statement since 2002 is "Healing and Hope through Teamwork." Residents from all faiths are welcomed and accommodated. Currently, approximately 40 percent of residents are of the Catholic faith.
- The residents on the east wing live with conditions such as Alzheimer's disease, dementia, and conditions resulting from strokes and heart attacks, etc.
- Both licensed practical nurses and personal care aide staff hours have been increased in the past two years. A registered nurse or registered psychiatric nurse is on staff for all shifts, two licensed practical nurses on day shifts, one licensed practical nurse on evening and night shifts, as well as personal care aides. Some residents have companions for part of the day and evening, which is provided by family members.
- Approximately 45 residents require partial or total feeding assistance. Currently, one resident uses gastric tube feeding. Visiting members observed and commend the organized schedule of staggered time periods at mealtimes to permit staff to have adequate time to assist residents.
- Visiting members observed residents enjoying breakfast and noon meals in three separate small dining areas, which helps to create a homelike atmosphere for the residents. All dining areas appeared to be adequately staffed.
- Several family members were interviewed, while assisting their loved one with a meal in their room, and all stated they had no concerns and felt assured that help was given when they were not there.
- Staff advised visiting members that approximately 40 percent of residents on the east wing are able to walk, some with walkers. Visiting members observed a number of residents participating in a walking program. Safety was recognized by the use of

resident safety belts and a staff member following with a wheelchair in case the resident needed to sit down.

- Visiting members were advised that on average seven to eight residents are very compromised physically and use a Broda chair to provide comfort and reduce pressure on buttocks and back areas. Family members and staff have received training to understand how to fully use the Broda chair functions.
- Staff stated they follow the regional skin and wound protocol. Currently, three to four residents are being monitored and treated. Air pressure mattresses are used for residents who are especially at risk.
- Staff stated that good hydration for the residents is emphasized. Visiting members observed extra fluids offered and consumed with meals, and additional fluids offered between meals.
- Visiting members were told that clysis may be used to improve hydration in some instances for residents who are receiving palliative care. Intravenous therapy is not used in this facility.
- Staff reported that urinary catheters are never used for residents with urinary incontinence. At the time of the routine visit, two residents had an indwelling catheter (for other physical incapacities) and they are closely monitored for potential urinary tract infection.
- Some residents who are mobile, and who will benefit, are provided with a disposable pull-up incontinence brief. The additional cost of the product is shared by the resident. Visiting members commend the care providers for offering this option to enhance resident dignity.
- Visiting members were advised that care plans are also carefully monitored for resident issues such as bowel care and behaviour management.
- The facility operates on a least restraint policy. No back fastening chair belts are used. A tray or front fastening belt may be used to provide safety and support for a resident. Also available are both bed and chair alarms to alert staff to possible resident safety issues.
- Staff indicated that behaviour management methods practiced by the staff include distraction methods, as well as assessment by a mental health practitioner. If medication is prescribed, the resident's status is reviewed at least every three months.
- Visiting members were told that multidisciplinary conferences are held six weeks following admission for each resident, after hospital admissions and on an annual basis. Staff reported that the family physicians that attend to the residents provide

comprehensive resident assessments, communicate well with family members and are part of the multidisciplinary team care conferences. Staff stated that physicians contribute significantly to resident/family well-being and confidence in the care team.

- Two cats that make their home in the facility were observed interacting with the residents. The residents were obviously enjoying them as lap companions or observing them in the social rooms.
- The residents benefit from the availability of a hair salon that operates five days a week. The salon operator was observed to be bringing a kind and cheerful attitude to her time with residents.
- Visiting members were informed that the facility has a Residents' Council that meets regularly and is well attended. There is also a Residents' Food Committee that addresses all meal related issues.
- The facility recently completed a resident satisfaction survey and is in the process of developing a family satisfaction survey.

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members interviewed the pharmacist who is part-time and works 1.5 days each week. The pharmacist is on contract with Central Care Medical Pharmacy.
- Staff stated that there is a 24-hour pharmacy call line available to caregivers for emergencies or incidents.
- Staff advised that medications are distributed in seven-day strip packaging that displays the resident's name, and the date and time the medication should be administered. The strip packages are prepared at Central Care Medical Pharmacy's main outlet.
- Visiting members noted that medication profiles included current resident photo identification.
- Visiting members observed staff giving medications to a number of residents by leaving these medications at the residents' place at her or his dining table. Four residents were seated at each table. Nursing staff were observed signing for medications when they were given. Staff stated that this practice is only done with residents who are cognitively aware. Visiting members advised care staff that they should be watching each resident consume the medication prior to signing for it as administered. (See Recommendation # 1)
- The pharmacist noted that medication order reviews are conducted by the pharmacist and the residents' physician at least every 90 days.

- Visiting members were advised that both registered nurses and licensed practical nurses administer medications to residents.
- The pharmacist advised visiting members that her primary role is as a care team member with nursing staff and physicians, and to participate in each residents' multidisciplinary care conference.
- The Pharmacy Therapeutic Committee meets every three months and reviews incidents/error issues at that time.
- Chemical restraints and anti-psychotic medications are prescribed to calm residents in a state of anxiety, and especially residents in the east wing where cognitive issues are a greater concern.
- Renovations to the west wing medication room have been completed to enable the medication cart to be locked in the room. Renovations to the east wing medication room are underway. Currently, medication carts are kept locked when not in use by care staff.

3.0 STAFF:

- Visiting members interviewed the education coordinator and were informed that a significant positive aspect of staff education is that the care managers are committed to ongoing staff education and are aware of the processes including the implications for budget planning.
- Visiting members observed that staff morale appeared to be good. Staff interviewed stated that there is good teamwork and that staff really like to work at this facility. Staff also stated they feel that management is committed to the staff and residents, and indicated that they have a trusting relationship with administration. All staff interviewed indicated they were very satisfied with the work environment and the encouragement and support from the administration for training and professional development programs such as care plan documentation and palliative care.
- Visiting members noted that all of the support staff were very friendly, caring and respectful of the residents.
- All staff are provided with a one-day general orientation that includes generic and administrative issues. Job-specific orientation is done using the buddy system on two of the caregiver's regular shifts (either on the day or evening shift), plus one other shift.
- Visiting members were told that in the past year, 649 staff attended educational inservice opportunities. The education coordinator plans inservices in 20 to 30-minute sessions and provides two to four sessions on each topic, giving all staff

ample opportunity to attend. The education coordinator stated there are monthly inservices relating to dementia, seniors and aging, and common diseases of the elderly.

- Staff have the opportunity to attend educational inservices off-site and are expected to request those that are relevant to their work area and the needs of residents.
- Visiting members were advised that the Education Resource Centre for Continuing Care is a very useful resource for staff education.
- Mandatory inservices include WHMIS, fire and safety training, disaster plan, etc. for all staff with additional mandatory inservices for nursing staff which includes topics such as aggression, infection control, and lifts and transfers.
- Other team members such as pastoral care and rehabilitation staff also provide inservices for nursing staff. Visiting members were advised that the mental health nurse has been helpful in giving inservices for staff regarding specific resident behaviours and best practices in dealing with related issues.
- Visiting members were told that the Eden Philosophy of providing care is being integrated by care staff, which includes enhanced resident independence and choice, and is inclusive of children in resident activities.
- The facility has an Ethics Committee that is made up of staff representing all the areas involved in direct care. Its role is to ensure that the rights of residents are maintained and that their quality of life is enhanced by the various programs.
- Most of the personal care aides have completed the Personal Care Aide program.
- Visiting members commend management and staff for the commitment to ongoing education that ultimately benefits staff morale and resident care.

4.0 REHABILITATION:

4.1 Physiotherapy:

- The rehabilitation services offered at the facility are physiotherapy, occupational therapy, and recreation therapy. The therapeutic services coordinator manages all three departments. The facility has a 0.6 FTE physiotherapist and two part-time rehabilitation aides. Therapeutic services team meetings are held daily.
- Visiting members were told that approximately 80 to 90 percent of residents are receiving physiotherapy services on a regular basis.

- A resident satisfaction survey for the whole facility is carried out annually which indicated satisfaction with physiotherapy services.
- The space allocated to the physiotherapy program is adequate. The recent acquisition of a platform walker and the donation of a quadra-cycle by the Rotary Club have brought the physiotherapy equipment up to a very good level.
- Occupational therapy staff provide good coverage during physiotherapy staff absences.

4.2 Occupational Therapy:

- Visiting members were advised that the occupational therapist is full-time, and is assisted by part-time rehabilitation aide.
- Residents and family members interviewed indicated satisfaction with the level of occupational therapy services provided.
- In addition to providing service to the residents of the facility, the occupational therapy staff act as consultants by providing input to the Adult Day Support Services program.
- Staff indicated that upon admission, a resident is assessed as to seating, swallowing, wound care and mobility requirements. On occasions where three or more residents require a seating assessment, staff from the regional seating clinic attend the facility.
- There are a number of group programs offered during the week and one-on-one therapy sessions are scheduled as required.
- Visiting members were told that requisitions to Alberta Aids to Daily Living are being filled within four to six weeks.
- Physiotherapy staff provide coverage for occupational therapy staff during absences.

4.3 Recreational Therapy:

- The recreation therapy department is staffed by a full-time recreation therapist as well as two rehabilitation aides to cover the very extensive recreation programs offered. Activities are provided Monday through Saturday during the day, and from 4:00 p.m. to 8:00 p.m. on Saturday and Sunday. A music therapist provides music every second and fourth Monday.

- Visiting members were told there is an 80 percent participation rate in recreation programs. One-on-one activities are provided for those who do not wish to or who are unable to participate in a group setting.
- The facility has a bus that can accommodate five wheelchairs or a total of 11 passengers for outings. There are six to seven outings planned each month with a limit of two outings per month for each resident. One resident interviewed indicated he would like to go out more than twice per month. Visiting members were told that when there is a vacant spot on the bus, other residents are given the opportunity to go out more often.
- Staff stated there are two separate recreation programs in place, one for each of the wings. Residents in the west wing have more cognitive abilities, and have requested that activities be provided only during the day.
- Activities planned include karaoke, fun and fitness, memory exercises, card socials, mind challenges and bingo.
- The recreation therapist stated that programs are developed based on a social model of care and various assessment tools are used. These programs are evaluated annually with specific concerns addressed as required.
- There is sufficient space and equipment to carry out the various programs and all rehabilitation staff expressed appreciation for the support and encouragement given by administration.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- Visiting members interviewed the full-time pastoral care coordinator who advised visiting members that pastoral care services are enhanced by a part-time volunteer Roman Catholic Sister who attends residents daily for one-on-one visits and to assist in feeding residents.
- Memorial services are held at the time of a resident's death when requested by the family. Memorial services are also held every three months for other residents, family members and staff.
- The facility has a lovely chapel that has space for approximately 30 people. The chapel is also used for quiet time or prayer by residents and family members.
- Approximately 40 of the residents are of the Roman Catholic faith. Roman Catholic services are held every morning. Also provided are Anglican, United

Church, Lutheran and Christian Assembly services by visiting ministers and pastors.

- A brief two-minute overhead announcement is heard daily in the facility, with an inspirational thought and the Lord's Prayer.
- The pastoral care coordinator stated that palliative care is integrated with pastoral care with 12 to 13 volunteers trained and available to provide support to residents and/or family members, but especially to the resident if family members are not available. Depending on space availability, the resident (or roommate) are moved to a separate room. At the time of a resident's death, a candle lighting is conducted at the bedside to honour each resident as a special individual and to honour the person's life. It was noted that this ceremony is appreciated as recognition of the sacredness of life, which is a core value of the facility. Staff in pastoral care services attempt to exemplify this value for all residents and staff in the facility.

5.2 Volunteer Support:

- Visiting members interviewed the volunteer coordinator who stated there are approximately 150 active volunteers, which is a slight increase from the previous year.
- The volunteers assist with the therapeutic programs, portering, feeding, outings and the Adult Day Support program.
- Visiting members were advised that all volunteers are reference checked and police security checked, and provided with training.
- Volunteers interviewed indicated that the facility is a very positive place to work.
- The facility has a Volunteer of the Month program and an annual volunteer appreciation event is held.

6.0 DIETARY:

- Visiting members interviewed the director of support services, and were advised that Aramark Canada Ltd. is contracted to provide dietary and housekeeping services to the facility.
- The main resident dining room was observed to be large, bright and pleasantly decorated. Residents are seated at tables for four. Visiting members were informed that volunteers come in periodically to play the piano during mealtimes.

- Visiting members observed residents enjoying both breakfast and noon meals, and noted residents to be consuming most of the food. Residents and family members interviewed indicated satisfaction with most of the meals offered.
- Visiting members were informed and observed that approximately 50 percent of residents require assistance with meals.
- There is steam table service for residents in the main dining area, providing individualized serving sizes and choice of entrée meals. The majority of residents from the west wing are able to enjoy their meals in the main dining room.
- Residents in the east wing are provided with tray services for the large number of residents who require feeding assistance, and this service also allows for a staggered delivery time of meals, which gives staff more time to provide assistance.
- Dietary staff attend the one-day general orientation. Most staff have had the Food Safe Course as initial training.
- The menu is prepared on a three-week rotation and was revised in June 2004. Staff stated that 95 percent of the food served is prepared on-site.
- Visiting members were advised that the kitchen rangehood fire suppression system was last checked in March 2004. Visiting members were shown documentation evidencing the inspection.
- The refrigerator and freezer areas, kitchen counters, sinks and floors were observed to be clean and well organized.
- Visiting members observed that the kitchen ceiling vents and ceiling area surrounding the vents appeared dirty and dusty. Dietary and maintenance staff are to schedule for regular cleaning of vents. The rangehood and the vent above the grill were observed to be sticky and dusty. (See Recommendation # 2)

7.0 ENVIRONMENT:

7.1 Infection Control:

- Staff stated that the facility follows the Calgary Health Region's infection control policy and procedures.
- Infection control precautions include providing education as part of volunteer orientation and by providing inservices to the caregiver support group.

- Visiting members were advised that the majority of residents have been immunized for influenza, and that only one resident declined immunization. Over 80 percent of staff have received immunization for influenza.
- Visiting members observed that gloves are available on each linen/care cart, and that caregivers used gloves while giving personal care.
- Visiting members were informed that there have been no outbreaks of antibiotic-resistant organisms in the past several years. There was one Clostridium Difficile infection early this year and appropriate procedures were followed to contain the infection.
- Preventative measures in place in the facility include emphasis on handwashing and additional Isogel washing procedures in the event of an outbreak. Visiting members observed an Isogel station at the main entrance and appropriate signage to encourage everyone entering the facility to use the stations.
- Visiting members observed containers containing sharps in a bag in the utility area, to be picked up by the regional disposal service when the container is full. There is a concern that the area is not secure and that the containers would be accessible to anyone who may wander into the area. (See **Recommendation # 3**)

7.2 Maintenance:

- The full-time environmental services coordinator is responsible for all building and equipment maintenance. The facility has a computerized preventative maintenance program in place that is kept up-to-date.
- Visiting members were told that any maintenance or repairs that the maintenance staff are not qualified to carry out are contracted out to the appropriate tradesmen. Landscaping, snow and ice removal are contracted out.
- There are 14 lifts at the facility and 95 to 100 electric beds. Staff indicated that by the end of 2004, all beds in the facility would be electric beds.
- Staff stated that the existing call bell system is scheduled to be replaced in 2005. Major roof repairs are planned for the near future.
- Visiting members were advised that the facility is steam heated and the temperature of the hot water system is checked regularly. All of the tubs in the facility are serviced twice each year. They are set to a temperature range

of 99 to 104 degrees. At 109 degrees, an alarm sounds, and at 115 degrees, the tub system shuts down.

- The building appeared to be very well maintained throughout. Visiting members were told that there is good support from administration for maintenance activities.

7.3 Housekeeping:

- Visiting members were advised that five housekeeping staff are on duty from 7:00 a.m. to 3:00 p.m., and two housekeeping staff are on duty during evenings, Monday through Friday. Weekends are covered by two staff members during both day and evening shifts.
- Staff stated that the housekeeping department has a regular cleaning schedule, which is followed and kept up-to-date.
- Resident rooms are cleaned at least daily, with the room dry mopped, and the bathroom cleaned and washed completely. There is a complete cleaning of resident rooms upon discharge of the resident.
- Nursing staff stated they inform housekeeping staff of any resident infections, so that specific extra precautions can be taken with cleaning procedures.
- Outside windows are cleaned twice yearly, with this year's cleaning to be done by contract workers.
- Housekeeping staff advised visiting members that family members often comment on the cleanliness of resident rooms.
- Visiting members observed the facility to be very clean and attractive.

7.4 Safety/Security:

- All portable fire extinguisher inspection tags were noted to be initialled as being checked monthly. All fire exits were appropriately marked and were clear of any obstructions.
- Fire and safety drills are carried out monthly for all shifts, and the education coordinator instructs all staff as to the emergency procedures and the disaster plan, which is linked to the regional disaster plan.
- Staff stated that the emergency generator is checked under a full load on a weekly basis. It is fuelled by natural gas with a propane backup.

- The WanderGuard system is in place for residents of the east wing. Care staff members check the WanderGuard bracelets daily.
- Visiting members were informed that the facility entrance/exit doors are locked at 8:00 p.m. in the summer months and at 5:00 p.m. in the winter months. A computerized security system has been budgeted for 2004, and available systems are currently being reviewed.

8.0 **ADDITIONAL PROGRAMS:**

Adult Day Support Program:

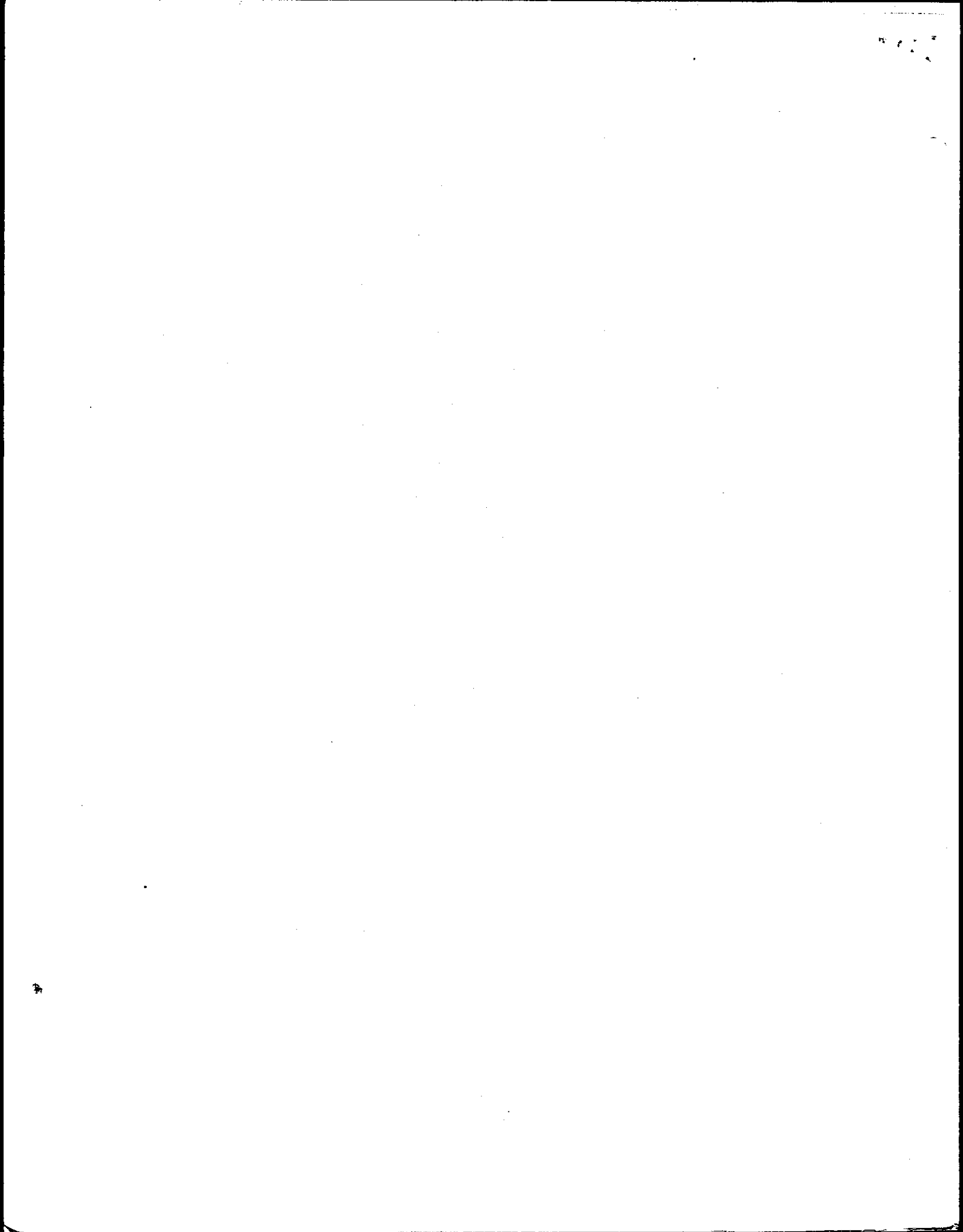
- The Adult Day Support Program is under the direction of a registered nurse and is available to an average of 16 to 18 clients from the community. It operates five days per week from 9:00 a.m. to 3:00 pm. Each client attends up to three days each week, usually for one or two days.
- The participants come from their own homes or from group homes, to provide respite for their caregivers and for the clients' stimulation and recreation.
- Activities for clients include recreation, social and physical activities.
- Clients may receive the services of pastoral care or social work staff, consultation with a podiatrist, or dietary counselling. A bath for some clients may be provided on the care unit.
- Available nursing care includes dressing for wound care, vitamin B12 injections, vital signs monitored, blood sugars and insulin injections.
- Clients are physically frail, cognitively impaired or living with a chronic illness. Clients are referred to the program and must be a Home Care program client to be eligible.
- There is a \$15.00 per day charge that includes lunch and snacks, and the services provided.
- Visiting members observed clients in the large, comfortable day program room, enjoying a sing-along with the pastoral care coordinator.
- Socializing and mobility are encouraged by both day program activities and by outings that include bus trips to the country, picnics, shopping, etc.
- The program is a valuable resource for care and respite for clients and families. It is also important to some clients who may soon require long-term care placement.

Social Work:

- The facility has a 0.8 FTE social worker who works Monday to Thursday providing services to residents, families, the Adult Day Support program and staff.
- The social worker chairs the Residents' Council and the Residents' Dietary Committee, and is also a part of the Care Givers Support Group and provides inservice to staff on issues such as violence in the workplace.
- On an admission, the family and social history is noted and in coordination with occupational therapy, a mini-mental assessment is carried out.

9.0 RECOMMENDATIONS:

1. **Ensure that nursing staff watch each resident consume their medications before signing for it as taken, to ensure the health and safety of all residents.**
2. **Ensure that a regular cleaning schedule is established and followed for the kitchen rangehood, the vents above the grill, and the kitchen ceiling vents.**
3. **Ensure that hazardous wastes (sharps, etc.) are securely stored in a locked area, for the protection and safety of residents, staff and the public.**



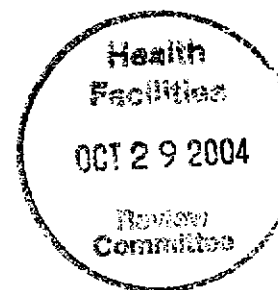
October 18, 2004



calgary health region

Office of the Board

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Bob Maskell, MLA
Chairman
Alberta Health Facilities Review Committee
250 Garneau Professional Centre
11044 - 82 Avenue N.W.
Edmonton, AB T6G 0T2

Dear Mr. Maskell:

Re: Father Lacombe Care Centre, Calgary
Routine Visit - July 27 & 28, 2004

Thank you for your report of October 8, 2004 with respect to the routine visit to the Calgary Father Lacombe Care Centre, conducted by members of the Health Facilities Review Committee in July 2004.

By copy of this letter, I am requesting that Ms. Peggy Castellino, Board Chair, provide a response to the recommendations by January 15, 2005 and copy our office.

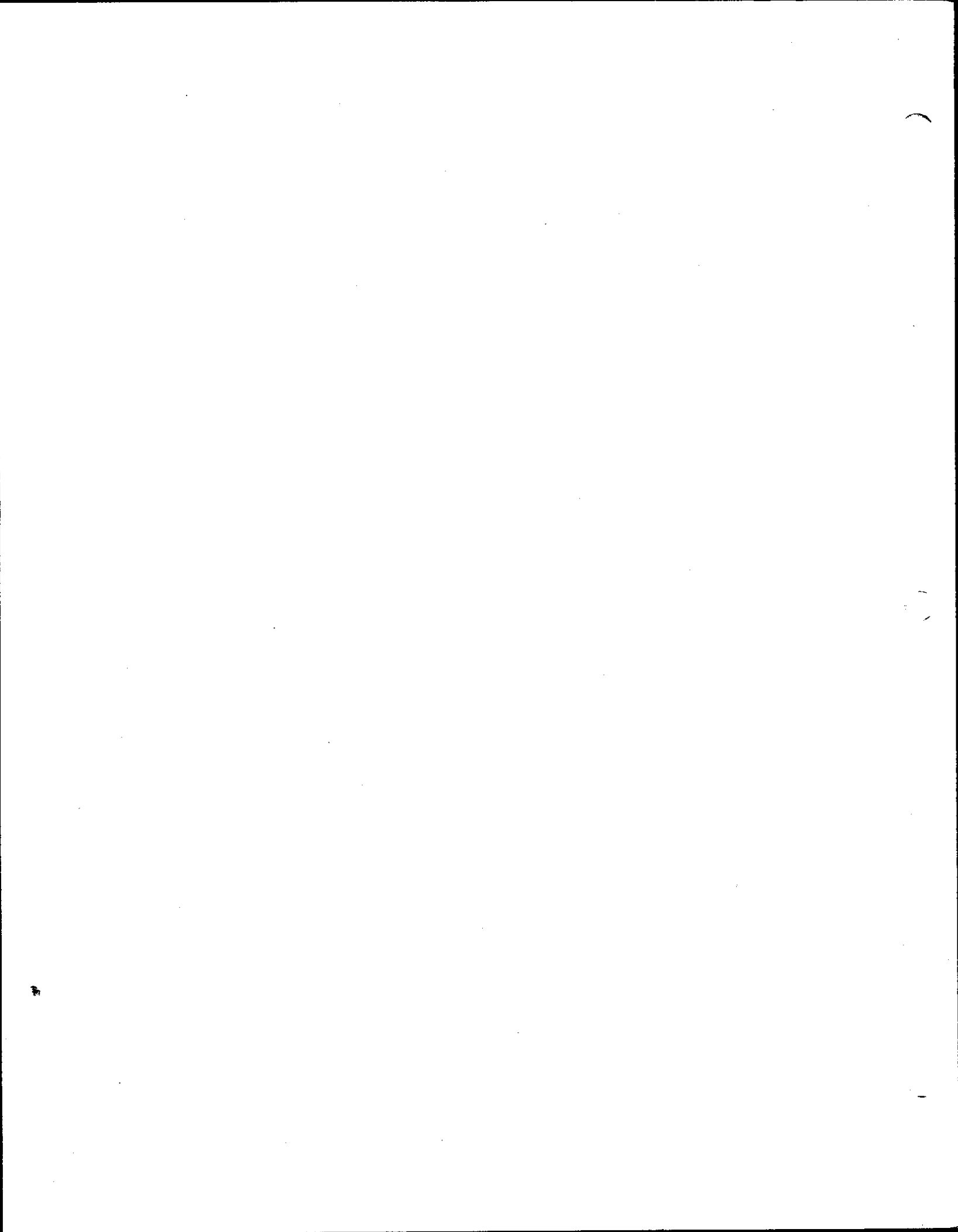
I am also forwarding a copy of this letter to our Corporate Counsel for information.

Sincerely,

A handwritten signature in cursive script that reads "David Tuer".

David Tuer
Board Chair

c: Ms. Peggy Castellino, Board Chair, Father Lacombe Care Centre
Beth Gorchynski, Quality Care Specialist, Supported Living Services
David Weyant, Legal Counsel



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January 10, 2005

Mr. Bob Maskell, MLA, Chairman
 Alberta Health Facilities Review Committee
 250 Garneau Professional Centre
 11044 - 52nd Avenue NW
 Edmonton, AB T6G 0T2

Dear Mr. Maskell:

Re: Father Lacombe Nursing Home, Calgary
 Routine Visit - July 27 - July 28 2004

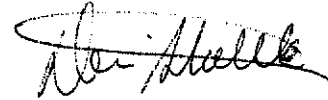
This letter is our response to your letter dated October 8, 2004 regarding the committee's routine visit to Father Lacombe Care Centre.

We would like to thank the committee for the positive feedback that we received regarding the operation of our facility. Below is the reply to the three recommendations we received as a result of the committees' review:

1. Ensure that nursing staff watch each resident consume their medications before signing for it as taken, to ensure the health and safety of all residents. - **we have made some adjustments to our policy regarding delivery of medications to emphasize the importance of ensuring that medications are taken when given and we also have increased staff inservice education regarding medication delivery.**
2. Ensure that a regular cleaning schedule is established and followed for the kitchen rangehood, the vents above the grill and kitchen ceiling vents. - **procedures have been adjusted to ensure all of the items are added to the maintenance departments preventive maintenance program.**
3. Ensure that hazardous wastes (sharps, etc.) are securely stored in a locked area, for the protection and safety of residents, staff and public. - **we have set a side a secure area that limits area to the room and is locked for authorized personnel only to access.**

I trust that these remedies meet with your approval, however, if you have any questions please do not hesitate to contact Mr. Dennis Stabler, Executive Director at 254-6275.

Yours truly,



Ms. Peggy Castellino
 Board Chair

c.c. Mr. David Tuer, CHR Board Chair

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