

October 27, 2005

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

Mr. David N. Ail  
President  
Intercare Corporate Group Inc.  
Suite 307, 1755 West Broadway  
Vancouver BC V6J 4S5

Dear Mr. Tuer and Mr. Ail:

**RE: Intercare Brentwood Care Centre, Calgary**  
**Routine Visit – September 8 and 9, 2005**

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

1. **For the safety and comfort of residents and staff, to ensure high infection control standards and for ease of resident mobility, consider replacing the carpeting in resident rooms and hallways with smooth surface flooring which is easier to clean and disinfect.**
2. **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).**
3. **Ensure that the expansion plans include provision for adequate space and support equipment for the physiotherapy, recreation therapy, pastoral care and food service programs.**
4. **Review the use of the handi-bus system for transporting residents, staff and volunteers on resident outings, and implement an alternative solution if possible so that more residents may participate in outings.**
5. **Review the recreational resources available to ensure adequately trained staff and programs to accommodate the needs of all residents.**
6. **For the safety of residents, staff and visitors and to comply with the provisions of the National Building Code, install a rangehood over the range in the kitchen.**

7. **Take the necessary action to ensure that an up-to-date preventative maintenance program is in place.**
8. **Ensure that the emergency generator is checked and tested monthly under load conditions.**

Your reply to these recommendations is important to us. We would appreciate your response by **January 31, 2006** 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 August 2002. These changes are highlighted in the attached summary. The members were especially impressed with the construction of the new unit, including the creation of semi-private and private rooms with a bathroom in each room. Visiting members were also impressed with the dedication and helpfulness of the staff in caring for and meeting the residents' needs, and for the courtesy and cooperation extended to visiting members.

Visiting members discussed their concern over the staffing levels provided on weekends, vacations and during sick leave with management, and requested that administration review the situation and find ways to ensure the units are adequately staffed during these periods.

In closing, I wish to thank the residents, family members, visitors, administration, unit managers 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 Intercare Brentwood Care Centre. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Leonard Mitzel, MLA  
Chair

Attachment

c.c. The 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. Oriel Morrison  
Vice President, Clinical Services and Community  
Development, Intercare Corporate Group Inc.

Administrator  
Intercare Brentwood Care Centre

# ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

## ROUTINE VISIT - SUMMARY OF FINDINGS

### Intercare Brentwood Care Centre, Calgary

Dates of Visit: September 8 and 9, 2005

#### PEOPLE INTERVIEWED:

- 49 Residents
- 65 Residents Observed
- 17 Family Members/Visitors
- Administrator
- Unit Manager
- 2 Registered Nurses
- Resident Team Leader
- Clinical Pharmacist
- Education Coordinator
- Occupational Therapist
- Recreational Therapist
- Registered Dietician
- Maintenance Supervisor
- Maintenance Worker
- Other Staff Members

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

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

- Approval was obtained for the facility's proposed building program, and a three-storey addition has been completed, eliminating the overcrowding in the hallways and the need for split dining times. Most residents have their own washroom or share one with one other resident.
- Food is no longer being stored on the floor in freezers and coolers.
- Monthly inspections of portable fire extinguishers are being done and recorded on the attached tags.
- Since 2002, residents are being placed by the Calgary Health Region Transition Services in a more timely manner than in the past. The filling of vacant beds in the facility has been addressed so that the facility has had an occupancy rate of 98.9 percent over the past year, with eight people currently on the waiting list.

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

- At the time of the previous visit, this facility had 120 beds, comprised of a number of four-bed resident rooms, one dining room with two seating times, and in some cases, 16 residents sharing one toilet. A major demolition and reconstruction of the east wing has resulted in a three-storey addition that has increased the total number of beds to 167, which consists of 107 private and 60 semi-private resident rooms. Many of the larger semi-private rooms are occupied by couples. There are now four separate dining areas, and at most, only two residents share a bathroom. The resident rooms in the new sections are bright and roomy, nicely furnished, and the large bathrooms include a shower area. All rooms on the new unit have ceiling lifts and electric beds, while only 50 percent of the beds on the older unit are electric.
- The next phase of redevelopment includes plans to rejuvenate the Westview and Sunnyside wings and replace the old St. Andrew's wing and administration/support areas with a three-storey addition that would include two levels of resident rooms and increased space for support services such as rehabilitation and food services.
- A big screen television, internet access, air conditioning in hallways and temperature control in resident rooms are included in the new building.
- The designated smoking area has been moved from the front entrance to the back of the facility with electronic push button access for the residents.
- Oximeters to measure oxygen in the blood have been purchased, as well as new sphygmomanometers to replace the old style blood pressure machines.
- Coin laundry facilities are available for families and residents who wish to do their own laundry.
- A new fire enunciator panel information system has been introduced for easy location of fire or trouble.
- Renovations included a new staff room and a large conference room to hold education inservices, meetings and resident personal celebration events.
- A receptionist position was introduced resulting in increased satisfaction from families, physicians and vendors.
- The overhead paging system has been eliminated and a new call bell system was introduced in the new building.
- Ceiling lifts and electric beds were installed in all resident rooms in the new building.
- New state of the art bathtubs with sonic power for deep skin cleaning were installed in the new building.

- Visitor pay parking has been implemented with underground parking available under the new building.

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

- Supportive Pathways has been introduced which provides basic concepts on working with the geriatric population.
- The number of licensed practical nurses working to full scope of practice has been increased.
- The occupational therapist and two registered nurses have received the regional skin and wound assessment certification, with several more registered nurses presently taking training.
- The facility has access to the Calgary Health Region palliative care physician to assess palliative residents together with the availability of educational palliative books for staff and families.
- A group of six physicians who are interested and up-to-date in geriatrics visit the facility regularly.
- The menu rotation has changed from a five-week rotation to a four-week rotation and the variety of meal choices has been increased.
- A Friends of Seniors program has been initiated where junior high school students are matched with a senior.
- Spiritual programs have been increased.
- Group facility tours for the general public have been increased to two days per week, and the facility continues to offer individual general tours upon request.
- The consistency and quality of tracking monthly indicators has been improved for all departments, for example, falls, number of residents on a walking program and number of therapeutic diets.
- Standardized assessment forms have been introduced for the occupational therapist, social worker, registered dietician, pharmacist, and a new intake form has been created for the recreation therapist.
- The Partners in Injury Reduction program has been expanded.

**1.0 RESIDENT CARE:**

- Interviews with residents, family members and friends disclosed general satisfaction with the quality of care, accommodation, programs and food services being provided.

Visiting members observed a good relationship between residents, families and staff. Staff were observed displaying respect for resident privacy and dignity.

- Comments heard from residents and family members included great praise for how hardworking staff are, but most stated they felt the facility is short staffed. A number of comments were received regarding the lack of activities and outings.
- Visiting members observed that on occasion, there were line-ups for the dining room and residents were observed just sitting in chairs in the hallways around the nursing station as well as in the lounges, presumably resting. There is a fairly active recreation program, although, a lack of space limits the number of participants.
- In an apparent effort to create a more homelike environment and less of an institutional atmosphere, the new addition included installing carpeting in resident rooms and hallways. Visiting members observed and were told by residents, family members and staff that this has made it more difficult for wheelchairs, lifts, steam tables and servicing equipment to be manoeuvred. Residents in wheelchairs complained about getting sore hands, arms and shoulders when trying to move themselves around the facility because of the carpeting, and visiting members were told by care staff and housekeeping staff that cleaning, and odour and infection control have also been adversely affected. (See Recommendation # 1)
- Visiting members were advised that nursing staff are currently reviewing and updating resident care plans and were assured that the daily care record for each resident includes recording of specific care needs such as weighing, bathing, and podiatry care.
- Nursing staff told members that in some cases, the language and training limitations of personal care aides and the lack of coverage for staff sickness, vacations and other absences have a negative effect on resident care. Visiting members were informed that there has been an improvement in the staff speaking English in the workplace. It was also stated that the lack of a clinical director of care has placed additional administrative responsibilities on nursing staff, which takes time away from resident care.
- An active Resident/Family Council meets monthly with approximately 15 to 20 residents and five family members attending.
- Complaint/feedback forms are available at all nursing stations. If a complaint/feedback form is filled out, it goes first to the unit manager, then to administration and the head office. Complaints are tracked and a response to the family or resident is provided within three days. A common complaint received is the difficulty residents have moving their wheelchairs on the carpeted floors. (See Recommendation # 1)

- Monthly audits are done on infections, ulcers, falls, etc., with the audit going to the regional director plus the professional advisory team which is made up of the director of care, physicians, the pharmacist, and rehabilitation staff. Recorded falls range from 12 to 44 per month, recorded infections range from three to 14 per month, and between two and nine residents per month have respiratory problems.
- Visiting members were advised that chemical restraints are used infrequently, but approximately three to four of the residents require mild sedation in the evenings due to disruptive and abusive behaviour. Fourteen residents require back fastening lap belts and six residents on the old unit wear WanderGuard bracelets.

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

- Pharmacy services for this facility have been contracted to a local pharmacy. A clinical pharmacist is on-site eight hours per week to review medication orders, resident charts and consult with nursing staff.
- The multi-dose strip packages identified for each resident are restocked weekly and the medication administration record includes current photo identification for each resident. The pharmacist informed visiting members that medications are appropriately and safely stored in the medication cart, which is secured in the medication room when not in use.
- The pharmacist indicated that she and a physician conduct medication order reviews for each resident every 90 days. The facility has a pharmacy advisory committee with representation from the contract pharmacy. The pharmacist also carries out a regular quarterly audit of procedures, charting, storage and expired medications. Visiting members were advised that there is very minimal use of chemical restraints, and if they are used, it is always under a physician's order.
- Visiting members observed the distribution of medications and noted that medications were not being signed for immediately after administration to each resident. The strip packages for several residents were being placed on a tray and then taken into the dining room for administration. This process was repeated until all the residents in the dining room had received their medications. (See Recommendation # 2)

## **3.0 STAFF:**

- Visiting members were advised that orientation of registered nurses, licensed practical nurses and health care aides consists of one day of general orientation and three days of shift orientation, with the buddy system in place for as long as it is needed. The orientation covers all mandatory courses such as fire procedures, safety, disaster plan, choking, WHMIS, infection control, back care, lifting techniques and core values.

- A database is used for tracking staff participation in training courses. The annual performance appraisal includes discussion on education courses staff have taken.
- All licensed practical nurses must have completed the Personal Care Aide program prior to being hired.
- Staff nurses are certified in first aid and have had training in dealing with head injuries, bleeding, cardiopulmonary resuscitation and choking.
- Staff interviewed expressed satisfaction with the education opportunities provided to them, which includes in-house training, workshops, off-site training, Alzheimer and Parkinson Society courses and geriatric counselling services.
- Staff also have had training in dealing with abusive/aggressive behaviour, ceiling lift techniques and Supportive Pathways. Training in dealing with dementia or behavioural issues is continuous.
- Staff interviewed advised that the facility often is short staffed on weekends, vacations and when staff are on sick leave, as it is difficult to recruit casual staff to fill these short-term periods which results in extra work being placed on staff who already find it difficult to keep up with the demands on their time.

#### **4.0 REHABILITATION:**

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

- As the facility does not have a physiotherapist on staff, the occupational therapist attends to the physiotherapy needs of the residents with the assistance of two full-time rehabilitation assistants who share their time between physiotherapy and occupational therapy.
- The occupational therapist assesses residents upon admission, and consults on swallowing, seating and positioning. She also conducts an assessment on cognitive ability.
- Approximately 40 residents per week are assessed for skin and wound conditions.
- The occupational therapist is responsible for mini mental health examinations, assesses residents for fall risks and recommends who should have bed alarms, hip protectors or floor mats.
- Approximately 30 residents take part in an exercise program, 15 residents participate in range of motion exercises and 60 residents participate in walking programs.

- The occupational therapist stated that she is unable to see all residents who would benefit from her services, as it is impossible for her to see all 167 residents on a regular basis. She finds the residents are continually asking for more therapy, but due to time restraints, she cannot accommodate them.
- The lack of space for assessments and equipment is also a problem. Assessments are done in the resident's room or in the multi-purpose space. The occupational therapist stated she would like to have room for more than basic equipment and feels the residents would benefit from equipment such as parallel bars, hot pack machines, portable Pedicycles and arm cycles. (See **Recommendation # 3**)

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

- The occupational therapist advised that she does a basic assessment on residents to see determine which mobility aids they require. If specialized seating is required, the resident goes to the Carewest Dr. Vernon Fanning Centre for assessment and fitting. The occupational therapist expressed concern over the length of time it takes to receive wheelchairs from Alberta Aids to Daily Living, which could be up to four months.
- Due to time constraints and lack of staff, the occupational therapist does not feel that all residents who would benefit from her services are being seen. Since the opening of the new wing, she stated she has a backlog of about a dozen residents still waiting for her services.
- The occupational therapist is part of the skin and wound assessment team.
- Lack of rehabilitation space results in problems in storing wheelchairs, lifts, and other equipment, and providing space to do private and confidential assessments. (See **Recommendation # 3**)

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

- Visiting members were advised that each unit has an individualized activity schedule and activities are provided during the day and on weekends, but in the evenings, only if a volunteer is available to coordinate the activities. Activities include bingo, one-on-one activities, arts and crafts, sing-alongs, fun and fitness, music appreciation, trivia, read aloud sessions, reminiscing, chess, television nostalgia, current events, cribbage, happy hour, birthday teas, and food fun.
- Outings have become a problem with the change in the handi-bus system as of September 1, 2005. The recreational therapist stated this system is not friendly for long-term care residents. Pick-up and drop-off times are

inadequate and the therapist must now provide the handi-bus office with the names and registration numbers of residents going on an outing one week in advance. Management of the handi-bus system will only allow four or five residents on the bus plus one staff member at any one time. Any substitutions must be reported to the handi-bus office prior to the pick-up time.

- Because there is no room for volunteers on the handi-bus, the volunteers must make their own way to the outing location and are no longer available to assist residents on the bus ride.
- The facility is only allowed the handi-bus services once a month and with only four to five residents allowed on the one bus, and with approximately 100 of the 167 residents wishing to go on outings, it could be that a resident only gets to go on an outing every couple of years. The therapist stated that outings are the most requested activity by residents. (See Recommendation # 4)
- One-on-one activities are done with residents who do not participate in any group activities. The therapist stated that there is very little family involvement in the recreational activities, with only four family members spending time with their loved ones doing various activities.
- The recreational therapist also advised that as therapy assistants are not educated in recreational activities for seniors, they do not have to work to standards of practice and therefore do not conduct assessments on what activities are appropriate for various residents. At the present time, residents are put in different activities on a hit and miss basis to see how they do and what activities they seem to enjoy. (See Recommendation # 5)

## 5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

### 5.1 Pastoral Care:

- As there is no dedicated space or large common area for pastoral activities, services are held in the dining area, which can be quite disruptive at times with dishes being cleared or tables being set up for the next meal. (See Recommendation # 3)
- Memorial services are only held upon a family's request.
- Catholic services are held once a week and Mass is provided once a month. Many of the mainstream faiths do not choose to provide services at this facility; however, the Alliance, Christian Reform and Connections churches come monthly on a rotating basis. No services are provided on one Sunday a

month. Residents appeared to be satisfied with the religious services provided.

#### **5.2 Volunteer Support:**

- Approximately 100 volunteers are active in the facility, which is an increase from previous years. Volunteers are recruited from the university, churches, Volunteer Calgary, high schools, and service groups.
- The volunteer coordinator conducts the police checks, has all volunteers sign an oath of confidentiality and provides training for the areas in which volunteers wish to work.
- The volunteer coordinator stated that the volunteers are absolutely necessary and many of the activities could not be provided without their help. They assist in all recreational activities as well as organize a regular Pet Access Week.

#### **6.0 DIETARY:**

- Visiting members interviewed the clinical dietician and the resident team leader and were told that the facility has moved from preparing the menu on a five-week rotation to a four-week rotation with seasonal adjustments in the spring and fall, and menus and recipes are developed using the Canada Food Guide standards.
- Meal service for this facility is centralized and prepared on-site by staff that are trained in the Food Safe course, WHMIS, Supportive Pathways and handwashing programs in addition to what is provided during orientation. Visiting members were advised that none of the cooks are in possession of a certificate; however, resident interviews indicated general satisfaction with the meals provided. Both the region and Intercare conduct annual food surveys and the food services and care staff take the feedback into account when new menus are developed.
- The dietician advised that within two weeks of a new admission, an assessment of the resident is carried out including dietary restrictions, likes, dislikes, swallowing issues, height, weight and eating habits. A diet census form, which indicates the special needs for each resident is produced and posted near the food serving area in each of the dining rooms. In addition, there is a nourishment list covering all three meals and a breakfast supplements report for specific residents.
- The facility has a policy that each resident must be weighed at least monthly and the weights are recorded in the daily care record. The residents' weights are tracked by the dietician, and in those instances where there has been a variance of more than five percent in a resident's weight, potential reasons are reviewed and appropriate action taken.

- Visiting members observed the meal service and noted that staff are very rushed to get residents seated at their designated seat and the meal served; however, there was good, friendly communication between staff and residents and those requiring feeding assistance were not rushed.
- The kitchen area was observed to be very small relative to the number of meals prepared, and was very congested with a lot of traffic. The area was clean and well organized with all available space being utilized. The freezer, cooler and dry food storage areas were quite small but organized and food was being stored and covered in a safe manner. (See Recommendation # 3)
- The kitchen fire suppression system had recently been checked; however, visiting members noted the absence of a rangehood over the cooking portion of the range. Neither the supervisor nor the maintenance staff could explain the arrangement; however, one of the longer term staff remembered that there had been a full rangehood at one time. There is a requirement for a rangehood to be installed over the range to comply with Part 6 of the National Building Code. (See Recommendation # 6)

## 7.0 ENVIRONMENT:

### 7.1 Infection Control:

- Visiting members were shown the locked storage room that included a supply of empty containers for sharps/syringes and were told that the full containers were placed in the marked box and were picked up and taken away.
- Nursing and housekeeping staff stated that the carpeting in the residents' rooms complicates and compromises good infection control practices on occasions when there is an accident with bodily fluids, because the carpeting is difficult to keep clean and difficult to disinfect. (See Recommendation # 1)
- An infection control manual is located on each unit and universal precautions are in place. Handwashing is strictly enforced with reminder signage prominently displayed throughout the facility.
- Over 90 percent of staff and residents have received immunization for influenza viruses.

### 7.2 Maintenance:

- Visiting members met with the maintenance supervisor who is responsible for all three Intercare facilities. Two facilities are currently involved in extensive expansion/construction programs. Visiting members also met separately with

the maintenance worker for this facility. Visiting members were advised that there is a manual on the preventative maintenance program but it is not up-to-date, is not being updated with repair history, nor does it provide any notification information relative to necessary maintenance checks of equipment to prevent breakdowns.

- The current maintenance worker has only been on staff at this facility for less than a year and spends nearly all his time responding to staff's maintenance requests noted in log books located on the various units. He spends an average of two days per week looking after outdoor jobs such as groundskeeping, landscaping and snow/ice control, roof top heating, ventilation, air conditioning and surface drainage issues, dealing with the deficiency list arising from the construction of the recent major addition, and hot water temperature checks and the obvious repairs associated with the older sections of the facility.
- In addition to all of the new electric beds, lifts, tubs and washrooms in the new sections, all of the beds, lifts, tubs, washrooms and kitchen, laundry and housekeeping equipment require servicing. Visiting members were informed that there is little time left for the recordkeeping associated with a working preventative maintenance program. (See Recommendation # 7)
- Visiting members were advised that after hours and weekend emergency maintenance is covered by on-call maintenance staff from the other Intercare facilities and/or by subcontractors.

#### **7.3 Housekeeping and Laundry:**

- Visiting members observed the facility to be very clean and were told that housekeeping staff are responsible for the entire facility including public areas and the kitchen.
- Resident rooms are given a daily cleaning as well as the scheduled monthly deep cleaning. Discharge cleaning includes carbolizing of the bed and other contact areas. The regular cleaning schedule is kept up-to-date.
- Laundry services are provided on-site and include residents' labelled personal laundry. In addition, there are coin-operated washers and dryers available on-site for use by residents.

#### **7.4 Safety/Security:**

- Visiting members noted that all fire extinguishers were easily accessible and the attached inspection tags had been initialled indicating monthly checks had

been carried out. Emergency and fire exits were clearly marked, free of obstructions and wheelchair accessible.

- Visiting members were told that fire drills were carried out monthly covering all staff from all shifts, and orientation and annual refresher courses include fire and emergency procedures. Part of the procedure during fire drills is for staff to hang a red flag on the doorknob of rooms that have been checked and the resident transferred.
- Staff have access to and are familiar with the regional emergency response manual. At each nursing station, there is a flipchart outlining the various emergency conditions and the protocols to be followed including evacuation procedures. Each nursing station has a resident kit that includes photo identification and other critical personal information in the event of an evacuation.
- All exterior doors are electronically controlled for lockdown and emergency situations. The front exit has video surveillance which is monitored from the nursing station.
- The facility has a diesel-powered emergency generator that would support corridor lighting, one light and wall receptacle in each resident's room, and the phone/nurse call system. The generator is serviced annually under contract; however, it is not being load tested on a monthly basis. There is a requirement to load test the back up emergency generator on a monthly basis to meet the provisions of CSA Standard 282 – Emergency Electrical Power Supply for Buildings, with a requirement for a full load test to occur once a year. (See Recommendation # 8)

#### **8.0 ADDITIONAL PROGRAMS:**

- A full-time social worker is employed at the facility and provides emotional support to residents and families, as well as helping with personal directives, financial decisions and power of attorney forms.
- A geriatric mental health team from the Calgary Health Region is called when required.

#### **9.0 RECOMMENDATIONS:**

1. **For the safety and comfort of residents and staff, to ensure high infection control standards and for ease of resident mobility, consider replacing carpeting in resident rooms and hallways with smooth surface flooring which is easier to clean and disinfect.**

2. **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).**
3. **Ensure that the expansion plans include provision for adequate space and support equipment for the physiotherapy, recreation therapy, pastoral care and food service programs.**
4. **Review the use of the handi-bus system for transporting residents, staff and volunteers on resident outings, and implement an alternative solution if possible so that more residents may participate in outings.**
5. **Review the recreational resources available to ensure adequately trained staff and programs to accommodate the needs of all residents.**
6. **For the safety of residents, staff and visitors and to comply with the provisions of the National Building Code, install a rangehood over the range in the kitchen.**
7. **Take the necessary action to ensure that an up-to-date preventative maintenance program is in place.**
8. **Ensure that the emergency generator is checked and tested monthly under load conditions.**

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February 16, 2006

Leonard Mitzel, MLA  
Chair  
Alberta Health Facilities Review Committee  
250 Garneau Professional Centre  
11044 - 82<sup>nd</sup> Avenue NW  
Edmonton, Alberta  
T6G 0T2

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

Dear Mr. L. Mitzel and Mr. D. Tuer:

Re: *Intercare*  
**Brentwood Care Centre, Routine Visit September 8 & 9, 2005  
Follow-up report**

We are writing in response to the Alberta Health Facilities Review Committee letter of February 6, 2006 and your requirement for further action to the following recommendation:

- 1. For the safety of residents, staff and visitors and to comply with the provisions of the National Building Code, install a range hood over the range in the kitchen.**

*Intercare has made every effort to ensure our facilities are safe and following code. The fire suppression system was upgraded this year, over the stove area, and the local fire department conducted their yearly surprise inspection, to make sure we meet all safety codes. It was based on their report that we believed that our system was safe.*

*Based on the additional information your team has provided us we have ordered the required rangehood to be installed as soon as can be arranged weather permitting.*

*We thank the committee for their time and expertise in this review and related recommendations.*

Respectfully submitted,  
**Intercare Corporate Group Inc.**

*Oriel Morrison*

Oriel Morrison (for David Ail, President)  
Vice President, Clinical Services & Community Development



Operators of:

**Southwood Care Centre**  
211 Heritage Drive S.E.  
Calgary, Alberta T2H 1M9  
Tel: (403)252-1194  
Fax: (403)253-0393

**Chinook Care Centre**  
1261 Glenmore Trail S.W.  
Calgary, Alberta T2V 4Y8  
Tel: (403)252-0141  
Fax: (403)253-0292

**Brentwood Care Centre**  
2727 16th Avenue N.W.  
Calgary, Alberta T2N 3Y6  
Tel: (403)289-2576  
Fax: (403)282-7027

cc: Honourable Iris Evans, Minister of Health & Wellness  
Ms. Paddy Meade, Deputy Minister, Health and Wellness  
Jack Davis, President and Chief Executive Officer, Calgary Health Region  
Lorne Robertson, Director, Supported Living Services  
Beth Gorchynski, Quality Specialist, CHR  
David Ail, President, Intercare Corporate Group Inc.  
Ian Woodcock, Vice President of Admin. & Corp. Services, Intercare Corporate Group Inc.  
Dalyce Greenslade, Director of Care/Administrator, Brentwood Care Centre  
Dorothy Rosentreter, Director of Residential Services, Intercare Corporate Group Inc.

December 21, 2005

Bob Leonard Mitzel, MLA  
Chair  
Alberta Health Facilities Review Committee  
250 Garneau Professional Centre  
11044-82<sup>nd</sup> Avenue NW  
Edmonton, Alberta  
T6G 0T2

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

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Dear Mr. L. Mitzel and Mr. D. Tuer:

Re: **Brentwood Care Centre Routine Visit September 8<sup>th</sup> and 9<sup>th</sup> 2005**

We are writing in response to the Alberta Health Facilities Review Committee routine visit to our Brentwood Care Centre on September 8 and 9<sup>th</sup> 2005. We have reviewed the eight recommendations as outlined in your correspondence dated October 27, 2005 and we are pleased to advise as follows:

**1. For the safety and comfort of residents and staff, to ensure high infection control standards and for ease of resident mobility, consider replacing the carpet in the resident rooms and hallways with smooth surface flooring which is easier to clean and disinfect.**

- *Our expansion plans for the building completed in December 2004 were unfortunately approved in advance by the Calgary Health Region. Cost of replacing the new carpet in the said expansion is excessive. However, when this flooring requires replacement consideration will be given to our resident population at that time in determining the flooring options.*
- *Please note that prior to installing carpets into our care facilities, we conducted an extensive assessment to determine the benefits of soft (carpet) versus hard surface options and related products. Our findings showed numerous benefits to having carpeted floors; both for safety to our residents and to create a homelike atmosphere with noise control/dampening ability. All our carpets were selected from a reputable vendor and were selected based on very low density, microbe resistance (e.g. inability of bacteria to grow on the surface). Additionally we purchased our floor cleaning equipment with large surface wheels to maximize safety for our staff. There has been much discussion on this issue over time and it has become a balancing act from homelike to institutional. The majority of our residents are unable to wheel themselves but we do understand that there may be an impact of the carpets in terms of mobility on the few that can.*



Operators of:

**Southwood Care Centre**  
211 Heritage Drive S.E.  
Calgary, Alberta T2H 1M9  
Tel: (403)252-1194

**Chinook Care Centre**  
1261 Glenmore Trail S.W.  
Calgary, Alberta T2V 4Y8  
Tel: (403)252-0141

**Brentwood Care Centre**  
2727 16th Avenue N.W.  
Calgary, Alberta T2N 3Y6  
Tel: (403)289-2576  
Fax: (403)282-7027

- *We will endeavour to meet the needs of those residents who are able to wheel themselves while at the same time considering alternatives for the future.*
  - *Our future expansions plans for this facility will include a further review and consideration of these recommendations prior to selecting appropriate floor coverings.*
- 2. 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).**
- *We have completed a full review of our policies and procedures around the delivery of medications to our residents. Each nursing staff member has completed a medication administration examination and will further improve on their competencies in this area following the implementation of the standards documents put out by their respective professional associations. Intercare has also completed two random audits since the site visit and will continue to monitor medication administration as part of our pharmacy QA processes.*
- 3. Ensure that the expansion plans include provision for adequate space and support equipment for the physiotherapy, recreation therapy, pastoral care and food service programs.**
- *The Construction Department together with our operations personnel have undertaken to review the space and equipment needs of the physiotherapy, recreation therapy, pastoral care and food service programs in the context of future planned expansion and/or renovations plans;*
  - *A delegation of Intercare operational and development staff have met with Intercare's architects to discuss and incorporate options for physiotherapy, recreation therapy, pastoral care and food service space into future developments.*
- 4. Review the use of the handi-bus system for transporting residents, staff and volunteers on resident outings, and implement an alternative solution if possible so that more residents may participate in outings.**
- *Intercare has, over the last several months, spent a significant amount of time and effort trying to develop a process for increasing resident access to the existing handi-bus services. Unfortunately, due to the significant increase in demand for the handi-bus services they have been unable to meet our requirements. Consequently, discussions are now under way to look at options to purchase an additional bus for our residents use. This action will take time however, as significant fundraising will be required.*
- 5. Review the recreational resources available to ensure adequately trained staff and programs to accommodate the needs of all residents.**
- *Intercare has undertaken a full review of our staffing levels as they relate to recreation and have now added an additional full time recreational aide to serve*

*our residents. With this additional support the Brentwood team will be able to provide programs on the weekends and evenings.*

**6. For the safety of residents, staff and visitors and to comply with the provisions of the National Building Code, install a range hood over the range in the kitchen.**

- *Since the site visit, Intercare has been in consultation with a Kitchen consultant team who is reviewing the space needs and equipment needs of our Kitchen. In this process the exhaust hood over the cooking equipment will be addressed. The fire suppression system was upgraded this year, over the stove area, and the local fire department conducted their yearly surprise inspection, to make sure we meet all safety codes.*

**7. Take the necessary action to ensure that an up-to-date preventative maintenance program is in place.**

- *Since the site visit, Intercare has added an additional full time maintenance worker to our Maintenance Department. This has enabled us to ensure that an up-to-date preventive maintenance program is under development at this time.*

**8. Ensure that the emergency generator is checked and tested monthly under load conditions.**

- *The emergency generator is now checked and tested monthly under load conditions and documentation is being kept to substantiate same.*

In closing, we would like to thank the Alberta Health Facilities Review Committee for their positive feedback in respect to our Brentwood Care Centre. If you should have any questions or require further clarification in regards to the above, please do not hesitate to contact the undersigned at 403-252-1194.

Respectfully submitted,  
**Intercare Corporate Group Inc.**



Oriel Morrison (for David Ail, President)  
Vice President, Clinical Services & Community Development

cc: Honourable Iris Evans, Minister of Health & Wellness  
Lorne Robertson, Director, Supported Living Services  
Beth Gorchynski, Quality Specialist, CHR  
David Ail, President, Intercare Corporate Group Inc.  
Ian Woodcock, Vice President of Admin. & Corp. Services, Intercare Corporate Group Inc.  
Dalyce Greenslade, Director of Care/Administrator, Brentwood Care Centre  
Dorothy Rosentreter, Director of Residential Services, Intercare Corporate Group Inc.

cc: Honourable Iris Evans, Minister of Health & Wellness  
Ms. Paddy Meade, Deputy Minister, Health and Wellness  
Jack Davis, President and Chief Executive Officer, Calgary Health Region  
Lorne Robertson, Director, Supported Living Services  
Beth Gorchynski, Quality Specialist, CHR  
David Ail, President, Intercare Corporate Group Inc.  
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Dalyce Greenslade, Director of Care/Administrator, Brentwood Care Centre  
Dorothy Rosentreter, Director of Residential Services, Intercare Corporate Group Inc.

February 6, 2006

Ms. Oriel Morrison  
Vice President, Clinical Services and Community Development  
Intercare Corporate Group Inc.  
211 Heritage Drive SE  
Calgary AB T2H 1M9

Dear Ms. Morrison:

*Intercare*  
Re: **Brentwood Care Centre, Calgary**  
**Routine Visit September 8 and 9, 2005**

Thank you very much for your letter dated December 21<sup>st</sup>, 2005 responding to the recommendations made by Health Facilities Review Committee members following their routine review of Brentwood Care Centre on September 8 and 9, 2005.

At its meeting on February 1<sup>st</sup>, the Committee reviewed your letter and accepted the responses to all the recommendations, except for the response to Recommendation # 6 which stated: "For the safety of residents, staff and visitors and to comply with the provisions of the National Building Code, install a rangehood over the range in the kitchen."

Our staff researched the provisions of the National Building Code with staff at Alberta Infrastructure when this recommendation was made and were advised that it is a requirement for a rangehood to be installed over the range. We were advised that the fire suppression system is meant to work in conjunction with a rangehood in order to be effective. We would appreciate receiving a further response confirming that necessary action has been taken to comply with the provisions of the National Building Code by ensuring that a rangehood has been installed over the range in the kitchen.

The Committee would like to thank you for the prompt attention to the eight recommendations made following their routine visit. We would appreciate receiving a further response by **March 15, 2006.**

Sincerely,



Leonard Mitzel, MLA  
Chair

cc: Honourable Iris Evans  
Minister of Health and Wellness

Ms. Paddy Meade  
Deputy Minister, Health and Wellness

Mr. David Tuer  
Chair, Calgary Health Region

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

Administrator  
Brentwood Care Centre