

February 8, 2006

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

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

Dear Mr. Tuer and Ms. Kingelin:

**RE: McKenzie Towne Care Centre – Central Care Corporation, Calgary**  
**Routine Visit – January 5 and 6, 2006**

A routine visit to McKenzie Towne Care Centre was conducted by members of the Health Facilities Review Committee in January 2006. 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 quality of life of the residents, consider ways in which greater use could be made of the outdoor patios on the upper level and the courtyards on the ground level.**
2. **For the well-being and improved quality of life of the residents, take the necessary steps to improve and expand the level of physiotherapy and occupational therapy services provided to residents.**
3. **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 the legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**
4. **For the comfort of residents, visitors and staff, continue with efforts to resolve the long-standing issues surrounding proper ventilation, air quality and air temperatures throughout the facility.**

**New Recommendations:**

1. **For the safety and security of the residents, ensure that there is current photo identification on each resident's medication pouch porters.**

2. For the safety and security of the residents, ensure that the medication carts are locked and stored in a secure area when not in use.
3. For the comfort and safety of the residents, address the issues raised by residents surrounding the use of the second floor chapel for large gatherings and activities, and ensure a plan is in place for the safe exit of residents from the area.

Your reply to these recommendations is important to us. We would appreciate your response by **May 15, 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 review in June 2003. These changes are highlighted in the attached summary. The members were especially impressed with the increased level of recreational activities being provided, the caring and compassionate attitude of staff, and the educational opportunities being provided.

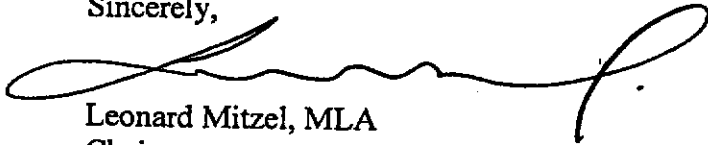
As a result of this routine review, Committee members found that a number of the recommendations from the last routine review visit in 2003 had not been addressed as had been indicated in the letter of response from the facility at that time. The Committee strongly encourages management and staff to make every effort to address the recommendations made as a result of this routine review visit.

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

Thank you. We look forward to your response.

Sincerely,



Leonard Mitzel, MLA  
Chair

Attachment

c.c. Honourable Iris Evans  
Minister of Health and Wellness  
  
Ms. Paddy Meade  
Deputy Minister, Health and Wellness

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

Administrator  
McKenzie Towne Care Centre

# ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

## ROUTINE REVIEW - SUMMARY OF FINDINGS

McKenzie Towne Care Centre – Central Care Corporation, Calgary

Dates of Review: January 5 and 6, 2006

### PEOPLE INTERVIEWED:

- 55 Residents
- 31 Family Members/Visitors
- Executive Director
- Director of Care
- Care Manager
- Program Manager
- Pharmacist
- Staff Development Coordinator
- Physical Therapist
- Recreation Services Coordinator
- Food Services Supervisor
- Maintenance Coordinator
- Other Staff Members

### BACKGROUND:

Information provided at the time of this routine review indicated that McKenzie Towne Care Centre provides services to 142 long-term care residents in a two-storey building. All resident rooms are private except for two semi-private rooms.

### INITIATIVES/CHANGES SINCE THE LAST VISIT IN JUNE 2003:

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

- Visiting members reviewed the recommendations made as a result of the previous routine review in June 2003 and found a number of the recommendations had not been addressed in a satisfactory manner. These include the level of physiotherapy and occupational therapy services provided, resident access to outdoor patios and courtyards, charting of medications and the heating, ventilation and air conditioning systems. Repeat recommendations will be made in the body of this report.

- Visiting members noted that several of the recommendations had been addressed. Staff were observed to be wearing name tags. Recreation therapy activities have been substantially increased. Kitchen staff were wearing hairnets. Portable fire extinguishers are being inspected monthly. There has been an improvement in the quality of the food. Swallowing assessments are carried out during new admission screening and a regional speech therapist is available for more complex assessments. The problem with accessing hot water has been corrected.

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

- Visiting members were advised that the four-unit, two-storey building has been divided into east and west wings with two units on each wing. This move was made to better facilitate the movement and freedom of residents as the east wing now contains two secure units. In addition, the residents in the west wing are now able to move freely about the premises.
- Another sit-to-stand lift has been acquired.

**1.0 RESIDENT CARE:**

- The facility has 138 private rooms and two semi-private rooms. All private rooms are large with space for many personal items and furniture. Residents who were interviewed expressed satisfaction with the size of their room and the level of housekeeping provided.
- Visiting members observed and interviewed numerous residents, many family members and visiting friends and noted that, for the most part, comments on the care provided were positive. Comments heard regarding staff were positive and included the following:
  - "Staff are very nice."
  - "We get good care here."
  - "Great staff."
- Most residents appeared to be neatly dressed and groomed. Visiting members noted friendly interaction and good rapport between residents, family members and staff.
- Visiting members observed many residents partaking in singalongs, exercises and card games during the course of the routine review. Very few residents remained in their rooms during the day.
- Staff stated that residents get up in the mornings on their own schedule anywhere between 6:00 a.m. and 10:30 a.m. and food is made available for them when they are ready to eat.

- None of the residents or family members interviewed appeared to have any negative comments with regard to the time it takes staff to respond to call bells. Comments on food ranged from very good to terrible. Visiting members received more positive comments than negative comments.
- Several comments were received from family members and three residents regarding the very minimal level of rehabilitation services available. **(See Repeat Recommendation # 2)**
- Visiting members observed that the doors to all the outside courtyards were locked, thus preventing the residents from using the outside space. Visiting members were advised that a request has been made to head office to have the security locks changed so that the residents could access the courtyards. Visiting members encourage management to follow-up on this request. Visiting members heard through interviews and observed that the enclosed patios on the upper floor get little use. Visiting members were advised that they can get uncomfortably hot in the summer months, and most of the rest of the year, they are cool and drafty. **(See Repeat Recommendation # 1)**
- Visiting members were informed there is a Resident Council and a Family Council in place, both of which are coordinated by the recreation therapist. Approximately 10 to 12 residents attend the monthly Resident Council meetings, and 20 to 25 family members attend the Family Council meetings.
- Central Care Corporation client feedback forms are available from the reception area and nursing staff. These forms are available to residents, family members or visitors, and provide a mechanism for reporting complaints, concerns and/or compliments. Visiting members were advised that the person who completed the feedback form would be contacted by a staff member within three working days of receipt of the form.
- Visiting members reviewed the incident reporting forms and noted that from April to December 2005, 265 falls involving 148 residents occurred, with four falls resulting in hip fractures and hospitalization and two falls resulting in the residents being taken to the emergency department but not hospitalized.
- Visiting members were advised that six residents require lap tray restraint, three have tilt and space chairs, one requires a Broda chair, two residents require rear fastening seat belts and 11 have front belt fasteners which cannot be opened by the resident. Staff also stated that 15 residents have bed alarms, 16 residents are equipped with fall mattresses on the floor, and 35 wear hip protectors.
- Visiting members were advised that care plans are reviewed annually, but the intention is to start reviewing them quarterly. Care plans are currently being entered in the Minimum Data Set system.

- One resident pointed out to visiting members that the floor in her bathroom was wet as the toilet was leaking and had been leaking for several days. She stated she had to be extremely careful when using the bathroom for fear of slipping and falling. This matter was brought to the attention of the maintenance manager, and visiting members were assured the situation would be rectified.

## 2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members interviewed the contract Canada Safeway pharmacist and were advised that resident medications are dispensed in individual strip packages and are delivered weekly in a “pouch porter”, which is a container that holds each resident’s medications. The lid of the pouch porter includes the name and a holder for a photo of the resident. There are two pouch porters for each resident and the pharmacy replaces the empty one with a full one each week. These pouch porters are an integral part of the medication administration system and visiting members noted that not all of the containers included a photo identification of the resident. (See **Recommendation # 1**)
- The pharmacist visits the facility one to three times each week to consult with nursing staff and review resident medication records. The pharmacist carries out a medication room audit every three months and completes a Canada Safeway Pharmacy Medication Administration System Quality Assurance Evaluation, the original of which is forwarded to the facility’s director of care.
- The pharmacist informed visiting members that both the pharmacist and the physician review each resident’s medication orders every 90 days.
- Visiting members observed that not all nursing staff administering medications were charting in the medication administration record at the time of administering the medication, but rather chose to wait until all or most of their assigned residents had received their medications before updating the medication administration record. (See **Repeat Recommendation # 3**)
- It was also observed that while the medication carts were stored in the medication room when not in use, the doors to the medication room were left open, and residents or other persons would be free to come and go through the room during the day, thus providing access to any unsecured medications. (See **Recommendation # 2**)
- Visiting members were told that there is very minimal use of chemical restraints or anti-psychotic medications at this facility and if they are used, it would be under a physician’s order. In the majority of cases, mental health personnel are also consulted in cases involving the extended use of behavioural control medications. Use of these medications is tracked after six weeks, and a six-month assessment is carried out with a view to decreasing or eliminating the use of these medications.

- The pharmacist advised visiting members that he provides inservice training to staff six to twelve times a year on issues such as behavioural mapping and influenza immunization.
- Central Care Corporation has a Pharmacy and Therapeutics Committee that meets every two months to review topics such as corporate policies and procedures and deviations from the regional medication formularies. There is also a site-specific Pharmacy Advisory Committee that includes the pharmacist, rehabilitation staff and nursing staff.
- The pharmacist attends all of the resident annual care conferences which are scheduled monthly. If the pharmacist or alternate cannot attend a care conference, the pharmacist's recommendations are written up and presented by nursing staff at the conference. Visiting members were advised that it is only on rare occasions that a physician is not in attendance at the care conferences.
- Incident reports involving medication errors are prepared and a copy is forwarded to the pharmacist for any necessary action. The Safeway pharmacy compiles a monthly report of medication error incident reports and a report showing the number and cost of medications per resident per day.

### **3.0 STAFF:**

- Staff who were interviewed expressed satisfaction with the working conditions in the facility and the educational opportunities provided.
- Staff are trained to be flexible in the care and attention provided to the residents.
- Visiting members were informed that orientation of registered nurses, licensed practical nurses and personal care aides consists of two days of general orientation with the registered nurses and licensed practical nurses having an additional five days orientation on all shifts and personal care aides having an additional two days on all shifts. The buddy system is used for as long as is needed.
- Orientation includes fire procedures, safety and disaster plan, WHMIS, infection control, hazardous materials identification, back care, lifts and transfers, abuse, confidentiality and cardiopulmonary resuscitation for registered nurses and licensed practical nurses. All care staff must take the Supportive Pathways course.
- All personal care aides working at the facility must have graduated from the Personal Care Aide program before being hired.
- Visiting members were advised that records are kept of staff participation in each training course offered at the facility. These records are used for performance appraisals. A note is put on the staff pay cheques for employees who have not taken a

required course to ensure that they take it as soon as possible. The staff educator stated that it is sometimes difficult to ensure that casual and part-time staff have taken the courses.

- Visiting members were advised that all staff are instructed to speak English when on duty unless they speak the same language as the resident, in which case, for ease of communication, they are allowed to use the resident's first language.
- Palliative care and skin and wound treatment courses are provided for staff. The Best Friends workshop will be offered to all staff in the near future.

#### 4.0 **REHABILITATION:**

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

- Visiting members interviewed the 0.4 FTE physiotherapist who stated she works at the facility on Tuesdays and Thursdays. The physiotherapist began working at the facility in late November 2005. The former full-time physiotherapist and rehabilitation assistant both ceased working in the facility in June 2005. Visiting members were advised that management have plans to hire a full-time rehabilitation assistant.
- The report prepared as a result of the previous routine review included a recommendation regarding the limited physiotherapy services provided and it would appear that with the loss of two staff in June 2005 and only one part-time replacement, this program is falling short of providing residents with enough physiotherapy services to maintain even their current level of mobility. (See Repeat Recommendation # 2)
- Some very basic range of motion exercises have been set up for a few of the residents who were aware of their need to retain some level of mobility and were making an effort to assist themselves through arm and hand exercises.
- Visiting members were informed that when splints are required, residents are referred to the regional Community Accessibility Rehabilitation Services program.

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

- At the time of the routine review, the physiotherapist advised visiting members that she was also providing occupational therapy services to the residents. She stated that before she started in November 2005, there was an occupational therapist from a Medicine Hat facility who worked in the facility on a part-time basis for two days a month.

- Visiting members were informed that because of the lack of rehabilitation resources, there is currently a backlog of 10 to 20 residents who require seating assessments. To deal with this backlog, occupational therapy resources from other Central Care Corporation facilities will be utilized.
- Referrals are made to the regional seating clinic for level one special assessments and level two fabrications.
- Visiting members were advised that bedside swallowing assessments are carried out during new admission screening and that the dietician calls in the regional speech therapist for more complex assessments.
- Resident interviews disclosed that there was concern over the lack of rehabilitation therapy services. The physiotherapist stated she was hoping that once the rehabilitation assistant position was filled, she could set up an appropriate program. She stated that she has been working with the recreation therapist and care staff to try to get the more mobile residents to walk to the dining room and to activities. (See Repeat Recommendation # 2)

#### 4.3 Recreational Therapy:

- The recreational therapy department staff consists of two full-time recreation therapists and two part-time recreation therapy aides.
- Activities are offered during the day, evenings, weekends and special occasions with 75 percent of the residents participating in one or more activity. One-on-one activities are provided to residents who cannot participate in group activities.
- Activities presently provided to the residents include hymn sing in the chapel, exercises, bingo, board games, arts and crafts, night owl activity, bakers corner, fun with fitness, cards, movies, nail care, current events, trivia pursuit, men's workshop, birthday parties, country hoedown, bowling, and tea and conversation sessions.
- Various groups provide entertainment every Friday afternoon, plus a guitar player and singer attend the facility twice a week and visit every unit to entertain the residents. A pub night is held every Friday and is very popular with the residents.
- Visiting members were impressed with the quality and quantity of activities provided for the residents' enjoyment since their routine review in June of 2003.

- Due to the facility van not being reliable, residents are not taken on outings; however, fundraising efforts are underway to raise money to purchase a new vehicle.
- The recreational therapist advised visiting members that there are plans to build a stage in the outdoor central courtyard, as well as a barbecue area. Once this is completed, staff intend to hold outdoor functions at least twice a month.
- Visiting members heard complaints from a number of the residents about the large group entertainment activities conducted in the chapel space on the second floor. Visiting members were advised that it is not large enough to accommodate large numbers, particularly when so many of the residents are in wheelchairs. Several of the residents advised visiting members that they refuse to attend any further large functions in the chapel as they are afraid that if anything happened, they could not be safely evacuated, as there is only one elevator, plus they are not comfortable in such a large, noisy atmosphere.  
(See Recommendation # 3)

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

### **5.1 Pastoral Care:**

- Visiting members were advised that multi-faith worship services are held monthly, Catholic mass is held in the chapel every Tuesday morning, and hymn sign is held every other Monday.
- Pastoral care services provided include pastoral visits, spiritual counselling, crisis involvement and memorial services.
- Residents interviewed expressed satisfaction with the religious services provided, but all mentioned the small chapel space provided to hold services.  
(See Recommendation # 3)

### **5.2 Volunteer Support:**

- Visiting members were advised there are 12 very active volunteers working in the facility, which is an increase in the past year but down considerably from the previous routine review in 2003. Some of the volunteers are family members, and others have been recruited from various sources such as schools, churches, the Ladies Auxiliary, and Volunteer Calgary.
- The volunteers assist with recreational activities, one-on-one visits, and portering of residents to various functions.

- Volunteers are provided with training and mandatory orientation. Volunteers must also sign an oath of confidentiality and pass a police check.

## **6.0 DIETARY:**

- All food is cooked on-site and the menu is prepared on a three-week rotation. Visiting members reviewed the menu and found it to be varied with alternate choices available. Food temperature audits are taken in the main kitchen, and the food temperature is checked again when it arrives at each servery.
- Visiting members observed both breakfast and lunch being served in the resident dining rooms over the course of the routine review and noted that staff were very helpful to the residents and maintained a pleasant attitude throughout mealtimes.
- Visiting members were advised that one resident requires tube feeding, 22 residents are served a pureed meal, 22 residents are served a minced meal, 24 residents are on diabetic diets, and approximately 50 percent of the residents require feeding assistance.
- Food satisfaction surveys are conducted three months after resident admission, and annually after that.
- Visiting members were advised by the food services supervisor that three of the cooks and two dietary aides have taken the Food Safe course. All kitchen staff have received orientation on fire and disaster codes and procedures.
- Visiting members observed the kitchen area and the serveries on each unit to be extremely clean and well organized. All food was appropriately covered and stored on shelves in storage areas and freezers.
- A cleaning schedule is in place and staff must initial each job as it is done. The kitchen rangehood was observed to be clean and the kitchen fire suppression system is being inspected every six months by a qualified technician.

## **7.0 ENVIRONMENT:**

### **7.1 Infection Control:**

- The staff development coordinator advised visiting members that the facility's infection control program is linked with the regional program. Visiting members noted that there did not appear to be an odour control problem in the facility. Posters promoting the importance of frequent handwashing and handwashing stations are located throughout the facility.

- Visiting members were advised that needle stick protocols are in place. Medical wastes were observed to be handled, stored and disposed of in an appropriate manner.
- Visiting members were informed that approximately **94 percent of residents and 98 percent of staff** have received influenza immunization. At the time of the routine review, there were no cases of antibiotic resistant infections in the facility.
- All staff receive annual mandatory inservice training on infection control protocols. Visiting members were shown the availability of blood spill kits.
- Visiting members were advised that spills and stains on the carpeting in residents' rooms and hallways are not only unsightly, but also pose a potential infection control issue. While a number of resident rooms have had the carpeting replaced with hard surface floor covering, the facility is very conscious of the regional policy that 50 percent of floor covering should be carpet.

## 7.2 Maintenance:

- Visiting members were told by staff that the computerized preventative maintenance program generates a monthly schedule of work to be carried out but is not designed to accept input to update the data.
- Maintenance request logbooks are located in all the operational areas and written maintenance requisitions are delivered to the maintenance office daily.
- The maintenance department is staffed by two full-time employees; however, a third position has been vacant for approximately eight months and visiting members were advised that facility maintenance is falling behind. It was stated that a part-time position would allow for maintenance work to be brought up-to-date. Visiting members are concerned that the overall maintenance of this large facility will deteriorate if there are insufficient maintenance resources available.
- The facility appeared to be fairly well maintained; however, there has been an ongoing problem with the heating, ventilation and air conditioning system. Some of the past issues with the airflow systems have been addressed; however, visiting members noted that some areas of the facility were very warm and heard complaints from residents, family members and staff that this has been a problem for some time. **(See Repeat Recommendation # 4)**
- The facility contracts out the regular maintenance of bathtubs, elevators, landscaping, and snow and ice removal. When visiting members brought a

small number of maintenance issues to the attention of staff, such as a leaking floor seal on a resident's toilet, and a broken towel dispenser in a hallway washroom, they were addressed quickly.

### **7.3 Housekeeping:**

- Visiting members found the facility to be clean and odour free.
- Four full-time housekeeping staff perform the daily cleaning on all units, while one part-time staff member cleans the common areas, offices and chapel area.
- A daily schedule of cleaning duties is posted and followed by staff members. A thorough cleaning and painting of residents' rooms is done upon resident discharge.
- All staff have received WHMIS and handling of hazardous materials training, as well as fire and disaster plan training.
- Visiting members were advised the housekeeping staff are responsible for gathering up the regular housekeeping garbage, while the nursing staff are responsible for gathering medical wastes.
- Housekeeping staff advised that the carpeted flooring sometimes causes difficulty in cleaning and keeping rooms odour free, and staff would prefer to have hard surface flooring in all resident rooms.

### **7.4 Laundry:**

- Visiting members were advised that laundry staff wash the facility linens as well as many of the residents' clothing.
- Staff stated that there is quite often a problem in returning the residents' clothing to the right room. The laundry staff deliver the clothing to each unit and it is the responsibility of the evening staff to deliver the clean laundry to the appropriate resident rooms.
- A system is in place to label all clothing, but oftentimes clothing purchased during the year inadvertently does not get labelled appropriately.
- The majority of residents interviewed stated they get their own clothing back in a satisfactory timeframe after being laundered.

#### 7.5 Safety/Security:

- Visiting members interviewed the maintenance coordinator and were advised that the staff development coordinator is the facility's designated fire marshal and that staff on all shifts participate in a full fire drill and/or tabletop fire drill on a monthly basis. There are three fire drills held each month and staff attendance is tracked to ensure all staff have participated in at least one drill per month. For each fire drill, a checklist is provided to each participant and a report is completed that assesses the success of that drill.
- Visiting members were informed by residents, family members and staff that there is concern that when the chapel area is used for large gatherings or activities, the area can become very congested to the point that a number of residents prefer not to attend large functions held there because they are afraid of not being able to get out of the area in the event of a fire or other emergency. (See Recommendation # 3)
- Visiting members observed that all fire exits were clearly marked, free from obstructions and that portable fire extinguishers were conveniently located. Portable fire extinguisher tags had been initialled for monthly inspections. New staff orientation and regular refresher courses include live demonstrations on the use of a portable fire extinguisher.
- Staff have access to the facility disaster plan and are aware of their responsibilities in the event of a fire or other emergency. Staff stated they are also aware of the smoke and fire separation zones and the two to three minute delay in the electronic door release system. Facility evacuation plans include the use of a nearby church.
- The facility is currently developing a site-specific disaster plan that will be linked to the regional plan, and a bomb threat exercise is tentatively scheduled for February or March 2006.
- All tub rooms are equipped with battery pack emergency lighting systems and the diesel-powered emergency generator is tested for 30 minutes on a monthly basis under full load conditions.
- There are no security staff or surveillance cameras at this facility.

#### 8.0 ADDITIONAL PROGRAMS:

- Social work services and geriatric mental health consultants from the region are available for consultation upon request.

## 9.0 RECOMMENDATIONS:

### Repeat Recommendations:

1. For the comfort and quality of life of the residents, consider ways in which greater use could be made of the outdoor patios on the upper level and the courtyards on the ground level.
2. For the well-being and improved quality of life of the residents, take the necessary steps to improve and expand the level of physiotherapy and occupational therapy services provided to residents.
3. 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 the legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).
4. For the comfort of residents, visitors and staff, continue with efforts to resolve the long-standing issues surrounding proper ventilation, air quality and air temperatures throughout the facility.

### New Recommendations:

1. For the safety and security of the residents, ensure that there is current photo identification of each resident on the medication administration record.
2. For the safety and security of the residents, ensure that the medication carts are locked and stored in a secure area when not in use.
3. For the comfort and safety of the residents, address the issues raised by residents surrounding the use of the second floor chapel for large gatherings and activities, and ensure a plan is in place for the safe exit of residents from the area.



**CENTRALCARE**  
C O R P O R A T I O N

McKenzie Towne Care Centre

<b>HFRC</b>	
MAY 12 2006	
CHAIR	
EA	
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April 28, 2006

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

Dear Mr. Mitzel:

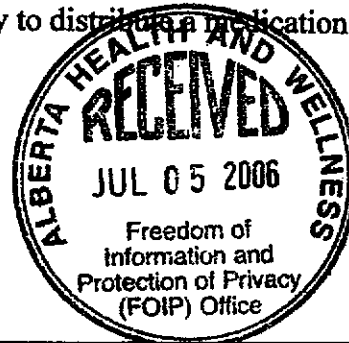
Re: Health Facilities Review Committee visit January 5 and 6, 2006

*CALGARY*

On behalf of McKenzie Towne Care Centre, I wish to provide you with our response to the recommendations provided as a result of the Committee's visit January 5 and 6, 2006. The committee's comments and suggestions were well received among families, residents and staff at the Centre and we have incorporated these suggestions into the care and services we provide.

**New recommendations:**

- 1. For the safety and security of the residents, ensure that there is current photo identification on each resident's medication pouch porters.**  
Action taken: Recreation staff members are responsible for ensuring that resident photo is taken on the day of admission. This photo will be updated annually. Random audits are done to ensure compliance.
- 2. For the safety and security of the residents, ensure that the medication carts are locked and stored in a secure area when not in use.**  
Action taken: Renovations have been completed to all four Nursing Stations and locked carts are now stored in a locked cupboard in the Station. All carts have locking mechanisms for use when medication is being distributed and a review of the correct procedure of locking the cart when stepping away to distribute medication has been reviewed with Staff members.



- 3. For the comfort and safety of the residents, address the issues raised by residents surrounding the use of the second floor chapel for large gatherings and activities, and ensure a plan is in place for the safe exit of residents from the area.**

Action taken: Changes have been made to the delivery of activities and programs to ensure no more than 40 people are at functions, in the Chapel area and concurrent activities are offered on the Unit for those that are unable to attend. Large group activities will be held outside in warmer weather. Mock evacuation of the Chapel area will be held on May 23, 2006.

**Repeat recommendations:**

- 1. For the comfort and quality of life of the residents, consider ways in which greater use could be made of the outdoor patios on the upper level and the courtyards on the ground level.**

Action taken: Programs have been implemented that focus specifically on getting residents outside every day, including at mealtimes. Morning exercises will take place in the inner courtyards, weather permitting. Funding has been obtained for one Healthy Lifestyle Promoter position through the Summer Careers program; the primary objective of the position is to assist with outside activities and mobility. Care Services Managers have developed innovative ways to encourage and reward staff for bringing residents outdoors even for short periods every day. A request is being made for Capital approval for electric door openers on the upper level enclosed patios to allow easier access by wheelchair dependent residents.

- 2. For the well-being and improved quality of life of the residents, take the necessary steps to improve and expand the level of physiotherapy and occupational therapy services provided to residents.**

Action taken: In addition to our part-time physiotherapist who was hired in November, a full time Occupational Therapist has been hired for June 12, 2006. As well, we have hired a casual therapy aide who assisted in the development of a new falls prevention program.

- 3. 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 the legislative requirements under the Nursing Homes Act, Nursing Home Operation Regulation, Section 1(1)(i)(v) and 11(1)(k).**

Action taken: Mandatory in-services have been conducted for all registered staff by the Director of Care and Staff Development Educator regarding proper procedures for medication administration. Random audits are being completed to ensure compliance.

4. **For the comfort of residents, visitors and staff, continue with efforts to resolve the long-standing issues surrounding proper ventilation, air quality and air temperatures throughout the facility.**

Action taken: Problems with air handling in the common areas of the Home were resolved over the winter. At present, we are engaged in solving problems internally by verifying heating valves are working properly. In relation to our HVAC, we continue to have external organizations troubleshoot; this has been somewhat problematic for although we have been assured the system is working within standards ongoing complaints are received from residents about drafts.

Should you wish to contact me for any information please call me at 508-9808 or by e-mail at [bevdrever@cplodges.com](mailto:bevdrever@cplodges.com)

Sincerely,



Bev Drever, Executive Director  
McKenzie Towne Care Centre

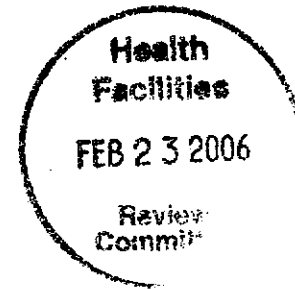
cc: Sean Himsl, Regional Director CCC  
Donna Kingelin Senior Vice President CCC

February 9, 2006



calgary health region

Office of the Board



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

Dear Mr. Mitzel:

**Re: McKenzie Towne Care Centre – Central Care Corporation, Calgary  
Routine Visit – January 5 & 6, 2006**

Thank you for your report of February 8<sup>th</sup>, 2006 with respect to the routine visit to McKenzie Towne Care Centre, conducted by members of the Health Facilities Review Committee in January 2006.

By copy of this letter, I am requesting that Mr. Sean Himsl, Regional Director, Central Care Corporation, provide a response to the recommendations by May 15<sup>th</sup>, 2006 and copy my 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

/ld

c: Mr. Sean Himsl, Regional Director, Central Care Corporation  
Brenda Huband, Vice President, Southwest Community Portfolio  
Dr. Chris Eagle, Executive Vice President & Chief Clinical Officer  
Eileen Bell, Quality Care Specialist, Southeast Community Portfolio  
David Weyant, General Counsel