

1 RN on a shift  
Regulatory standards -  
CIHI - Highlights from the regulated nursing workforce in Canada  
Nursing standards - 2001 Registered Nurses  
1000 LPNs

December 20, 2004

250 Garneau Professional Centre Telephone 780/427-4924  
11044 - 82 Avenue NW Fax 780/427-0806  
Edmonton, Alberta  
Canada T6G 0T2

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

Dr. Peter Huang  
Co-Director  
Holy Cross Long Term Care Centre  
300, 2210 - 2nd Street SW  
Calgary AB T2S 3C3

Dear Mr. Tuer and Dr. Huang:

**RE: Holy Cross Long Term Care Centre, Calgary**  
**Routine Visit - September 21, 2004**

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

**Repeat Recommendations:**

1. For the comfort and safety of residents, family members, and visitors, ensure that staff wear visible nametags at all times.
2. Review the physiotherapy needs of the residents, and ensure that the physiotherapy services are meeting the residents' needs, and if the off-site services are not adequate, make plans to provide physiotherapy services at the facility.
3. For the comfort and dignity of the residents, and the safety of staff, proceed as quickly as possible with plans to increase space in the residents' dining room area.
4. For the safety and security of the residents, ensure that the pass card security feature on the elevators located at the south end of the building, adjacent to the general seating area, are re-programmed to also restrict egress from the 3<sup>rd</sup> floor.

**New Recommendations:**

1. For the safety and comfort of the residents, and also to minimize odour and infection control issues, take the steps necessary to accelerate the removal of the carpeting and replacement with hard-surface flooring in the resident's rooms.
2. Ensure that the kitchen rangehood fire suppression is checked by a qualified technician every six months to comply with the National Fire Protection Association Regulations 1998, Section 8-2, and ensure that the date of the inspection is marked on the attached tag.

3. **For the safety, security and comfort of the residents, ensure that maintenance of the tubs, beds, lifts and other long-term care equipment is added to the preventative maintenance program.**
4. **For the safety and security of the residents, consider installing a surveillance camera security system at the public entrances to the building.**
5. **For the safety of residents and staff, consider establishing a dedicated area for hairdressing services.**

Your reply to these recommendations is important to us. We would appreciate your response by **March 15, 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 April 2002. These changes are highlighted in the attached summary. The members were especially impressed with the caring and friendly attitude of the staff.

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 Holy Cross Long Term Care Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Glenna M. Bell  
Acting 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

Linda McGeough  
Regional Director, Extencicare (Canada) Inc.

Nursing Supervisor  
Holy Cross Long Term Care Centre

# ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

## ROUTINE VISIT - SUMMARY OF FINDINGS

Holy Cross Long Term Care Centre, Calgary

Date of Visit: September 21, 2004

### PEOPLE INTERVIEWED:

- 34 Residents
- 9 Family Members/Visitors
- Nursing Supervisor
- Regional Director, Extendicare Canada Inc.
- Pharmacist
- Recreation Therapist/Volunteer Coordinator
- Supervisor, Long Term Care Kitchen
- Dietary Aide
- Manager, Dietary/Housekeeping
- Building Operator
- Maintenance Worker
- Other Staff Members

### INITIATIVES/CHANGES SINCE THE LAST VISIT IN APRIL 2002:

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

- Nursing staff have been made aware of the necessity of signing for medications at the time of administration. Visiting members observed medications being signed for immediately upon administration to each resident.
- All new staff are receiving appropriate orientation.
- Management advised that reminders are posted and staff are aware of the necessity of wearing identification tags. However, visiting members noted that a large number of staff were not wearing identification tags. See Section 3.0 of the report.
- Residents' physiotherapy needs are addressed on a case-by-case basis, and the facility uses the services of off-site physiotherapists. Refer to Section 4.1 of the report.
- The building is currently undergoing renovations on a number of floors and plans for a chapel are included.
- Food service is now prepared in the kitchen located on the ground floor, which has increased the floor space in the dining room; however, space in the dining room is still limited.

- The elevator near the general seating area has been programmed with a security panel that prevents access or exit to and from the 3<sup>rd</sup> floor long-term care centre without the use of a specific pass card.
- Portable fire extinguishers are being inspected on a monthly basis.

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

- Food services have been contracted out to a third party.
- A third mechanical lift has been purchased.
- The ground floor sunroom is now wheelchair accessible.
- A pharmacy has opened on the ground floor.

**Program changes/improvements since the last visit:**

- Implementation of wound care/prevention protocol and bowel protocol programs have been introduced.

**1.0 RESIDENT CARE:**

- Visiting members observed the residents to be clean and well groomed, and overall, felt that the care provided in the facility was good. Residents appeared to be engaged and were observed to be interacting with staff and visitors.
- Comments received from residents included statements such as:
  - "Food is sometimes okay, but sometimes could be better."
  - "Super staff. I couldn't be treated better."
  - "The shortage of staff is very frustrating."
  - "My room is kept reasonably clean."
  - "Food is 50/50. I have a choice of three different meals."
  - "Only have one bath per week. I would prefer at least two."
  - "Some good staff, some not so good."
  - "Staff too busy to give good care."
  - "Have to wait 30 to 45 minutes for call bell to be answered."
  - "Overall, care is good."
  - "I fell when being helped by one staff member to the bathroom. I feel there should have been two staff members assisting me."
  - "I feel the doctors just go through the motion of monitoring residents, but nothing is ever done."
- Staff appeared to be friendly and caring towards the residents. A staff member was observed to be very helpful when asked a question by a resident. Visiting members

observed a resident having a problem with her hearing aid and when a staff member thought that the battery needed replacing, she immediately took the hearing aid to a shop on the main floor and brought it back in working order so that the resident could participate in a planned activity.

- During resident interviews, visiting members were advised and observed that it was difficult for residents to move their wheelchairs on the carpet in their rooms. On bringing this matter to the attention of the manager of housekeeping, visiting members were advised that facility staff were aware of the problem and had already removed the carpeting in several rooms because of this issue and because of the constant shampooing required to keep it clean. It was stated that as a room becomes vacant, and there is sufficient time, the carpeting would be removed. (See **Recommendation # 1**)
- Visiting members were advised that due to the fact that the facility is not a secure building, residents who are cognitively impaired are not accepted for placement in this facility.
- Several residents complained about how long they had to wait for call bells to be answered, particularly in the evenings. One family member advised that no one answered his aunt's call bell when she needed to use the bathroom, and she soiled her clothes. He stated he had to go and find a nursing staff member to help her. Visiting members discussed this issue with management, who advised that staff try to answer call bells as soon as possible, but that during busy times such as in the evening when staff are busy helping residents to bed, residents may have to wait slightly longer than at other times.
- Visiting members were advised that complaints by residents or family members are brought to the attention of the site manager, who deals with them immediately.
- Staff stated that upon admission, the resident and family are taken on a tour of the facility and given an explanation of costs involved and services offered.

## **2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:**

- Visiting members noted that a pharmacy has been opened on the main floor of the facility.
- Nursing staff advised that they had problems with medication orders when the new pharmacist started, as there were a number of mistakes made during packaging. When these issues were brought to the pharmacist's attention, they were dealt with immediately. Nursing staff stated pharmacy services are improving.
- Visiting members were advised that the pharmacist and physician review medication orders every 90 days.

- Visiting members noted that medications are administered by registered nurses. There are no licensed practical nurses employed at this facility.
- Visiting members observed nurses signing for medications immediately upon administration to each resident. Each resident's medication administration record contained current photo identification. Medications were being appropriately and safely stored.
- The pharmacists stated that chemical restraints are not used at this facility.
- Five doctors work at this facility; however, the residents have the option of retaining their own physician.
- The pharmacist advised visiting members that she sometimes has difficulty deciphering the doctors' writing as to drug names, dosages, times and whether they want liquid or tablets. The medication orders come to the pharmacy from the registered nurse on the floor, and the pharmacist stated she spends a lot of time tracking down doctors to clarify their orders.

### 3.0 STAFF:

- Visiting members noted that numerous staff members were not wearing visible name identification. This is a safety/security issue for residents, family members and visitors. It is very important for them to know who is providing care and who staff members are in the facility. (See Repeat Recommendation # 1)
- Staff appeared to be satisfied with their work environment, and visiting members noted that staff morale appeared to be good. Staff stated they have good communication with administration.
- Visiting members noted that the staff seemed very caring and helpful to residents. The site manager advised visiting members that she feels nursing staff are dedicated to providing good care and to fostering positive attitudes.
- Visiting members were advised that orientation for registered nurses and personal support aides covers three days on all shifts, plus one day of classroom training. Nursing staff then work on the buddy system for as long as is required. Visiting members were advised that orientation includes fire procedures, the disaster plan, CPR, and working with hazardous materials (WHMIS).
- The staff educator was on holidays at the time of the routine visit, so it was difficult for visiting members to obtain an accurate picture of education opportunities available to staff.

#### 4.0 REHABILITATION:

##### 4.1 **Physiotherapy:**

- Visiting members were advised that there are no physiotherapy services provided at the facility. If a resident needs physiotherapy, staff arrange for therapy to be done in the community, and book the handibus for transportation.
- Residents and staff indicated that they would like physiotherapy services to be provided on-site. Some residents stated they felt they were losing their mobility and would benefit from regular therapy services. (**See Repeat Recommendation # 2**)

##### 4.2 **Occupational Therapy:**

- Visiting members were advised that the occupational therapist works eight to twelve hours per week at the facility and stated she provides as much service as she can during these hours.
- The occupational therapist conducts an assessment on each resident at the time of admission, which is used to provide appropriate occupational therapy for the resident.
- Residents interviewed stated they are getting some help with splints and other occupational therapy needs, but that they could use more.
- The occupational therapy space is somewhat cramped and visiting members were advised that the occupational therapy staff often have to look for another location on the unit to do their work.
- Some equipment is stored on the unit, but most equipment is stored in a room on the ground floor.

##### 4.3 **Recreational Therapy:**

- Residents appeared to be satisfied with the recreation programs provided. Staff stated that approximately 70 percent of residents participate in activities.
- Visiting members were advised that an average of three programs per day are scheduled, which includes outings, church services, personal care (hairstylist, nails, etc.) exercises and reading to residents.
- There is significant family and community support with students and volunteers assisting on outings and visiting with residents, particularly those residents who require one-on-one attention.

- The recreation therapist stated the space for recreation activities is fairly limited, but staff do the best they can with what they have.
- Staff stated that it is hoped that after the assisted living floors are built, there will be an opportunity to share the facilities and increase the recreational options for the residents. A chapel is to be established on the assisted living floors. It is anticipated that a facility bus will be purchased once the assisted living floors are open, and that it will be available for use by the long-term care residents.

## **5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:**

### **5.1 Pastoral Care:**

- Visiting members were advised that all religious denominations are represented at the facility, and a lay pastor visits the residents on a regular basis.
- The volunteer coordinator stated that the pastoral care volunteers have gone through pastoral and palliative care courses and the staff and pastoral care volunteers work as a team in crisis situations.
- Volunteers from the Catholic Church have been trained in senior care. Mass is held every Wednesday.
- Visiting members are in agreement with the need for a chapel, and staff advised that they have been informed that one will be provided as part of the ongoing renovations.

### **5.2 Volunteer Support:**

- Visiting members were told that approximately 16 to 18 volunteers from Friends of Seniors, and 24 students from various schools, as well as pastoral care volunteers help at the facility. Staff stated that the number of volunteers fluctuates depending on the time of year.
- A singing group called Tzui Chi visits once a month to entertain the residents.
- Volunteers assist with one-on-one visits, outings, special events, birthday parties and the Stampede barbecue.
- The volunteer services appeared to be well organized. Visiting members were informed that there are fewer volunteers available during the daytime than evenings and weekends.

## 6.0 DIETARY:

- Meals are prepared in the long-term care kitchen, which is located next to the JJ's Restaurant kitchen on the main floor. Visiting members were told that the food temperature is checked before it is placed in the heated steam table carts, which are then taken up to the third floor long-term care unit by the cook and a dietary aide. After another temperature check is done, the cook then dispenses the meals to the dietary aide who has a chart showing where each resident is seated and what their dietary restrictions are. Once the residents seated in the dining room have been served their meal, the dietary aide then prepares tray service meals for the approximately five to eight residents that prefer to eat in their own rooms or are unable to get to the dining room. The dietary aide informed visiting members that she conducts a temperature and taste test before serving the meals.
- Visiting members noted that the personal care aides were assisting the five to six residents who require help with feeding. The dining area appeared to be very crowded and congested and it was obvious to visiting members that the dietary aide, the personal care aides, and the registered nurse administering medications had difficulty carrying out their duties without disturbing or moving the residents' chairs while they were eating. For many residents, mealtimes represent one of the highlights of their day; however, this did not appear to be a very comfortable and enjoyable dining experience for the residents. Both food service and maintenance staff told visiting members that there have been discussions relative to increasing the space of the dining area by removing some of the counter/cupboard space as well as a dishwasher that is no longer in use. This would free up a small amount of space for additional seating. **(See Repeat Recommendation # 3)**
- Visiting members were told that a clinical dietician visits the facility every Monday and gets feedback as to the residents' food consumption and any problem areas. Upon admission, the dietician carries out a survey and assessment of the resident and sets up a meal program. Any of the resident services comment forms that relate to food services are reviewed and appropriate actions are taken.
- Visiting members noted that the menu appeared to be varied and the meals nutritional and appetizing, and staff indicated that alternative choices are offered to the residents. Visiting members were advised that the menu is prepared on a five-week rotation and is changed every six months. Standardized recipes are provided by Extencare who are contracted to provide overall site leadership.
- Staff stated that the facility has a hydration program in place, and also offers snacks of crackers, cookies and other bakery products during the day, as well as sandwiches in the late evening. The dietician and the food services staff carry out a nutritional analysis for both the regular and therapeutic menus.

- The long-term care kitchen area is directly adjacent to the JJ's Restaurant kitchen area; however, there is a definite separation of space and equipment including freezer, cooler and dry storage areas. The long-term care kitchen area was noted to be clean and well organized with a separate sink for handwashing. The facility's housekeeping department is responsible for cleaning all of the kitchen, food preparation and storage areas. Visiting members noticed several mouse traps in the dry storage room and were informed that there was a problem with mice; however, it is now under control, but staff stated the traps were left in an activated status just in case of any additional occurrences.
- Visiting members noted that food was appropriately covered and stored on racks. Staff stated the regular cleaning schedule was up-to-date, as were the temperature checks on the coolers and freezers.
- The cooking equipment appeared to be clean including the kitchen rangehood; however, visiting members noted that the inspection tag on the kitchen rangehood fire suppression system had not been initialled, thereby indicating that the system had not been checked in the last six months. (See Recommendation # 2)

## 7.0 ENVIRONMENT:

### 7.1 Infection Control:

- Visiting members were advised that all but one resident and two staff members have received immunization for influenza viruses.
- Staff stated that universal precautions are used in the event of an infectious outbreak.
- Visiting members were informed that the facility only tests residents upon return from a tertiary care centre for antibiotic-resistant organisms if diarrhea develops.
- The Extendicare infection control policy is in place and is administered by the site manager.
- Visiting members noticed an odour problem in the hallway outside some of the resident rooms, and while it was pointed out that regular and special rug shampooing is performed, there was still an odour issue that is also likely an infection control issue. (See Recommendation # 1)

### 7.2 Maintenance:

- Visiting members noted that there seems to some confusion over the chain of command and who is responsible for which maintenance duties in the facility.

- Staff stated that the maintenance of the long-term care unit is the responsibility of the maintenance department for the entire Holy Cross Health Centre site, but there is a specific maintenance person assigned to the long-term care centre, and he is on-call 24-hours a day, seven days a week. When visiting members inquired as to what other emergency/critical maintenance problems would be of a higher priority than the long-term care area, they were advised that the operating rooms in the various medical clinics that also occupy space in the complex were of high priority.
- Visiting members were advised that there is a preventative maintenance program in place for the building part of the long-term care area, but there was no provision made within the preventative maintenance program for the long-term care equipment such as tubs, lifts, beds or other equipment that needs to be kept in safe and proper working order. (See Recommendation # 3)
- The long-term care facility and the building housing it appeared to be well maintained, and care staff advised that when calling on maintenance and/or writing up a request in the log book at the reception desk, the response has always been timely.
- Staff advised that outside contractors are called in when specialized repairs are necessary.

### 7.3 Housekeeping:

- Visiting members were advised that there are four full-time housekeeping staff, plus one full-time staff member to cover weekends and vacations, who are dedicated to cleaning the long-term care areas. A regular daily, weekly, monthly and annual cleaning schedule is maintained.
- The residents' rooms, lounges, dining room and public areas appeared to be clean.
- The food services staff are responsible for the residents' tables in the dining room as well as the counter/cupboards and serving tables, and visiting members were advised these areas were sterile clean.
- Staff advised that upon resident discharge or transfer, the resident's room is thoroughly cleaned, including carbolizing. If necessary, painting, shampooing and sanitizing are done before another resident is moved in.
- Two full-time laundry staff provide services for residents' personal laundry as well as laundry for other areas of the facility.

#### 7.4 Safety/Security:

- Visiting members noted that fire exits were clear of obstructions and portable fire extinguishers were easily accessible and appropriately located. The inspection tags attached to the portable fire extinguishers were noted to be initialled on a monthly basis as required.
- Although the staff person responsible for fire/emergency procedures was not available for interview, visiting members were assured by management that fire drills are carried out monthly for all shifts and staff are instructed as to procedures to be followed in the event of an emergency.
- Management advised visiting members that the facility is currently developing a site-specific disaster plan that will be linked to the regional plan.
- Fire exits are fitted with alarms, and emergency lighting is located throughout the facility.
- Staff stated that the emergency generator for the entire complex is diesel-powered and is tested monthly at half load and semi-annually at full load.
- Visiting members were advised that the facility has security personnel who provide a walk-around service between 6:00 p.m. and 7:00 a.m.; however, there is no surveillance camera security system in place, and with the current construction program for designated assisted living on the 5th, 6th and 7th floors, as well as considerable public traffic in and out of the building seven days a week, visiting members felt that there should be some type of surveillance security to provide safety and security for residents of the long-term care centre. Visiting members were advised that there have been occasions when homeless people have entered the facility looking for a place to sleep. **(See Recommendation # 4)**
- The facility has arranged for hairdressing services for the residents; however, as there is no designated area for these services, the hair washing routine is carried out in the tub room over a large handwashing sink. Not only does the weekly hairdressing service take the tub room out of service, but also the resulting water on the floor presents a safety hazard to residents and staff. Residents who require the use of a hairdryer are positioned throughout the hallways and lounges of the facility, some of which are out of direct sight of care staff, and the resident is therefore left unattended and, in the event of an emergency, unable to communicate with care staff. **(See Recommendation # 5)**
- Visiting members noted that the elevator located at the south end of the building, adjacent to the general seating area, can be entered from the long-

term care floor and residents can freely exit on a lower level. The elevator has been programmed so people entering on the lower floors must have a card to move the elevator to a higher level. For the safety and security of residents, there should be a security feature on this elevator to prevent residents from entering the elevator on the long-term care floor and exiting the premises without staff being aware of their absence. (See Repeat Recommendation # 4)

#### 8.0 ADDITIONAL PROGRAMS:

##### **Mental Health:**

- Visiting members were advised that a geriatric psychiatrist and registered nurse visit as needed.
- Staff stated that a mini cognitive assessment test is conducted with each resident on admission.
- A geriatric mental health worker visits the facility every two weeks to do assessments and recommends changes in medications if required. Two to three residents are seen on a regular basis.

##### **Social Work:**

- When a social worker is required, one is brought in from one of the other Extendicare facilities.

#### 9.0 RECOMMENDATIONS:

##### Repeat Recommendations:

1. For the comfort and safety of residents, family members, and visitors, ensure that staff wear visible nametags at all times.
2. Review the physiotherapy needs of the residents, and ensure that the physiotherapy services are meeting the residents' needs, and if the off-site services are not adequate, make plans to provide physiotherapy services at the facility.
3. For the comfort and dignity of the residents, and the safety of staff, proceed as quickly as possible with plans to increase space in the residents' dining room area.
4. For the safety and security of the residents, ensure that the pass card security feature on the elevators located at the south end of the building, adjacent to

**the general seating area, are re-programmed to also restrict egress from the 3<sup>rd</sup> floor.**

**New Recommendations:**

- 1. For the safety and comfort of the residents, and also to minimize odour and infection control issues, take the steps necessary to accelerate the removal of the carpeting and replacement with hard-surface flooring in the residents' rooms.**
- 2. Ensure that the kitchen rangehood fire suppression is checked by a qualified technician every six months to comply with the National Fire Protection Association Regulations 1998, Section 8-2, and ensure that the date of the inspection is marked on the attached tag.**
- 3. For the safety, security and comfort of the residents, ensure that maintenance of the tubs, beds, lifts and other long-term care equipment is added to the preventative maintenance program.**
- 4. For the safety and security of the residents, consider installing a surveillance camera security system at the public entrances to the building.**
- 5. For the safety of residents and staff, consider establishing a dedicated area for hairdressing services.**

**Holy Cross Long Term Care Centre**  
**300, 2210 - 2<sup>nd</sup> St SW**  
**Calgary, AB T2C 3C3**

<b>HFRC</b>	
MAR 10 2005	
CHAIR	
EA	
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March 9, 2005

*Entered*

Glenna M. Bell  
Acting Chair  
Health Facilities Review  
250 Gameau Professir  
11044 - 82 Avenue N'  
Edmonton, AB  
Canada T6G0T2

Dear Ms. Bell:

**RE: Routine Visit to Holy Cross Long Term Care Centre - 21, September, 2005**

The following recommendations were made by the visiting Health Facilities Review Committee following a routine visit September, 21, 2004. Our response to each recommendation indicating measures undertaken or in progress are indicated after each recommendation.

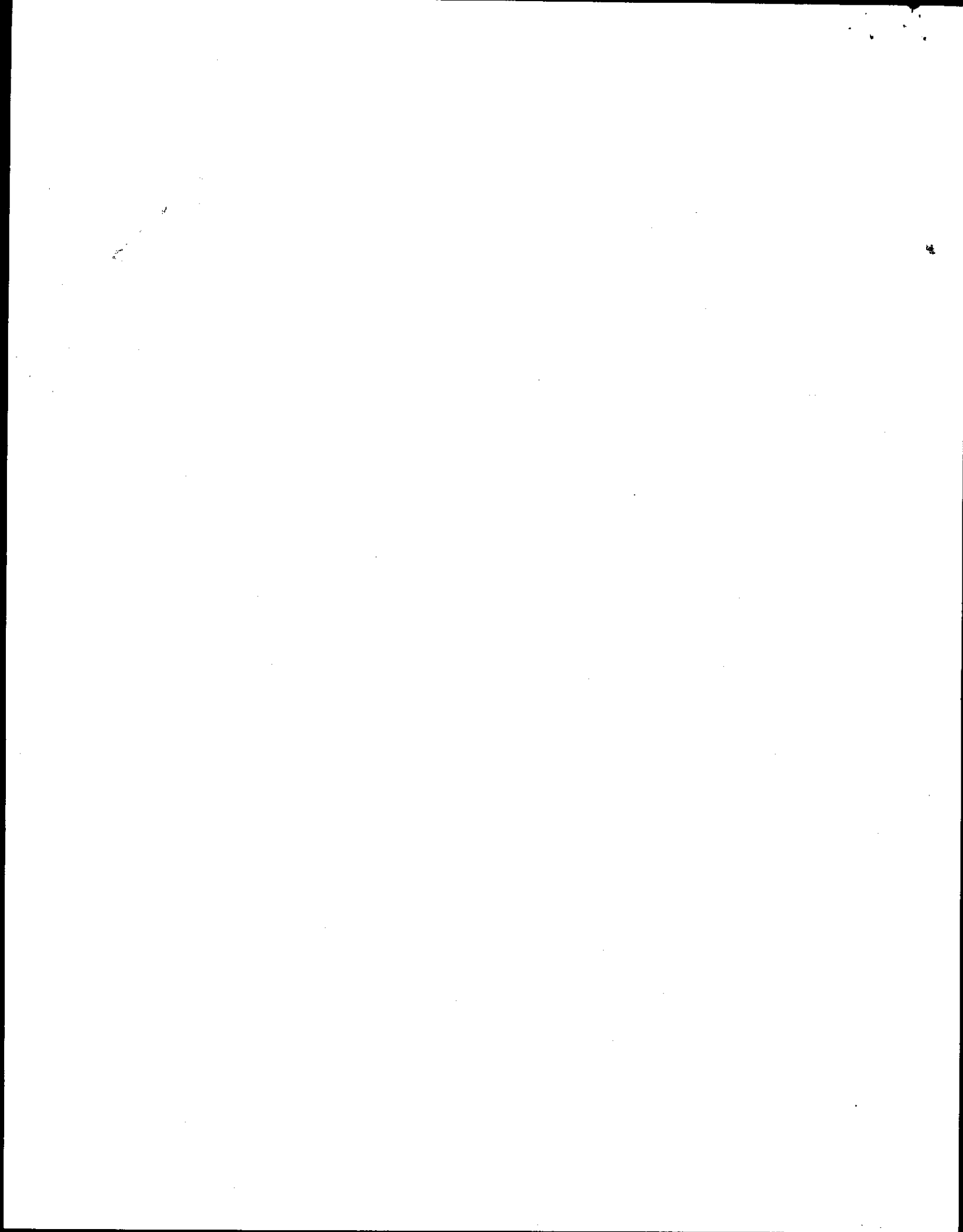
Repeat Recommendations:

1. For the comfort and safety of residents, family members and visitors, ensure that staff wear visible nametags at all times.

Staff have been in-serviced regarding the importance of residents and visitors to be able to identify who staff are. If staff forget their nametags, they are wear a temporary tag that identifies them as staff. All newly hired staff receives nametags within a week.

2. Review the physiotherapy needs of the residents. Ensure the physiotherapy services are meeting the residents' needs. If the off-site services are not adequate, make plans to provide physiotherapy services at the facility.

We currently utilize the services of a contracted physiotherapist to provide therapy to our one resident who is unable to go off-site. All other residents requiring physiotherapy go off-site for their physiotherapy treatments.



3. For the comfort and dignity of the residents, and the safety of staff, proceed as quickly as possible with plans to increase space in the residents dining area.

It is not feasible to increase the dining space in the current dining area. We are preparing an alternate dining area for the independent diners. This area will be ready by approximately March 28, 2005.

4. For the safety and security of the residents, ensure that the pass card security feature on the elevators located at the south end of the building, adjacent to the general seating area, are re-programmed to also restrict egress from the 3<sup>rd</sup> floor.

This has been effectively corrected by installing a keypad on the wall beside the south lounge elevator. The correct code must be entered before the elevator can be called to the floor.

New Recommendations:

1. For the safety and comfort of the residents, and also to minimize odour and infection control issues, take the steps necessary to accelerate the removal of the carpeting and replacement with hard-surface flooring in the resident's rooms.

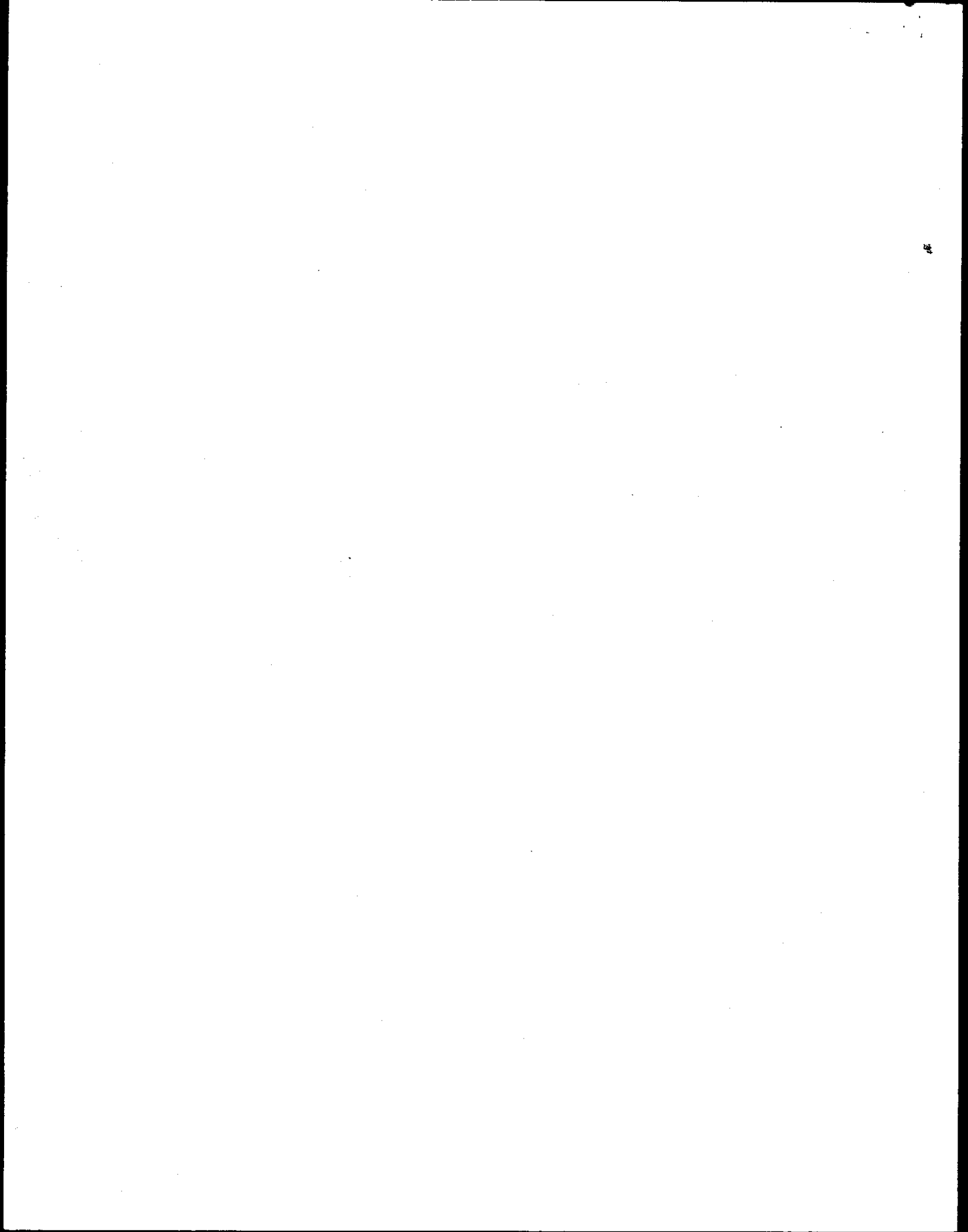
The residents' dining area floor is currently being replaced. After the dining area has been re-floored, the resident room floors will be addressed.

2. Ensure the kitchen range hood fire suppression is checked by a qualified technician every six months to comply with the National Fire Protection Association Regulations 1998, Section 8-2, and ensure the date of the inspection is marked on the attached tag.

An inspection by a qualified technician occurred November 24, 2004. The date of the inspection and by whom is documented on the attached tag.

3. For the safety and security and comfort of the residents, ensure that maintenance of the tubs, beds, lifts and other long-term care equipment is added to the preventative maintenance schedule.

Lifts and tubs are maintained per manufacturers recommendations. Wheelchairs are assessed by the Occupational therapist for safety and she makes recommendations for maintenance and repairs. All other equipment is serviced, per manufacturers recommendations, by the maintenance department.



4. For the safety and security of the residents, consider installing a surveillance camera security system at the public entrances to the building.

Exterior doors are locked to the outside *s. 20(1)(m)* The security guard or pass card is required to be able to enter the building after that time.

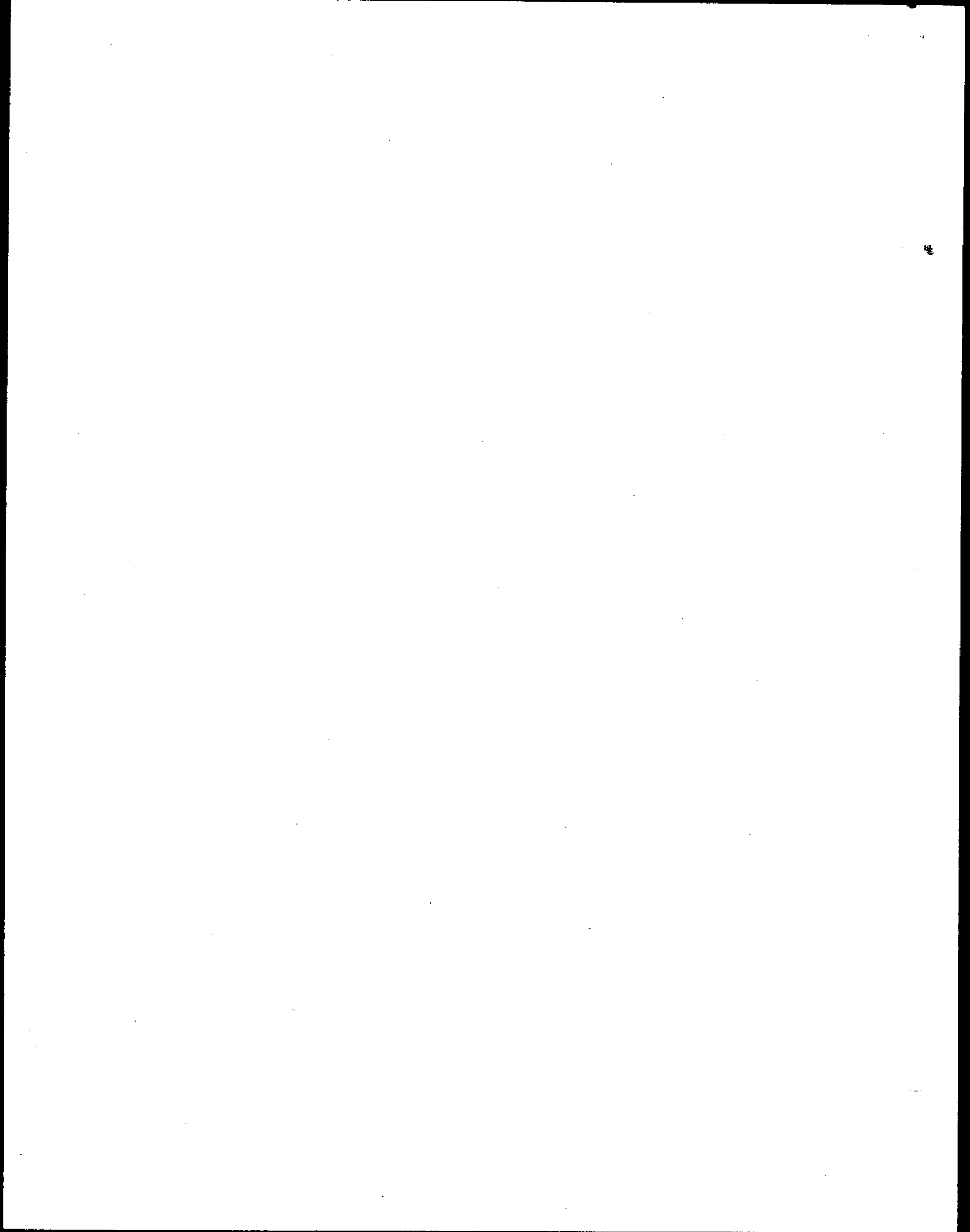
5. For the safety of residents and staff, consider establishing a dedicated area for hairdressing services.

We are currently looking for a space that will not take away from the common areas residents use.

Sincerely,

*Marcie Court*

Marcie Court  
Facility Manager  
Holy Cross Long Term Care Centre



**LOG BOOK**

Product Name : **ERGOLIFT - ERGOSTAND**

Product Serial Number : \_\_\_\_\_

Date of purchase : \_\_\_\_\_

Warranty Period : \_\_\_\_\_

Distributed By :	
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**Owner Checklist :**

- Ensure the lift is serviced regularly as the maintenance inspection checklist on page 32.
- Contact an authorized BHM Medical Distributor / Service Agent immediately if there are any problems with the operation of the device.
- Ensure the log book is completed and signed.
- Record any repairs required.
- Withdraw the patient lifter from service if inspection reveals that user safety is jeopardized in any way from use of the patient lifter.

**TO BE COMPLETE AFTER EACH SERVICE OR INSPECTION**

Service Type	Pre-delivery	Periodic inspection	Minor	Major	
Condition report :					
_____					
_____					
Action taken :					
_____					
_____					
Date : _____		Inspected by:			
		Printed		Signature	

Service Type	Pre-delivery	Periodic inspection	Minor	Major	
Condition report :					
_____					
_____					
Action taken :					
_____					
_____					
Date : _____		Inspected by:			
		Printed		Signature	

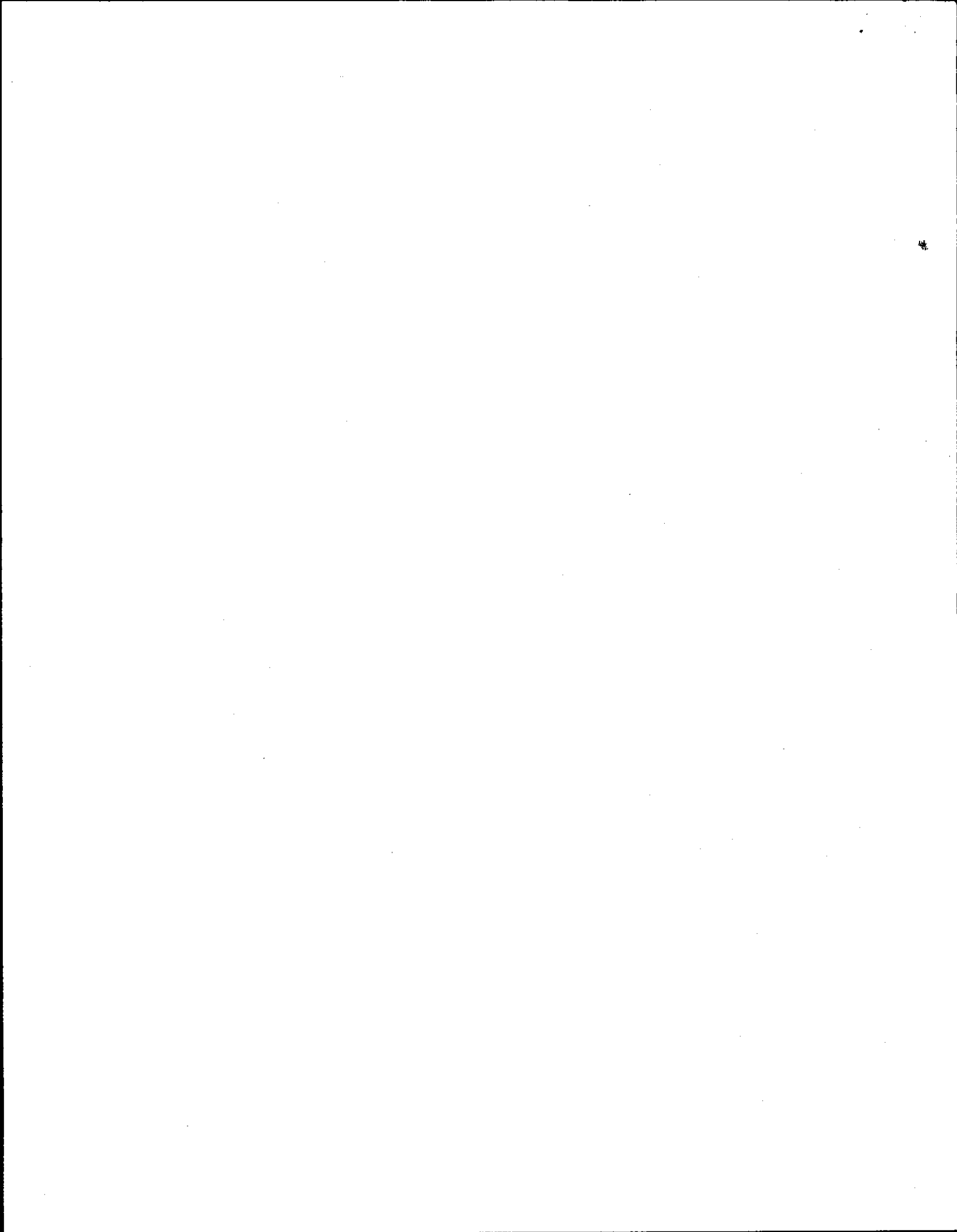


Service Type	Pre-delivery	Periodic inspection	Minor	Major
Condition report :				
Action taken :				
Date :	Inspected by:			
	Printed		Signature	

Service Type	Pre-delivery	Periodic inspection	Minor	Major
Condition report :				
Action taken :				
Date :	Inspected by:			
	Printed		Signature	

Service Type	Pre-delivery	Periodic inspection	Minor	Major
Condition report :				
Action taken :				
Date :	Inspected by:			
	Printed		Signature	

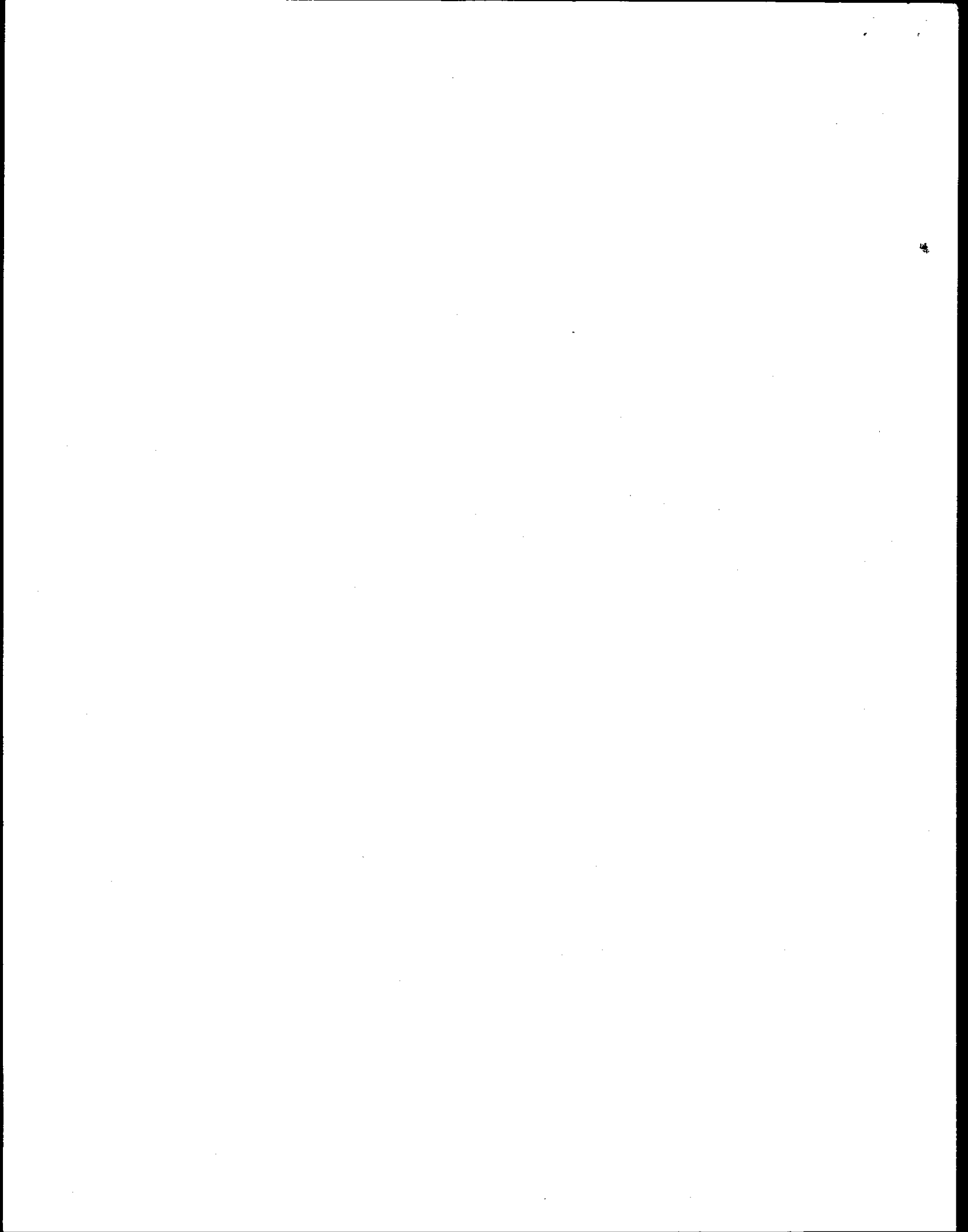
Service Type	Pre-delivery	Periodic inspection	Minor	Major
Condition report :				
Action taken :				
Date :	Inspected by:			
	Printed		Signature	



**HOLY CROSS  
LONG TERM CARE CENTRE**

**MECHANICAL LIFT MAINTENANCE INSPECTION CHECKLIST**

ITEM	January	March	May	July	September	November
Battery recharge						
<b>THE CASTER BASE</b>						
Inspect for Missing Hardware						
Bases open and close with ease						
Inspect caster and axle bolts for tightness						
Inspect castors for smooth swivel and roll						
Clean casters						
<b>THE BOOM</b>						
Check all hardware and swivel bar supports						
Inspect for cracks or deflections						
Inspect bolted joints of boom for wear						
Inspect to ensure that the boom is centered between the base legs						



**THE SWIVEL BAR**

January      March      May      July      September      November

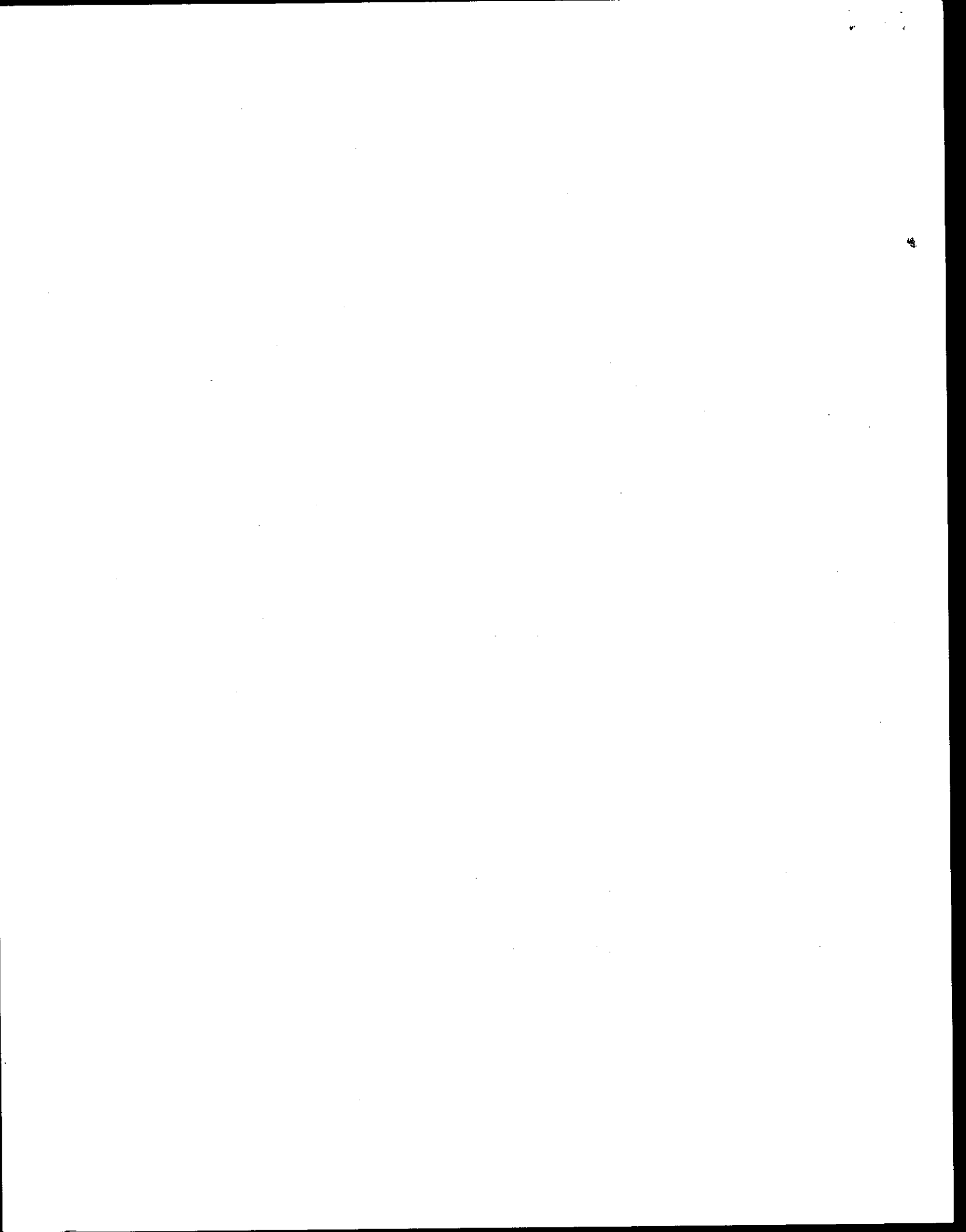
Check the bolt/hooks for wear or damage						
Check the sling hooks for wear or deflections						

**THE MANUAL/HYDRAULIC/ELECTRIC ACTUATOR ASSEMBLY**

Inspect hardware on mast and boom						
Check for wear or deterioration						
Cycle to ensure smooth operation						
Cleaning of the lifter						

**MINOR SERVICE**

General inspection of lifter						
Check that casters are tightly attached to wheels						
Check casters for free running wheels(remove any fluff or hairs)						
Check that the brakes operate efficiently						
Overhaul casters and repack with all purpose grease						
Inspect surfaces for scratches/chips						
Clean surfaces with mild soap and water and remove and adhesive tape marks with DW40 or other degreasing agent						



	January	March	May	July	September	November
Examine all moving parts and fasteners for wear fatigue and lubricate and/or adjust as required						
Arrange repair /replacement of any faulty parts (notify Doug)	X	X		X	X	
Check for signs or fatigue or cracks in the frame of the lifts (especially joints and stress points)						
Retard rusting by applying with spray paint (BHM touch-Up Paint Product reference #P6111-see Doug if required)	X	X		X	X	
Check boom/carry bar (hanger)	X	X		X	X	
Check all electrical components including battery charges for correct operation	X	X		X	X	

