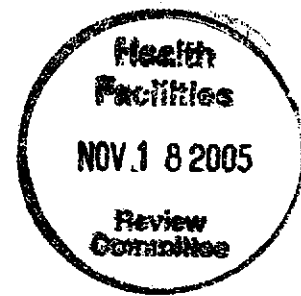


November 10, 2005



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: Wentworth Court, Calgary**  
**Routine Visit – September 27 and 28, 2005**

Thank you for your report of October 27<sup>th</sup>, 2005 with respect to the routine visit to Wentworth Court, conducted by members of the Health Facilities Review Committee on September 27 and 28, 2005.

By copy of this letter, I am requesting that Dr. Barrie Strafford, President and Chief Executive Officer of The Brenda Strafford Foundation Ltd., provide a response to the recommendations by January 31, 2006 and copy our office.

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

Sincerely,

David Tuer  
Board Chair

c: Dr. Barrie Strafford, President and Chief Executive Officer, The Brenda Strafford Foundation Ltd.  
Brenda Huband, Vice President, Southeast Community Portfolio  
Dr. Chris Eagle, Executive Vice President & Chief Clinical Officer  
Eileen Bell, Quality Specialist, Supported Living Services  
David Weyant, General Counsel

/ld



# The Brenda Strafford Foundation Ltd.

(A Registered Canadian Charitable Organization)

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MR	
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January 4, 2006

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

Dear Mr. Mitzel,

## Wentworth Manor – The Court – Routine Visit September 2005

Thank you for your letter of October 27<sup>th</sup> regarding the above visit. The kind remarks of your visiting Committee Members are much appreciated.

Attached hereto are the responses to each recommendation as prepared by our management staff at the facility.

In addition, I would like to add a couple of observations for your information:

1. Carpeting was a requirement for the R.F.P. to which we responded – we have all learned by this experience. Replacement is being done on a selective basis. Our colour selection also added to the problem.
2. 14900 hours of care were provided in the past fiscal year, over and above the funded C.M.I. hours, thus demonstrating our reputation is more important than the 'bottom line'. The C.H.R. is being consulted for a possible alleviation of this difficult situation.

We always welcome your committee's visits as they are mutually educational.

Yours very truly,

Dr. Barrie I. Strafford  
C.E.O.

THE BRENDA STRAFFORD FOUNDATION

cc. Mr. David Tuer  
Mr. Jack Davis  
Eileen Bell

BIS/rm

## Repeat Recommendation

- 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, Requirements 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).
- RN Team Leader and Clinical Care Coordinator continue to audit staff: re the giving and signing for medication at the time of administration to each resident. We were auditing each staff two times per year. We have increased the number of audits to four times per year per each staff member to ensure staff compliance with the procedure.
- The staff development coordinator developed a new medication administration teaching module. In servicing on this new module was initiated on November 9, 2005, and will be carried out on an ongoing basis.
- We are presently reviewing the Medication Administration Course content and timing for teaching the course during orientation.

## New Recommendations:

1. Review the role and responsibilities of the resident attendants and ensure that they have sufficient time to provide direct resident care, including appropriate medication administration practices and evaluate whether they have sufficient time to maintain acceptable levels of housekeeping.
  - We have reviewed all assignments and adjusted the routines to ensure acceptable levels of housekeeping. We have also reviewed the resident's level of care and adjusted the staff assignments. We will continue to ensure the assignments are equal so that there is ample time to provide direct resident care including appropriate medication administration.
  - We are also conducting a review of the housekeeping aspect of the PCA position to determine if we should create a housekeeping department.
2. For the safety and well-being of the residents, proceed with the planned replacement of the carpeting with a smooth-surface flooring, to ensure that residents are able to move about easily, and that staff are able to keep floors clean and maintain good infection control standards.
  - We replaced the carpeting in the lounge area in Trafalgar on November 30, 2005 with linoleum flooring.
3. Continue to actively pursue retaining pastoral care staff to meet the religious and spiritual needs of residents in the dementia unit.
  - The Recreation Therapist has connected with the Ministerial Group. We had a minister coming to the dementia unit once per week starting November 1, 2005. This will be sustained throughout the year.