

2006-R-0137

July 31, 2006

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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: Millrise Care Centre, Calgary
Routine Review – April 19, 2006**

A routine review was conducted by members of the Health Facilities Review Committee at Millrise Care Centre in April 2006. A summary of their observations and findings has been attached for your review. The following are recommendations for your attention:

1. **For the information of residents, family members and visitors, place posters and brochures for the Protection for Persons in Care program in publicly visible locations throughout the facility.**
2. **For the safety of residents, ensure that nursing staff chart each resident's medications immediately after they have been administered as per the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement 1X – 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. **For security of residents, investigate ways to securely store the medication cart and residents' medical records.**
4. **In order to better serve the spiritual needs of residents, it is recommended that management consider introducing a formal pastoral care program.**
5. **In order to minimize the possibility of cross-contamination between clean laundry and soiled laundry and to address potential infection control issues, it is recommended that management review options to better separate the clean laundry and soiled laundry areas in the laundry room.**
6. **In order to ensure that fire safety procedures and policies are properly implemented in the facility, it is recommended that management designate an official fire marshal.**

7. **Ensure that monthly inspections of portable fire extinguishers are completed and recorded on the attached tag to comply with Alberta Fire Code 1997, Section 6.2.4.5. 1) f).**
8. **In order to ensure that staff have adequate training in the event of a fire, ensure that staff are provided with hands-on training for the use of portable fire extinguishers.**
9. **For the safety and security of residents, ensure that all staff are aware of their responsibilities relative to the disaster plan.**

Your reply to these recommendations is important to us. We would appreciate your response by **October 31, 2006** indicating what measures you have undertaken to address the recommendations and the results either expected or achieved.

This was the Committee's first routine review at this facility. Committee members were impressed with staff's ability to provide good resident care in a temporary facility that is not designed to accommodate long-term care.

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 Millrise 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

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

Facility Leader
Millrise Care Centre, Calgary

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE REVIEW - SUMMARY OF FINDINGS

Millrise Care Centre, Calgary

Date of Review: April 19, 2006

PEOPLE INTERVIEWED:

- 16 Residents
- 4 Family Members/Visitors
- Facility Leader
- Nursing Team Leader
- Licensed Practical Nurse, Dementia Unit
- Pharmacist
- Occupational Therapist
- Recreation Therapy Assistant
- Maintenance Supervisor, Triple A Living Communities (Building Owner)
- Supervisor, Housekeeping and Laundry
- Other Staff Members

BACKGROUND:

The Intercare Corporate Group Inc. (Intercare), has contracted with the owners of Millrise Place, an assisted living facility in Calgary, to temporarily provide space for 51 long-term care beds while Southwood Care Centre, one of Intercare's facilities, undergoes planned major renovations and construction.

The temporary facility, referred to as Intercare/Millrise, has a 25-bed unit for residents with dementia on the second floor of the building and a 26-bed unit for residents who are cognitively aware on the third floor. The initial transfers took place in late March 2005, and it is expected that this leased space will be returned to the owners by April 2008.

At the time of the review, a core group of 15 Southwood Care Centre residents from the initial transfer still resided at Intercare/Millrise. Some of the original transfers out of Southwood Care Centre chose placement in other facilities through the Regional Pathways system. Visiting members were told that there is a high rate of turnover, estimated at 50 percent, at Intercare/Millrise because it functions as a transitional site pending resident placement elsewhere.

A significant issue at this facility is that the building was designed as an assisted-living facility, and was not designed to accommodate a long-term care population. There is a lack of adequate office space for staff such as space for a secure nursing station, and quiet spaces for residents. Space is also insufficient for recreation or therapy areas and it is quite difficult to get residents to the outdoor space for recreation. As a result, most of the programming in the facility occurs in the multipurpose dining and recreation room. Notwithstanding the fact that this is a temporary arrangement, there will potentially be some residents who have resided at this facility for three years.

This was the first routine review carried out by the Committee at the Intercare/Millrise site.

1.0 RESIDENT CARE:

- The resident rooms in both units are a mix of private and semi-private rooms. The units were odour free, very clean and served most of residents' needs given that residents are here on a temporary basis and the building was not designed for long-term care residents. Access to some of the resident rooms and bathrooms is extremely restricted for wheelchairs, lifts and other equipment and there was visible damage to wall and doors throughout the facility.
- Visiting members observed that residents appeared to be very comfortable on the units and that the care was good. Staff were observed to be caring and attentive to residents, and to have a good rapport with them.
- Residents who were interviewed were generally happy with the care and programs available. Comments included:
 - “The food is pretty good, nothing to complain about.”
 - “Staff are too busy and make me wait to use the bathroom.”
 - “I would just as soon stay here.”
- There are no tub rooms. Each resident room is equipped with a shower and residents receive a shower at least once a week. Staff told visiting members that less time and resources are spent on showering residents as opposed to bathing them, there can be more time devoted to resident care.
- Visiting members were informed by staff that the level of care is very heavy. While some residents are able to be assisted with one-person lifts, many residents require a two-person lift. All beds are electrically powered and the units appeared to have an adequate number of lifts to serve the current needs of residents. There are plans in place to acquire an additional sit-to-stand lift and one more full lift for non-weight-bearing residents.
- Bed alarms are used in both units. The second floor bed alarms are local alarms, while the alarm on the third floor is connected to the nurse call system.

- Visiting members were informed that it is difficult to get residents from the second and third floors to the outdoor areas for recreation. This inability to easily access the outdoors contributes to issues of depression in residents.
- Visiting members observed that each resident has a care plan that is updated regularly or as needed. There is also a 24-hour report book containing information on residents, which is updated and reviewed at every shift change.
- Family conferences are held at the time of admission of the resident, as well as annually. Visiting members were informed that there is continuous contact with families, although the resident/family council has not functioned since February. Staff are encouraging a particular family member to start the council up again, but if that does not happen, then the facility leader indicated that she will take the initiative to develop a council.
- Visiting members were told that Intercare conducts an annual resident and family satisfaction survey. The Calgary Health Region recently conducted a dietary survey, but the results could not be shared with visiting members as they were not available at the time of the visit.
- Quality of care indicators appeared to be within normal ranges. There are a few residents in the facility who are prone to falls. Incident reports are completed for all falls and are reported to the physician and family. Visiting members were told that minimum data set training has been completed, but implementation is contingent on funding.
- Residents do not receive the services of a physiotherapist, but healthcare aides help maintain residents' mobility with walking programs.
- Wounds are assessed through a pressure sore status tool and reported in the wound care book for follow-up with the appropriate professionals. There is no serious issue with wounds at the facility.
- Visiting members noted that while Health Facilities Review Committee brochures were displayed, there was no noticeable presence of Protection for Persons in Care information. (See Recommendation # 1)

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- A contract pharmacist visits the facility one day a week, a small portion of which time includes providing pharmacy services to the designated assisted living residents.
- A seven-day supply of residents' medications are delivered weekly in strip packs that identify the name of the resident as well as the name, a brief description and the suggested time for administration of the medications.

- Visiting members were told that each resident medication strip pack is double checked at the pharmacy before being delivered to the facility. The medication is again checked as it is being removed from the resident's medication box just prior to being administered.
- The pharmacist advised visiting members that licensed practical nurses also administer residents' medications. She stated she has been very impressed with the knowledgeable types of questions the licensed practical nurses pose to her.
- Medication orders are reviewed every 90 days by the pharmacist, who also provides a list of the names of residents whose medication orders are to be removed a month in advance to the physician. The Nursing Team Leader follows up with the physician on those orders that had not been reviewed.
- The owner of the contract pharmacy conducts quarterly audits on the medication system, including medication records.
- Visiting members noted that the medication administration record and resident medication boxes include recent photo identification for every resident. Visiting members were told that because of the transitional nature of this facility, staff ensure that a photograph is taken directly upon admission.
- Visiting members observed medications being administered on both units and noted that the medication administration record was not being completed at the time of administration. (See Recommendation # 2)
- As there is no designated nursing station on either of the units, the locked medication cart is stored with resident care plans, wardstock, interdisciplinary notes and other medical records. This again is the consequence of adapting space designed for designated assisted living temporarily being used for long-term care. (See Recommendation # 3)
- Other than the incorrect method of charting medications and the physical limitations of the facility itself, the medications system appeared to be well managed.
- Visiting members were told by staff that one of the initiatives of the Intercare Nursing Pharmacy Committee is to monitor and reduce the use of chemical restraints and antipsychotic medications used in their facilities. Staff advised that there is very minimal use of these medications at Intercare/Millrise, and that the per-resident use of these medications for the second floor of this facility was the lowest of all the Intercare facilities. Any use of chemical restraints or antipsychotic medications is always under a physician's order.
- The Nursing Pharmacy Committee includes representatives from the administration, the Nurse Team Leader and the pharmacist. It is the role of this committee to carry

out a peer review of the entire medication system, including medication error incident reports, use of antipsychotic medications, and policies and procedures as laid out in the Intercare Pharmacy Manual.

- There is also a corporate Clinical Advisory Committee which includes the vice-president-clinical, the four site leaders, and representatives from the social work, therapy and dietary departments. The role of this committee is to review recommendations from the Nursing Pharmacy Committee, trends in medication utilization and medication incident occurrence conditions.

3.0 STAFF:

- Visiting members were told by staff that there is a registered nurse on duty on all shifts, two licensed practical nurses on each day shift and one licensed practical nurse on the evening shift. During the day shift, there are four healthcare aides on each unit and during the evening shift there are three healthcare aides on each floor plus a floater who accommodates residents' extra shower requests. During the night shift, there is one healthcare aide on each floor.
- General staff interviews disclosed that most staff were satisfied with the overall work environment and the support which they receive from the administration. When speaking with visiting members, some staff advised that because the level of care required at the facility is extremely heavy and staff have to deal with numerous behavioural issues, more staff are needed at the facility.
- Orientation for nursing staff ranges from four shifts for registered nurses up to six shifts if necessary for licensed practical nurses. It is compulsory for all healthcare aides to have completed the Personal Care Aide program. There is a checklist for licensed practical nurses and healthcare aides to follow and the supportive pathways program is offered to all staff regularly.
- Inservice training is offered on topics such as stroke, diabetes and palliative care. The medical director has also put on training sessions on chest and hip fracture assessments. Mandatory training is provided on topics such as lifting, transfers, infection control, choking, Protection for Persons in Care and fire drills.
- All staff can apply for an Intercare Scholarship Program. A corporate committee reviews the continuing education funding request applications and makes appropriate recommendations.

4.0 REHABILITATION:

4.1 Physiotherapy:

- There are no physiotherapy services offered at this site. Any physiotherapy issues are referred to the physiotherapist at the Southwood Care Centre. Residents and family members who were interviewed did not consider this to be an issue.

4.2 Occupational Therapy:

- Occupational therapy services are provided through a restricted practitioner occupational therapist, who is supervised by an occupational therapist off-site. The practitioner occupational therapist is available two half-days per week and provides services to approximately 25 to 30 residents during any given week.
- Referrals for occupational therapy are received from residents, nursing staff, physicians and family members. The Southwood Care Centre makes its skin wound assessment team available to this facility when required.
- Some services provided on-site include group exercise classes, a physiotherapist-developed walking program and basic seating assessments. Individual range of motion exercises are provided in residents' rooms.
- Resident interviews indicated general satisfaction with the occupational therapy services provided.

4.3 Recreational Therapy:

- The facility has one full-time equivalent recreation therapy assistant position. Activities are provided weekly from 8 a.m. to 4 p.m., except on Wednesdays when activities are provided from 12 p.m. to 8 p.m and residents are taken out on outings using the Calgary Handibus Service. Activities are also provided every second weekend.
- Staff noted that there is not a lot of time to do one-on-one activities with residents.
- Separate programs are planned for the long-term care unit on the third floor and the secure dementia unit on the second floor. Visiting members were advised that residents on the dementia unit are less interested in evening programs and that it is difficult to get them to participate.

- Recreation activities include exercises, bingo, entertainment, pet visits, “koffee klatch,” current events, music, massage, games, singalongs, “remember when,” crafts, baking and other activities.
- The facility is not well-suited physically for activities. The only activity space, other than residents’ rooms, is the dining room. Visiting members were informed that staff do the best they can with the space that they have.
- Church services are held once per month. There are also monthly birthday parties.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- The facility does not have a formal pastoral care program aside from a monthly church service. Pastoral services are primarily arranged by families. (See Recommendation # 4)

5.2 Volunteer Support:

- The volunteer coordinator operates out of the Southwood Care Centre, which is also where volunteer orientation is done.
- Visiting members were informed that the facility has about ten active volunteers, and that there is no formal involvement by outside groups, churches or service clubs.

6.0 DIETARY:

- Residents were observed during mealtimes and enjoying snacks during the mid-afternoon in the dining room. Visiting members were satisfied that residents received adequate assistance during mealtimes and that they were provided with an adequate amount of food.
- Meals are served in the dining room from a hot table. Resident indicated general satisfaction with the food.
- Hydration is a priority at the facility, so residents are provided with fluids throughout the day and at meals. They are also encouraged to consume most of their food to maintain proper weight. Residents are weighed monthly and the dietician monitors any changes above five percent.
- Visiting members observed that food was properly stored in the kitchen, fridge and freezer. The cleanliness of the kitchen was satisfactory, but visiting members noted

that more attention could be paid to cleaning in the kitchen, especially to the floor and the kitchen rangehood.

- The kitchen rangehood fire suppression system is checked every six months by a qualified technician.
- Visiting members were not able to interview the cook for the facility during the review or following the review, therefore they are unable to comment on matters related to menu rotation, snacks, hydration, cleaning schedules, recipes, satisfaction surveys and temperature audits.

7.0 ENVIRONMENT:

7.1 Infection Control:

- The facility has an infection control policy that is linked with the regional policies and procedures. Facility staff receive regular training and inservices regarding infection control. Staff recently had an inservice on the use of gloves.
- Visiting members observed a number of handwashing and disinfection stations throughout the facility.
- Sharps and medical wastes, which are minimal, are properly disposed of at the Southwood Care Centre.
- Visiting members were informed that there is an issue with water temperatures in the on-site laundry facilities not getting high enough to properly disinfect some soiled linens and other items. In these cases, the laundry is transported to Southwood Care Centre for disinfection.
- Visiting members observed that separation of dirty and clean laundry in the laundry room is not adequate for infection control to prevent cross-contamination. This is partly due to inadequate design of the laundry room since the facility was not meant to be a long-term care facility. (See **Recommendation # 5**)
- Policies and procedures are in place to deal with antibiotic resistant bacteria and organisms. Visiting members were informed that most of these organisms enter the facility through residents who are returning from hospital stays, but there has been no transmission of antibiotic resistant bacteria or organisms from resident to resident in the facility. Visiting members noted that the excellent cleaning staff help to reduce the spread of infections within the facility.

7.2 Maintenance:

- Maintenance services are provided to Intercare by the owner of the building.
- The facility is well maintained, although there are issues related to the fact that the facility was not designed as a long-term care facility. There are rooms where lifts cannot be easily moved in and out, as well as issues with wheelchairs causing damage to the walls as residents move up and down the hallways. Visiting members were informed that the facility management will ensure that the necessary repairs are made to these areas.
- The building owners are in the process of developing a preventative maintenance program for the building. Currently, maintenance orders are created through maintenance concern forms, which are picked up at the main reception desk by the maintenance staff on a daily basis.
- The facility is designated as non-smoking.
- Water temperatures are controlled by a valve control at each shower, and visiting members observed temperature controls at the boilers as well. All residents are accompanied by staff during their shower, where the temperature is controlled to 41 degrees Celsius at the shower head, as well as hand checked and recorded prior to the resident's entry.

7.3 Housekeeping:

- The facility is very clean and odour free. There is a regular cleaning schedule in place, which is kept up-to-date. A thorough cleaning is done in each room upon discharge of residents.
- A housekeeping staff member is assigned to each floor from 7 a.m. to 3 p.m. On weekends there is one attendant on duty for both the housekeeping and laundry departments.
- Visiting members were informed that housekeeping staff receive workplace hazardous materials information system training.

7.4 Laundry:

- Laundry staff are not responsible for residents' personal laundry. Resident laundry is done either by the resident's family or the nursing staff in the laundry units located on the long-term care unit on the second floor of the facility.
- The facility laundry is done on-site, with the exception of laundry that has to be disinfected due to the previously noted concern regarding the water

temperature used in the on-site washing machines. Also, there is the previously noted concern that there is no adequate separation between the dirty laundry area and the clean laundry area, giving rise to the possibility of cross-contamination. (See Recommendation # 5)

7.5 Safety/Security:

- It is unclear who has been designated as the facility's fire marshal. The maintenance supervisor for the owner of the building has some responsibility for fire safety in the facility, but is not the designated fire marshal. (See Recommendation # 6)
- Fire safety inspections are conducted annually by a contracted fire safety company.
- Visiting members were advised that silent fire drills are conducted on a monthly basis and that refresher courses for fire response are offered to all staff at least twice per month. This instruction is also part of staff orientation.
- Visiting members were informed that portable fire extinguishers are inspected on a monthly basis. They noted that the portable fire extinguisher tags were not initialled for each month. (See Recommendation # 7)
- Facility staff have not received hands-on training for the use of portable fire extinguishers. This matter is going to be addressed by the maintenance supervisor. (See Recommendation # 8)
- The facility has a disaster plan which is linked to the municipal and regional plan. Visiting members were informed that not all staff may be aware of this plan, and that this is an area which could be improved. (See Recommendation # 9)
- Staff are familiar with the appropriate procedures in the event of a fire or an emergency situation. Visiting members were informed of a recent incident where residents had to be evacuated to the main lobby to await possible evacuation from the building. It was reported that this incident was handled very well, including the availability of buses ready to transport residents away from the facility if necessary.
- There are no assigned security personnel at the facility. Cameras which are monitored by staff are located at various locations in the facility.
- The emergency generator is inspected annually. It is tested once per month and on full load every three months.

8.0 ADDITIONAL PROGRAMS:

Social Work Services:

- The facility had the services of a dedicated social worker two days a week until last February when that individual left. The facility leader is a social worker and in that capacity provides advice on related financial matters, emotional counselling and support to residents.
- Admission conferences are held within six weeks of admittance of a resident. At that time, issues such as personal directives and powers of attorney, as well as availability and access to community support programs, are discussed.

Mental Health Services:

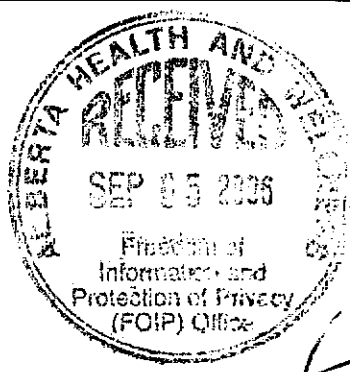
- Referrals and recommendations for counselling are processed through the regional mental health consulting team.

9.0 RECOMMENDATIONS:

1. **For the information of residents, family members and visitors, place posters and brochures for the Protection for Persons in Care program in publicly visible locations throughout the facility.**
2. **For the safety of residents, ensure that nursing staff chart each resident's medications immediately after they have been administered as per the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement 1X – 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. **For security of residents, investigate ways to securely store the medication cart and residents' medical records.**
4. **In order to better serve the spiritual needs of residents, it is recommended that management consider introducing a formal pastoral care program.**
5. **In order to minimize the possibility of cross-contamination between clean laundry and soiled laundry and to address potential infection control issues, it is recommended that management review options to better separate the clean laundry and soiled laundry areas in the laundry room.**

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7. **Ensure that monthly inspections of portable fire extinguishers are completed and recorded on the attached tag to comply with Alberta Fire Code 1997, Section 6.2.4.5. 1) f).**
8. **In order to ensure that staff have adequate training in the event of a fire, ensure that staff are provided with hands-on training for the use of portable fire extinguishers.**
9. **For the safety and security of residents, ensure that all staff are aware of their responsibilities relative to the disaster plan.**

2006-R-0151



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August 2, 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: Millrise Care Centre, Calgary
Routine Review – April 19, 2006**

Thank you for your report of July 31st, 2006 with respect to the routine review of the Millrise Care Centre, conducted by members of the Health Facilities Review Committee in April 2006.

By copy of this letter, I am requesting that Ms. Oriel Morrison, Vice President, Intercare Corporate Group Ltd., provide a response to the recommendations by October 31st, 2006 and copy my office.

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

Sincerely,

David Tuer
Board Chair

/ld

- c: Oriel Morrison, Vice President, Intercare Corporate Group Ltd.
- Brenda Huband, Vice President, Southwest Community Portfolio
- Dr. Chris Eagle, Executive Vice President & Chief Clinical Officer
- Debi Reinhardt, Quality Care Specialist, Southeast Community Portfolio
- David Weyant, General Counsel