

CMHC Nursing Home and Hostels
Design Guideline Study

Working paper no.11

RA
998
C3C55
no.11
c.2

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Architects and Planners

(0576)

FOR REFERENCE ONLY
POUR RÉFÉRENCE SEULEMENT

WORKING PAPER NO. 11

CROSS-CANADA SURVEY OF NURSING HOME
AND HOSTEL FACILITIES

A DATA ANALYSIS

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CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES

STUDY

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CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY

QUESTIONNAIRE FOR ADMINISTRATORS

A.W.Cluff and P.J.Cluff, Architects and Planners, have undertaken a research project for Central Mortgage and Housing Corporation, to develop design guidelines for nursing homes and hostels with care across Canada. Part of our research involves a sample survey of existing facilities, funded by CMHC, which provide shelter and care for an elderly population. The following questionnaire has been developed to gather information from such homes and hostels across the country, to aid us in establishing a picture of care facilities for the elderly as they currently exist. This information will also aid in determining the basic design requirements needed to support the physical and psychological well-being of the users.

The questionnaire is designed to cover the range of care facilities for the elderly funded by CMHC, from extended care nursing homes to hostels. Many of the questions may not be applicable to any one facility, and often the smaller homes will not have the variety of programs and services covered here. Please answer all the questions, and indicate those which do not apply to your facility as "N/A".

To save time in filling out this questionnaire, we have structured the questions in a yes/no format wherever possible. All the questionnaires will be kept confidential, and the information analyzed to provide background statistics which may or may not be published.

GUIDELINES STUDY

QUESTIONNAIRE FOR ADMINISTRATORS

Name of Facility: _____

Address of Facility: _____

Phone. No.: _____

Name of Administrator: _____

Owner of Facility: _____

Name of Local Govern-
ing Municipality: _____

	<u>Yes</u>	<u>No.</u>
Is the Facility:		
a) Profit Making	_____	_____
b) Charitable - Non-Profit	_____	_____
c) Other (please specify)		

What was the opening date of the Facility? _____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYREGIONAL ISSUES

1. What is the geographic area served by this Facility?
(Please be as specific as possible in your answer.) _____

2. Do you feel that your facility is limited by its geographic location?
Yes _____ No _____
3. If yes to Question 2, what is this limitation? _____

4. Are there easily identifiable cultural/racial groups in this area?
Yes _____ No _____
5. Which group(s) appears to be most prevalent? _____

6. Are there resident representatives of these cultural groups within the facility?
Yes _____ No _____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYPHYSICAL FACILITY

1. What is the gross square footage of your building? _____
 2. What is the size of the land under ownership of the facility? _____
 3. Approximately how much of the land is used for buildings? _____
 4. Approximately how much of the land is used for grounds? _____
 5. How many floors does the building contain? _____
 6. How many floors do the residents occupy? _____
 7. How many resident bedrooms (suites for hostels) are there? _____
 8. How many of these bedrooms are for a) single occupancy? _____
b) double occupancy? _____
c) multiple occupancy? _____
If c) is more than four occupants, please state number: _____
 9. How many resident washrooms are there? _____
 10. How many are for: a) private use? _____
b) how many are used by 2 to 4 residents? _____
c) how many are used by 4 or more? _____
 11. Does the facility have any lounge areas? Yes _____ No _____
 12. If yes to question 11, how many areas are there? 1 only _____
1 or more _____
 13. Does the facility have sitting areas other than the lounges? Yes _____ No _____
 14. Does the lobby have a sitting area? Yes _____ No _____
 15. Does the facility have any of the following activity areas? (If yes, please indicate number)
- | | |
|-----------------------------|---------------------------------|
| Crafts Room _____ | Games Room _____ |
| T.V. Room _____ | Shop Rooms _____ |
| Physical Therapy Room _____ | Music Room _____ |
| Visitors' Lounge _____ | Occupational Therapy Room _____ |
| Workshop _____ | Other (Please List) _____ |

PHYSICAL FACILITY

16. Is there more than one resident dining room? Yes _____ No _____
17. Where are dining rooms located? a) main floor _____
 b) residents floor(s) _____
 c) other _____
18. Do some residents eat meals in their rooms on a fairly regular basis? Yes _____ No _____
19. If yes to question 18, how many do so? Few (1-5) _____
 Some (5-10) _____
 About Half _____
 More than Half _____
20. Has this eating arrangement evolved by choice? Yes _____ No _____
 or due to health status? Yes _____ No _____
21. Are there kitchenette facilities available for use by the residents? Yes _____ No _____
22. If yes to 21 are these close to resident areas? Yes _____ No _____
23. Is there a beauty/barber shop in the facility? Yes _____ No _____
24. Is there a chapel in the facility? Yes _____ No _____
25. If no to question 24, is there a room which can be used for religious services? Yes _____ No _____
26. Are there staff washrooms for a) female staff Yes _____ No _____
 b) male staff Yes _____ No _____
 c) joint use Yes _____ No _____
27. Is there a staff lounge/locker room? Yes _____ No _____
28. Does the facility have the following rooms?
- | | | |
|----------------------|-----------|----------|
| Doctor's Office | Yes _____ | No _____ |
| Exam./Treatment Room | Yes _____ | No _____ |
| Sick Bay | Yes _____ | No _____ |
| Isolation Bay | Yes _____ | No _____ |
| Morgue | Yes _____ | No _____ |
| Quiet Room | Yes _____ | No _____ |

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY
PHYSICAL FACILITY

29. In terms of the contentment of the residents and staff, do you feel that the physical spaces in your facility are adequate? Yes _____ No _____
- a) more than adequate? Yes _____ No _____
- b) less than adequate? Yes _____ No _____

30. If b) answered "yes", what specific areas do you consider inadequate?

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY

RESIDENT PROFILE

1. What is the designated bed capacity of the facility? _____
2. What is the average number of residents at any one time in the facility? _____
3. How many female residents are there at present? _____
4. How many male residents are there at present? _____
5. Is this the usual proportion of male/female residents? Yes _____ No _____
6. What is the average age of all the residents? _____
 The female residents? _____
 The male residents? _____
7. What is the age of the youngest resident? _____
8. What is the age of the oldest resident? _____
9. What is the average length of stay for all the residents? _____
 Males? _____
 Females? _____
10. In general, what percentage of residents
 - a) are transferred to further care facilities? _____
 - b) are transferrred to facilities offering equal care? _____
 - c) die within the institution? _____
11. Are there a significant number of residents whose primary language of communication is other than English? Yes _____ No _____
12. If yes to Question 11, is this group a majority? Yes _____ N _____
13. What percentage of residents have their stay privately financed? _____
14. What percentage of residents are considered:
 - bed care _____
 - semi-ambulatory: _____
 - ambulatory: _____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY

RESIDENT PROFILE

- 15. What percentage of residents require: Level 1 Care? _____
- Level 2 Care? _____
- Level 3 Care? _____
- Other _____

The following are definitions of Levels of Care according to Federal Health Standards:

Level 1 (Residential Care)

Is that required by a person who is ambulant and/or independently mobile, who has decreased physical and/or mental faculties, and who requires primarily supervision and/or assistance with activities of daily living and provision for meeting psycho-social needs through social and recreational services. The period of time during which care is required is indeterminate and related to the individual condition.

Level 2 (Extended Health Care)

Is that required by a person with a relatively stabilized (physical or mental) chronic disease or functional disability, who, having reached the apparent limit of his recovery, is not likely to change in the near future, who has relatively little need for the diagnostic and therapeutic services of a hospital but who requires availability of personal care on a continuing 24-hour basis, with medical and professional nursing supervision and provision for meeting psycho-social needs. The period of time during which care is required is unpredictable but usually consists of a matter of months or years.

Level 3 (Chronic Care)

Is that required by a person who is chronically ill and/or has a functional disability (physical or mental) whose acute phase of illness is over, whose vital processes may or may not be stable, whose potential for rehabilitation may be limited, and who requires a range of therapeutic services, medical management, and/or skilled nursing care plus provision for meeting psycho-social needs. The period of time during which care is required is unpredictable, but usually consists of a matter of months or years.

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYSTAFFING

1. How many full-time staff does the facility employ? _____
2. How many part-time staff members are there? _____
3. How many volunteers (approximately) visit the facility on a regular basis? _____
4. Please indicate the number of staff in each of the following categories.

	<u>Full Time</u>	<u>Part Time</u>
Physician	_____	_____
Registered or Graduate Nurse	_____	_____
Registered Nurse Assistant	_____	_____
Nurses' Aide	_____	_____
Administrative/Clerical	_____	_____
Housekeeping Staff (including Dietary)	_____	_____
Maintenance Staff	_____	_____
Activity Co-ordinators	_____	_____
Other	_____	_____

5. If circumstances allowed, would you increase the number of staff?
Yes _____ No _____
6. If yes to question 5, please indicate the number(s) in each of the following categories.

	<u>Full Time</u>	<u>Part Time</u>
Medical Staff	_____	_____
Administration Staff	_____	_____
Housekeeping Staff	_____	_____
Activity Co-ordinators	_____	_____

7. Are there staff in the facility who can converse with residents in a language other than that used by the majority of residents?

Yes _____ No _____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYADMINISTRATION

1. Is the institution privately funded? Yes _____ No _____
 wholly government subsidy? Yes _____ No _____
 partial government subsidy? Yes _____ No _____
2. What is the per diem operating cost of the facility? _____*
3. Do you share any of the following services with other institutions?
- | | | |
|---------------------------------|-----------|----------|
| Laundry | Yes _____ | No _____ |
| Medical Services | Yes _____ | No _____ |
| Food Service/Supply/
Storage | Yes _____ | No _____ |
| Maintenance | Yes _____ | No _____ |
| Staff | Yes _____ | No _____ |
4. Do you have an active governing Board? Yes _____ No _____
5. How many members are on the Board? _____
6. Do you have representation from the community
on the Board? Yes _____ No _____
7. On whose authority are policies altered within
the Facility?
- | | | |
|----------------------------------|-----------|----------|
| Order of Administrator | Yes _____ | No _____ |
| Order of Administrator and Board | Yes _____ | No _____ |
8. What governmental standards, if any, does the facility adhere to in its
daily operation?

9. Are resident activities under the direction of:
- | | | |
|-------------------|-----------|----------|
| Administrator | Yes _____ | No _____ |
| Head Nurse | Yes _____ | No _____ |
| Activity Director | Yes _____ | No _____ |
| Several Sources | Yes _____ | No _____ |
| Others (Specify) | _____ | _____ |

* That is, cost per resident per day.

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYCARE SERVICES

- Terms of reference:
- 1) Nursing care - medical attention
 - 2) Personal care - help in activities of daily living
 - 3) Supervisory Care - supervision of daily activity
 - 4) Sheltered care - minimal personal attention, provision of shelter with or without meals.

1. Please rank the type of care function(s) provided by your institution.

	<u>Most</u>		<u>Least</u>		
Nursing Care	1	2	3	4	5
Personal Care	1	2	3	4	5
Supervisory Care	1	2	3	4	5
Sheltered Care	1	2	3	4	5
Other (please specify)	1	2	3	4	5

2. Does your facility provide the following care services.

	<u>In House</u>	<u>Community Facilities</u>	<u>None</u>
Dental	_____	_____	_____
Podiatry	_____	_____	_____
Ophthalmological Services	_____	_____	_____
Rehabilitative Therapy	_____	_____	_____
Psychological Services	_____	_____	_____
Social Worker	_____	_____	_____
Other	_____	_____	_____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYDIETARY

1. Is there a full-time dietician on staff? Yes _____ No _____
2. Are between meal and bedtime snacks available for residents? Yes _____ No _____
3. Are these snacks prepared and served by
 a) Staff Yes _____ No _____
 b) Residents Yes _____ No _____
 c) Staff and Residents Yes _____ No _____
4. Are residents allowed to keep extra food in their rooms? Yes _____ No _____
5. If yes to question 4, is this a common practise? Yes _____ No _____
6. Is it possible for residents to prepare light refreshments for their visitors? Yes _____ No _____
7. Do residents have some say in menu planning in order to reflect personal or cultural tastes? Yes _____ No _____
8. Are separate meals prepared for residents on special diets? Yes _____ No _____
9. Is the food served
 a) at the table? Yes _____ No _____
 b) cafeteria style? Yes _____ No _____
 c) both ways? Yes _____ No _____
 d) other (please specify) _____

10. Do persons in wheelchairs eat in the main dining rooms? Yes _____ No _____
11. If no to question 10, please indicate where these people eat:

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYRESIDENTS' PROGRAMS (SCHEDULED)

1. Is there a Recreation Director, or some person in charge of organizing activities overall? Yes _____ No _____
2. If yes to question 1, is this person full-time? Yes _____ No _____
 part-time? Yes _____ No _____
 on call? Yes _____ No _____
 volunteer? Yes _____ No _____
3. Is there an Activity or Crafts Worker on Staff? Yes _____ No _____
4. If yes to question 3, is this person full-time? Yes _____ No _____
 part-time? Yes _____ No _____
 on call? Yes _____ No _____
5. Is there an Occupational Therapist who visits regularly? Yes _____ No _____
6. Is there an Occupational Therapist on Staff? Yes _____ No _____
7. Do residents decide for themselves whether or not to participate in recreational activities? Yes _____ No _____
8. Do residents decide for themselves whether or not to participate in programs of an occupational therapy nature? Yes _____ No _____
9. Please list regular activities which are held in your facility and which receive the most enthusiastic response by the residents.
- _____
- _____
- _____
10. Please list occasional activities which are held in your facility (or which your facility sponsors), which are received enthusiastically by the residents, (e.g. trips, shopping, vacations, etc.)
- _____
- _____
- _____
11. Are any of these done in conjunction with other:
- a) organizations Yes _____ No _____
- b) facilities Yes _____ No _____

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDY
RESIDENTS' ACTIVITIES (NON-SCHEDULED)

1. If the residents wish to go into the community, what transportation facilities are available for their use?

- bus (public) Yes ___ No ___
- bus (owned by facility) Yes ___ No ___
- other vehicles provided by facility Yes ___ No ___
- volunteer drivers Yes ___ No ___
- cabs Yes ___ No ___
- friends/family Yes ___ No ___

2. What percentage of residents venture into the community on a more or less regular basis? _____

3. What percentage of residents, if any, attend religious services off the premises on a fairly regular basis? _____

4. Do volunteers visit the facility regularly? Yes ___ No ___

5. If yes to question 4, which of the following are performed by the volunteers?

- assistance with personal care Yes ___ No ___
- social support Yes ___ No ___
- organize activities Yes ___ No ___
- other (please specify) _____

6. Would you like to see more volunteers within the facility? Yes ___ No ___

7. If yes to question 6, would these people be used to help with care Yes ___ No ___
or with activities? Yes ___ No ___

8. Do residents themselves, on occasion, initiate activities? Yes ___ No ___

9. Are visitors for the residents allowed in the facility at set times only? Yes ___ No ___

10. If no to question 9, are the visitors allowed to visit at any time? Yes ___ No ___

CMHC NURSING HOMES AND HOSTELS DESIGN GUIDELINES STUDYRESIDENTS' ACTIVITIES (NON-SCHEDULED) cont.

11. Do residents bring personal effects such as furniture and pictures into their rooms? Yes _____ No _____
12. Are they encouraged to do so? Yes _____ No _____
13. Do residents usually place personal effects such as pictures, furniture, etc. in areas other than their rooms (i.e. lounges)? Yes _____ No _____
14. Do residents rearrange furnishings in their rooms? Yes _____ No _____
15. Are they encouraged to do so? Yes _____ No _____
16. In good weather, do residents generally go out of doors, either to walk or sit? Yes _____ No _____
17. If yes to question 16, approximately how many residents do so?
- | | |
|---------------|--------------------|
| Most | Yes _____ No _____ |
| A few (1 - 5) | Yes _____ No _____ |
| About half | Yes _____ No _____ |
18. If residents do go outside, do they require, for the most part, supervision? Yes _____ No _____
19. Are there planned outdoor activities? Yes _____ No _____
20. If yes to question 19, please describe these: _____

21. Approximately how many residents take part in scheduled activities?
- | | |
|---------------|--------------------|
| Most | Yes _____ No _____ |
| About half | Yes _____ No _____ |
| A Few (1 - 5) | Yes _____ No _____ |
| None | Yes _____ No _____ |
22. If less than half of the residents participate in scheduled activities, do they instead engage in activities on their own (e.g. visiting, sewing/knitting, personal hobbies, observing)? Yes _____ No _____
23. Do senior citizens who are not residents of the facility ever participate:
- a) in activities, on a day care basis, in the facility, Yes _____ No _____
- b) in activities organized by the facility, i.e. excursions, social gatherings? Yes _____ No _____

SUMMARY OF FINDINGS: PROVINCIAL OVERVIEWS

QUESTIONNAIRES FOR ADMINISTRATORS

INTRODUCTION

Response:

A total of 384 questionnaires were sent out, either individually to facilities identified for us by CMHC branch offices, or in bulk mailings to CMHC for distribution. Overall, a response of 34% returns was obtained (130 questionnaires). For most provinces the response was 50% or more returns, however returns from the bulk mailings handled by the Regional Offices were 20% or less. Areas such as Ontario, where the response appears low (24%), were largely due to the fact that facilities identified for mailings were not, in fact, facilities offering care services, but were in many cases senior citizens' apartment buildings. Many of these selected themselves out as being inapplicable.

Sponsorship:

The majority of facilities were found to be non-profit, sponsored by non-profit organizations. A few are under municipal sponsorship in some provinces, in others they are under provincial sponsorship almost entirely. A significant number of non-profit sponsoring groups, with the exception of the Maritimes, were ethnic in origin.

Opening Dates:

This information was not available from several provinces. The majority (60%) opened in 1970 or later. Saskatchewan had the longest running facilities of any province recorded, its median opening date being 1967. Factors which greatly influenced these figures are the recent initiation of the CMHC funding programs under the National Housing Act, the availability of records, lists of facilities from CMHC offices, and the probability that the questionnaires returned have been subject to self-selection at several points.

The facilities surveyed therefore have generally only been operational for five years or less; this is reflected in the age structure of the population and to some degree the profiles of the care levels identified.

SECTION 1: REGIONAL ISSUESCatchment Area:

The catchment area for the majority of facilities is a municipality, county, district or some combination of these. In some provinces this is a formal boundary, in others it is more casual. The geographic extent of a catchment area is dependent upon density of population. Some facilities indicated an ethnic basis for their catchment area.

Some facilities felt their catchment area too large to be adequately served by the number of beds available. Some (primarily ethnic) facilities felt there was a need beyond their geographic area, which they were unable to serve at this time.

Geographic Location:

The primary limitations of geographic location expressed were isolation in terms of transportation, services and information/skills exchange. These limitations were expressed by facilities in sparsely populated areas. Of particular significance was the difficulty, in remote facilities, of residents having access to supplementary health, personal care services, counselling, etc. These facilities similarly had problems in attracting para-medical and nursing staff in sufficient quantity.

Cultural/Racial Groups:

The Maritime provinces had the least incidence of distinct cultural/racial groups in their facilities. Prince Edward Island and Newfoundland facilities stated they had no such groups in their area. In Nova Scotia and New Brunswick, these groups, where they occurred, were Acadian (French), Indian and Scottish.

The prairie provinces, Manitoba, Saskatchewan, Alberta and to some extent, British Columbia, mentioned Ukrainian, German, Mennonite and other Middle European groups predominantly. Native Indian groups are prevalent in the Northern sections of all these provinces, although small in overall numbers.

Ontario has a broader mix of nationalities and specific facilities serving them.

SECTION 2: PHYSICAL FACILITY.Unit Area:

Square footage per bed was found to vary greatly between facilities - anywhere from 150 sq.ft. to over 2,000 sq.ft. Although this seemed dependent on the type of facility and levels of care involved, this relationship could not be adequately documented, since it was difficult to ascertain the exact nature of some facilities, i.e. are they part of a larger complex, affiliated with a hospital, or independent living units, etc.

The median figures obtained are: (in sq. ft. per bed).

Prince Edward Island	705	Manitoba	436
Nova Scotia	373	Saskatchewan	366
New Brunswick	631	Alberta	279
Newfoundland	542	British	
Ontario	766	Columbia	336

The low figures in Alberta appear to be largely the result of facilities affiliated with an auxiliary hospital, whereas the higher average in Ontario appears to be because of the number of independent hostel units surveyed. There seems to be no direct correlation between the area per bed and the use of single or double rooms. However, it is noteworthy that, in all Provinces, average unit sizes have been increasing since the 1960's when the averages were generally under 400 sq.ft. per bed. There is no direct explanation apparent for the high figures in Prince Edward Island facilities, which were of 30 bed size.

The absence of activity and supplementary areas in many provinces may account for lower areas and to a certain extent this is paralleled by the numbers of persons with lowered mobility; alternatively there appears to be some benefits in scale, e.g. British Columbia has generally more beds per facility than the national average, but a low average unit area. It is also of interest that most other Provinces have been reducing the overall facility size since 1970 on.

Site Area:

Responses varied considerably with the provinces, but from province to province the median range of sites was consistently around 2.5 acres. Nova Scotia and British Columbia differed from these findings, in that the median range of sites in both was close to five acres.

The size of site, however, generally was not found to be in ratio to the number of beds, and our surmise is that land availability and economics are the primary determinants of site size.

Number of Floors:

The general pattern across the country seems to be one to two floors, with a few high rise (5-20 floors) buildings in some provinces (Ontario, Manitoba, British Columbia). These high rise buildings generally appear to be hostels, or multi-level care facilities of significant size.

Number of Rooms/Occupancies:

Of the total number of responses received, 55% of beds in all provinces are single occupancy, 42% are double occupancy, and 3% are multiple occupancy. Prince Edward Island and Ontario resemble these proportions closely. Nova Scotia, New Brunswick, Newfoundland and Alberta are weighted more toward double occupancy rooms, roughly 25% singles to 70% doubles and 5% multiples. Manitoba, Saskatchewan and British Columbia all have over 80% singles and 1% or fewer multiples. These provinces also had more single use washrooms than shared washrooms, though only British Columbia had the same proportion (83%) as it had single bedrooms. Most provinces had roughly one-third to one-quarter single use washrooms.

The decision on single, double or multiple occupancy rooms seems to be a product of Provincial policies and past experience, however there is a notable national trend toward more single occupancy rooms and a rapid decline in multiple occupancy rooms. Average facility size = 70 beds; exceptions are Prince Edward Island and New Brunswick with 30 beds, and British Columbia with 120 beds (average).

Lounges and Sitting Areas:

All facilities have lounges and most (85%) have additional sitting areas. Main lounges are most generally identified as being on the main floor. Buildings, however, of the high rise type generally indicate lounges on most floors.

Activity Areas:

The majority of facilities have craftsrooms, T.V. rooms, beauty/barber shops, chapels and kitchenettes for residents' use. Over half also have games rooms. Few, except Newfoundland and Manitoba, have workshops. About half have visitors' lounges. Few (25% or less) have shop rooms, music rooms, occupational or physical therapy rooms or other special facilities. To some extent programming and staffing ratios reflect these figures; it is significant that full time activity, recreation and occupational therapy staff are most frequently found in Ontario, Prince Edward Island and Manitoba.

Significant numbers of facilities indicated they had a few large, multi-purpose activity rooms.

Treatment Areas:

Few facilities, with the exception of about 60% in Newfoundland and Ontario, have doctor's offices.

In general, the Prairie provinces - Manitoba, Saskatchewan, Alberta, reported few facilities with treatment areas of any kind. Nova Scotia, Newfoundland and Ontario have the majority of facilities with treatment areas.

The sick bay and morgue occurred most infrequently, the examination/treatment room and isolation bay occurred most often, across the country.

It must be assumed that in some cases transfers to auxiliary hospitals are arranged, as in Alberta, or that residents with health problems are treated in other hospital settings. To some extent this may also reflect the levels of staffing in a facility and general health status.

Adequacy of Facilities:

60% of the facilities, on the average, felt their physical spaces were adequate or more than adequate.

In Saskatchewan, Alberta and Nova Scotia 50% or more of facilities indicated their physical spaces were inadequate. The areas most frequently mentioned as being inadequate were activity/recreation areas, staff and storage areas, some resident rooms and care areas.

SECTION 3: RESIDENT PROFILE

Number of Residents:

The ratio of female to male residents in facilities was consistently 2:1. In Ontario only was it slightly higher, at 2.6:1.

In almost all provinces, the average age of females was greater by one to four years. Of all provinces, the average age of female residents was 83, the average age of males 81. These figures reflect the fact that most facilities reporting have only been operational five years or less.

The range of ages was significant, several reporting facilities indicated residents of 19 and 25 and then in mid-40's at the low end of the scale and a fair number of centenarians at the other.

Average Length of Stay:

These figures must be considered in light of the findings that 60% of facilities opened in 1970 or later, and therefore length of stay cannot yet be established accurately. Though these are mainly Level 1 and Level 2 care facilities, many responses indicated residents stayed till death, or were transferred to a hospital to die shortly after.

In all, we can assume from general reporting that most facilities expect their residents to stay with them until death unless illness or some other variable requires them to be transferred to another facility or location.

The four Maritime provinces and Manitoba had median percentages of residents in facilities who lived there till death, from 90% to 99%. Ontario and British Columbia had fewer than a median of 10%, Saskatchewan and Alberta had around 20% of residents who died in the facility.

Median percentages of residents transferred for equal care were primarily 0%, though Prince Edward Island's median was 4%.

In Ontario, Manitoba, Alberta and British Columbia median transfer rates for further care are 10%. The Maritimes and Saskatchewan were 2% or less.

Language:

The three Prairie provinces had the highest number of facilities with significant populations of residents whose primary language was not English - over 50%. Prince Edward Island and Newfoundland had none. Ontario reported a high number of ethnic groupings, but did not indicate that this produced significant language problems.

It was found that French speaking residents in Manitoba's rural areas generally sought out a facility culturally appropriate to them, if not geographically the closest, and this may represent a trend for other cultural groups with clear identities.

NOTE: The response from Prince Edward Island was two returns. Although this is 50% of our list of eligible facilities, it cannot be considered statistically meaningful and may in fact be highly biased in some areas. Prince Edward Island has therefore been excluded from some of the following summaries.

Resident Financing (excluding Prince Edward Island):

In the Maritimes, almost all facilities had some residents under private financing. The median percentage was around 20% of residents in a facility; the highest was around 50% of residents.

Ontario and Saskatchewan showed similar results, having almost all, or all facilities with some privately funded residents, with medians around 50% and highs around 80% to 100% of residents who are privately funded.

In British Columbia, almost all facilities had privately-funded residents. Of the ones which did, four-fifths had over 80% of residents who are under private funding. (Note that B.C. had the lowest average per diem operating cost, \$15.60).

Both Manitoba and Alberta had large percentages of facilities with no residents under private funding. Of the facilities which did have them, most had 90% or more of residents under private financing.

These patterns can be the product of mixing hostel and nursing home responses. Unfortunately the questionnaire was not sophisticated enough to identify this issue adequately. From the previous statistics on income we must assume that the majority of elderly cannot independently support the per diem costs. Another question which cannot be answered is "Are only the affluent elderly able to obtain placement in some Provinces?". One anomaly identified was that where a resident is identified by medical examination to require a higher level of care, he will also receive the greatest subsidy. This could appear to be a disincentive to be well and functioning. It also encourages facilities to seek out higher levels of support by appropriate resident selection. These regional differences appear to be the result of Provincial policies, from Ministries of Health and Social Service who subsidize to a large extent many residents at certain levels of care, in addition to Federal subsidies.

Levels of Care (excluding Prince Edward Island):

The figures show that the terms "Bed Care" and "Level 3 Care" are not synonymous, nor are "ambulatory" and "Level 1 Care".

In general, the Maritimes had the highest percentages of bed-care residents in their facilities. New Brunswick has the highest, a median of 54.5% bed-care residents, in Canada; Nova Scotia and Newfoundland each have around a 30% median.

Manitoba's median is 20% bed care residents, and all other provinces have a median of 6% or less. Ontario and British Columbia had a median of 0%.

The medians for semi-ambulatory percentages range from 20% to 37% across the provinces (except for British Columbia, where the median is 10% semi-ambulatory residents). Nova Scotia, Ontario and Alberta having the highest.

British Columbia and Ontario had the highest medians for ambulatory percentages, at 90% and 80%. Newfoundland, Alberta and Saskatchewan all had medians around 60%. New Brunswick's median at 25% was lowest.

Newfoundland, Ontario and British Columbia had the highest proportions of Level 1 Care residents with medians around 60%, New Brunswick, Saskatchewan and Alberta were lowest at around 15%.

Ontario's median of 60% Level 2 Care residents was the highest proportion. New Brunswick and Newfoundland were lowest at 17% each. The other provinces had median Level 2 care percentages at around 33%.

New Brunswick, at median 67% Level 3 Care has the highest proportions in Canada. British Columbia has a 0% median, and Nova Scotia and Ontario are next lowest at around 10%. The other provinces have medians around 25% to 30%.

Taken together with the findings on resident transfers (see page 22.) it becomes clear that Ontario and British Columbia have mainly Level I and II care facilities and clearly differentiate between personal care and nursing care facilities. The fact that these two also have the lowest per diem rates reinforces the idea that different care levels receive different subsidy rates in the provinces and this perhaps influences the nature of facilities.

SECTION 4: STAFFING

Staffing:

Patient to full-time staff ratios in the Maritimes and Manitoba are 2:1. Ontario and Saskatchewan are 3:1, Alberta and British Columbia, 4:1.

In full-time staff composition, of three divisions, medical/nursing staff (including nurses' aides) formed the largest portion in all provinces except Newfoundland and Ontario, where service/maintenance staff were the largest proportion. Ontario and British Columbia had significantly higher proportions of activity/administration staff than all other provinces. In New Brunswick, Saskatchewan and Alberta, medical/nursing staff formed 50% or more of full time staff.

In all provinces except British Columbia, 50% or more (usually well over half) of facilities stated they would increase staff if circumstances allowed, in medical, administrative, activity and housekeeping areas.

Prince Edward Island had the highest level of staff to resident ratio 1:1 and British Columbia the lowest with 4:1, this is directly reflected (we believe) in the per diem figures, but cannot easily be verified.

The levels of care given do not directly appear to reflect staff ratios in many provinces, although the ratio of professional care staff is fairly consistent across Canada both in full and part time staff.

SECTION 5: ADMINISTRATIONPer Diem Operating Cost:

The Maritimes and Manitoba have the highest per diem costs, with medians from \$25.00 to \$33.00. British Columbia's is lowest at median \$13.00, with Ontario next lowest at \$20.00 per day. This probably reflects both functioning levels of residents and staffing ratios.

Shared Services (Prince Edward Island excluded):Laundry

Alberta had the highest number (86%) of facilities with some shared laundry services. Newfoundland at 50% of facilities was also high. For the other provinces, the median was 25% of facilities, excepting British Columbia at 12%, the lowest proportion of facilities with shared laundry services.

Medical

LEVEL OF CARE
The median, for eight provinces, of facilities with shared medical services is 31%. Lowest figures are 12% in British Columbia and 16% in Saskatchewan. Highest (most facilities sharing) are 71% in Alberta and 62% in Newfoundland.

Food Service/Supply

The provinces with the highest numbers of facilities with shared food services are Nova Scotia and Alberta. The median for the remainder is 12% of facilities with shared food services.

Maintenance

Alberta's figures at 79% of facilities with shared maintenance services are considerably higher than the remaining provinces, which clustered around the median 15%.

Staff

Alberta here as well has the highest number of facilities which share staff. Nova Scotia had none. The median for the others is 12%.

- Saskatchewan had no facilities which shared Food Services, Maintenance or Staff.
- Alberta has the greatest incidence of shared services in all areas, British Columbia has the lowest incidence.
- Services most likely to be shared with other facilities, across the provinces, appear to be Laundry and Medical Services.

Governing Boards:

These figures were very similar in all provinces. Almost all facilities had an active governing board: the average membership is 8 to 12. Most facilities had community representation on the board. In almost all facilities, policy changes are effected through the Administrator and the board.

Nearly all facilities adhere to provincial standards and legislation.

SECTION 6: CARE SERVICESAvailability of Care Services:

The least likely to be in-house services are dental, psychological, and ophthalmological services. Most frequent in-house services are podiatry and rehabilitation care. Social workers occur most frequently as originating in the community, though both Ontario and Manitoba have relatively high proportions of Social Workers in-house.

SECTION 7: DIETARYFood Service:

Almost all facilities had a dining room on the main floor; a few had supplementary dining spaces in other locations. Over 90% of all facilities have table service in the dining room.

The Maritimes had the highest incidence of facilities which provide trays to residents in their rooms on a fairly regular basis, and in 20% or more of cases this was about half the residents in the facility. Most often this was related to health status. Alberta came close to these figures as well. In the other provinces the number of facilities providing tray in room service was less than half of the total respondents and within these facilities trays were provided to only a few residents.

In several provinces the reason for separate dining areas was due to feeding disabilities of some residents. It was significant however that in the majority of facilities, wheelchair residents were brought to the main dining room for most of their meals.

Relatively few facilities, in all provinces, had full-time dieticians on staff. Newfoundland had most, with 50% of facilities having them. Prince Edward Island and Nova Scotia had no facilities with full-time dieticians. The median in other provinces is 20% of facilities with dieticians.

All facilities questioned in all provinces provide between-meal snacks. Residents help prepare them in few of the facilities.

Well over half the facilities in each province permit residents to keep food in their rooms.

In all provinces, half or more of the facilities enable residents to prepare light refreshment for their visitors.

SECTION 8: RESIDENT PROGRAMS (SCHEDULED)

Staff:

Full-time Recreation Directors are the most frequently occurring programs staff in all provinces except New Brunswick, which has more part-time Recreation Directors and craftworkers. Next most frequent are full-time craftworkers.

Considerably fewer facilities in all provinces have Occupational Therapists, and these are more frequently visiting than on staff. New Brunswick has the highest numbers on staff (17%), Ontario, Manitoba and British Columbia have the highest numbers of visiting Occupational Therapists, an average of 54%.

Over 50% of facilities in each province conduct activities with other organizations, less than 50% in all provinces except Ontario (60%) conduct activities with other facilities.

In general, Ontario, Manitoba and British Columbia have the highest numbers of activity and Occupational Therapy staff.

SECTION 9: HOSTEL-TYPE FACILITIES

Responses to this section are not reliable in differentiating hostel-type facilities from nursing homes, since some facilities completed the section while indicating it was not applicable to them. In some others, it appeared from the staffing profiles and levels of care provided, etc. that the facility was, in fact, a care home rather than a hostel.

The number of responding facilities in each province was near 50% in the Maritimes, Ontario and Manitoba. Proportions from the western provinces were low, around 25% in Saskatchewan and British Columbia, and none at all in Alberta. These figures may be related to the statements by CMHC regional personnel that few, if any, hostels were being funded by CMHC in these three provinces.

The general profile obtained of a hostel facility is common to all provinces: residents are provided three meals a day. Meals are paid through room and board fees. In most, non-residents also take meals in the facility's dining room. Rent is paid on a monthly basis. Most have significant proportions of private use washrooms, though many also have multiple use washrooms. The only variations recorded were in Manitoba and Ontario, where some hostel rooms were rented on a daily basis, and some on a yearly basis. In both provinces some facilities offered meal plans on a pay-by-meal arrangement and in one case no meals at all were provided.

SECTION 10: RESIDENTS' ACTIVITIES (NON-SCHEDULED).

NOTE: Prince Edward Island excluded from this Section.

Transportation:

The most common mode of transportation available to residents of facilities is family or friend's vehicles. The next most common is volunteer cars. Taxis are also commonly available except in Newfoundland.

Public transportation is available in all provinces, although in the Maritimes, Manitoba and Saskatchewan it was readily available in fewer than 40% of facilities. In most provinces, 45% or more of facilities have their own buses or other vehicles. In New Brunswick, Newfoundland and Saskatchewan, however, 25% or fewer of facilities have their own transportation for residents. The incidence of facility-owned vehicles is not related to the availability of other modes of transportation, or to the proportions of residents travelling out into the community (i.e. it is not based on strictest need).

Off-Site Activities:

In all provinces, fewer than 40% of facilities have residents who travel into the community fairly regularly. The range is from 39% of facilities in Ontario to 5% in Nova Scotia. The numbers of facilities which have residents who attend community church services are fewer than 26% in any province.

Volunteers:

Note: Slightly different responses were received on the volunteer question in the staffing section.

In all provinces the numbers of facilities with visiting volunteers was high. The number of volunteers visiting individual facilities varied widely, from 5 to 230, in all provinces.

The function of volunteers related most frequently to social support and organization of activities. In all provinces, however, about 20% of facilities also utilized volunteers to assist in personal care, and aid residents in activities of daily living. In all provinces high proportions (60%+) of facilities desired more volunteers.

Resident Activity:

In all responding facilities, some of the residents go outdoors in good weather. In all provinces (except New Brunswick and Ontario at 0% to 30%), from 50% to 87% of these facilities feel outdoor supervision of residents is required. In 74% or more of the facilities in each province half to most of the residents enjoyed outdoor activities.

In over 80% of facilities in each province, half to most of the residents took part in scheduled activities.

Planned outdoor activities were common in most facilities. However, considerably fewer facilities in Nova Scotia and New Brunswick (40% to 58%) had planned activity than the average 78% of facilities in the other provinces.

Non-Resident Activity:

Only Manitoba (65%) and Saskatchewan (44%) had high numbers of facilities providing some type of Day Care services for non-residents. The Maritimes and British Columbia were very low in these figures, at 0% to 12% of facilities.

Non-resident participation in other activities organized by the facility occurred in 60% or more of facilities in all provinces, except New Brunswick where it occurred in only 33% of facilities.

DATA SUMMARY BY PROVINCE

Data Summary by Province

*All figures represent percent of total responding facilities unless otherwise stated.

	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
Size of Sample	4	10	37	14	95	43	49	77	55
No. of Completed Questionnaires	2	5	12	8	21	26	25	14	8
Response from Sample	50%	50%	45%	64%	24%	60%	51%	19%	14%
Average Size Per Bed (Sq.Ft.)	515	369	656	523	754	463	419	339	323
Average Site (in Acres)	9.8	4.7	5.9	3.9	2.7	3.6	.5	2.1	4.2
Average No. of Beds	37	111	48	58	84	69	54	93	135
Percent of Site in Building	5%	25%	23%	48%	39%	33%	22%	30%	34%
Average No. of Floors	2	2	1.6	1.7	4.7	2.8	1	1.8	4.8
Single Rooms (Percent of Total)	65%	25.7%	37.5%	30.8%	57.8%	83%	85.9%	24%	83%
Double Rooms (Percent of Total)	35%	70%	58%	64.3%	42.7%	8.4%	13.9%	71.3%	16.2%
Multiple Rooms (Percent of Total)	0	4.3%	4.3%	5.0%	5.8%	.4%	1.6%	5.6%	.9%
Single Use Washrooms	0	25.7%	38%	32%	20%	57.2%	63%	23.3%	82.5%
Shared Use Washrooms	100%	73%	64%	74%	76%	28.3%	35%	78.4%	17.3%
ACTIVITY TREATMENT AREAS									
Lounges	100%	100%	100%	100%	100%	100%	100%	100%	100%
Other Sitting Areas	100%	100%	75%	100%	80%	88%	72%	64%	87%
Crafts Room	100%	100%	58%	75%	100%	73%	68%	78%	62%
T.V. Room	100%	80%	50%	62%	70%	65%	48%	78%	62%
Physical Therapy Room	50%	0	0	12%	40%	23%	4%	14%	37%
Visitors' Lounge	100%	60%	33%	50%	50%	61%	48%	64%	75%

Data Summary by Province	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
*All figures represent percent of total responding facilities unless otherwise stated.									
Workshop	100%	20%	25%	75%	45%	54%	16%	7%	37%
Games Room	100%	80%	25%	87%	60%	46%	40%	36%	62%
Shop Room	0	20%	8%	12%	30%	27%	8%	7%	37%
Music Room	0	20%	8%	62%	15%	27%	24%	21%	37%
Occupational/Therapy Rm	100%	20%	8%	12%	45%	27%	8%	21%	37%
Beauty/Barber Shop	0	100%	100%	100%	100%	96%	60%	79%	62%
Chapel	100%	60%	67%	75%	45%	24%	40%	43%	37%
Kitchenette	100%	80%	58%	75%	95%	76%	32%	57%	50%
Doctor's Office	50%	20%	33%	62%	65%	4%	0	0	12%
Exam/Treatment Room	50%	100%	50%	62%	85%	36%	16%	14%	37%
Sick Bay	50%	0	8%	0	60%	4%	4%	14%	37%
Isolation Bay	50%	100%	8%	75%	35%	8%	0	14%	0
Morgue	0	20%	33%	12%	0	4%	0	0	0
Quiet Room	50%	80%	33%	12%	25%	16%	8%	21%	25%
<u>PHYSICAL SPACE</u>									
Inadequate	0	60%	42%	25%	20%	44%	48%	50%	25%
Adequate or More	100%	40%	67%	75%	80%	56%	52%	36%	75%
Total No. of Female Residents	70	346	1,338	421	1,868	1,174	896	825	670
Total No. of Males	30	157	293	166	705	551	426	471	281
Ratio of Males to Females	2:1	2:1	2:1	2:1	2.6:1	2:1	2:1	2:1	2:1
Average Age of All Residents	84	82	78.4	81.3	82	81.3	81	82	81.3

Data Summary by Province

*All figures represent percent of total responding facilities unless otherwise stated.

	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
Average Age of Females	85	83	80.2	81	83	82.7	83	84	81.4
Average Age of Males	84	81	76.4	82.1	80	79.6	82	79	81.4
Average Length of Stay (in Years)	5	2.5	2.5	?	?	3.4	?	3.4	3.3
Average Length of Stay (in Years) Females	5.2	2.5	3.0	5-15	4.6	3.3	4.5	3.7	2.8
Average Length of Stay (in Years) Males	4.3	2.7	3.0	5.0	3.7	3.3	4.7	3.0	3.3
Facilities with Significant Non-English Populations.	0	40%	8%	0	30%	68%	52%	50%	25%
Average No. of Bed-Care Residents	10%	30.8%	49.4%	21%	16%	24.4%	10.5%	4.4%	0
Average No. of Semi-Ambulatory Residents	47%	32.8%	21%	22%	32.8%	39%	26.2%	40.4%	10%
Average No. of Ambulatory Residents	43%	37.8%	32%	60%	56.4%	53%	60%	55.3%	89.6%
Average No. of Level 1 Care Residents	23%	43.6%	18.6%	50%	61.2%	25.6%	18.4%	27.5%	59%
Average No. of Level 2 Care Residents	40%	38.8%	17.0%	22%	30.7%	35.4%	32.6%	42.8%	31%
Average No. of Level 3 Care Residents	30%	22.7%	60.5%	32%	3.4%	37%	41.6%	34.7%	25%
Patient to Staff Ratio (Full-time)	1:1	2:1	2:1	2:1	3:1	2:1	3:1	4:1	4:1
Patient to Staff Ratio (Part-time)	10:1	5:1	6:1	16:1	9:1	3:1	5:1	4:1	10:1
Patient to Total Staff Ratio	1:1	1:1	1:1	2:1	2:1	1:1	2:1	2:1	3:1

Data Summary by Province

*All figures represent percent of total responding facilities unless otherwise stated.

	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
Proportion of Medical/ Nursing Staff	51%	49.3%	73.6%	44%	43%	61%	49.1%	55.5%	47%
Proportion of House- keeping/Dietary Staff	34%	26.6%	37.6%	47%	32.7%	31%	40%	28.8%	33.7%
Proportion of Activity/ Administrative Staff	6%	4.4%	6.6%	9%	11%	9%	6.8%	3.3%	12.5%
Increase in Staff Desired	50%	60%	75%	55%	74%	64%	52%	86%	37%
Facilities Wholly Under Government Subsidy	100%	20%	16.7%	12%	5%	36%	-	7%	7%
Facilities Under Par- tial Gov. Subsidy	-	80%	41.7%	88%	80%	60%	88%	92%	71%
Facilities Under Pri- vate Funding	-	-	33%	-	45%	4%	24%	7%	7%
Average Per Diem Oper- ating Cost Per Bed	\$33.00	\$27.65	\$28.25	\$24.00	\$17.33	\$30.00	\$19.72	\$23.00	\$15.60
<u>SHARED SERVICES</u>									
Laundry	50%	25%	25%	50%	20%	42%	20%	86%	12%
Medical	50%	25%	50%	62%	25%	38%	16%	71%	12%
Food Service/Supply	-	50%	17%	12%	10%	23%	-	50%	12%
Maintenance	-	25%	17%	12%	10%	38%	-	79%	12%
Staff	50%	-	17%	12%	15%	38%	-	57%	12%
Full Time Dietician	0	0	8%	50%	26%	12%	16%	36%	25%
Between-Meal Snacks	100%	100%	100%	100%	100%	100%	100%	100%	100%
Food in Residents' Rooms	100%	100%	58%	87%	65%	76%	84%	79%	87%
Resident Prepared Refreshment <i>VEGETABLES</i>	50%	80%	50%	60%	95%	68%	44%	71%	62%

Data Summary by Province

*All figures represent percent of total responding facilities unless otherwise stated.

	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
Special Diets	100%	100%	100%	100%	100%	92%	100%	100%	75%
Some Tray-in-Room Ser.	100%	60%	92%	75%	40%	48%	36%	50%	25%
Table Service	100%	100%	92%	100%	95%	100%	100%	100%	100%
Cafeteria	-	20%	-	25%	32%	20%	8%	7%	-
Wheelchairs in Dining Room	50%	100%	92%	50%	84%	96%	100%	100%	87%
Dining Elsewhere	50%	-	8%	-	-	8%	-	14%	-
Full Time Recreation Director	100%	80%	33%	50%	75%	84%	40%	57%	75%
Part-Time Recreation Director	-	20%	58%	25%	10%	8%	40%	36%	12%
Full-Time Crafts Worker	100%	-	33%	12%	55%	72%	44%	43%	50%
Part-Time Crafts Worker	-	-	50%	37%	15%	20%	32%	50%	25%
Occupational Therapist on Staff	-	-	17%	12%	5%	4%	-	7%	12%
Visiting Occupational Therapist	100%	-	8%	12%	45%	68%	16%	14%	50%
Activities with Other Organizations	50%	80%	83%	75%	65%	48%	52%	64%	75%
Activities with Other Facilities	-	40%	17%	37%	60%	16%	24%	50%	25%
Volunteers	100%	80%	83%	100%	95%	85%	76%	86%	100%
Volunteers assist with Personal Care	-	20%	17%	25%	30%	23%	8%	21%	25%
Volunteer Social Support	-	100%	42%	100%	85%	61%	68%	86%	62%
Volunteers Organize Activities	100%	60%	58%	75%	70%	81%	60%	86%	100%

Data Summary by Province

*All figures represent percent of total responding facilities unless otherwise stated.

	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
More Volunteers Desired	100%	60%	83%	62%	100%	81%	92%	93%	100%
Public Transportation	-	40%	33%	12%	75%	31%	24%	50%	75%
Facility Vehicles	100%	40%	8%	25%	45%	58%	16%	50%	75%
Volunteer Cars	100%	80%	75%	50%	70%	92%	92%	93%	75%
Taxi	100%	100%	50%	-	85%	54%	36%	71%	87%
Family/Friends with Cars	100%	100%	100%	75%	85%	100%	92%	100%	87%
Average No. of Residents going out into Community.	100%	5%	20%	31%	39%	21%	17%	22%	36%
Average No. of Residents attending Church Services, Off-site	-	20%	26%	11%	24%	10%	6%	6%	16%
Residents Who Go Outdoors	100%	100%	100%	100%	100%	100%	100%	100%	100%
Outdoor Supervision	100%	80%	-	50%	30%	69%	72%	64%	62%
Outdoor Activities Held	100%	40%	58%	75%	80%	65%	76%	86%	87%
Residents Participating in Activities	100%	100%	100%	100%	100%	96%	100%	100%	100%
Day Care Activities	100%	-	8%	-	30%	65%	44%	21%	12%
Non-Residents Participating in Activities	100%	60%	33%	62%	75%	65%	72%	64%	100%

Data Summary by Province	Prince Edward Island	Nova Scotia	New Brunswick	Newfoundland	Ontario	Manitoba	Saskatchewan	Alberta	B.C.
MEDIAN FIGURES									
Sq. Ft. Per Bed	515	373	631	542	766	436	366	279	336
No. of Beds	37	67	51	51	66	60	46	54	105
No. of Floors	2	2	1	1	2	1	1	1.5	2.5
Percentage of Bed Care	10%	33%	54.5%	28%	0%	20%	6%	2%	0%
Percentage of Semi-Ambulatory	47%	33%	23%	25%	20%	36.5%	28%	30.5%	10%
Percentage Ambulatory	43%	33%	25%	63.5%	80%	47%	58.5%	62.5%	90%
Percentage Level 1 Care	23%	42%	16%	60%	60%	20.5%	19%	12.5%	67.5%
Percentage Level 2 Care	40%	36%	16.5%	17%	60%	36%	31%	31%	28.5%
Percentage Level 3 Care	30%	13%	66.6%	24%	10%	32%	47%	28.5%	0%
<i>CONSULTATION</i> STAFF COMPOSITION - FULL TIME									
Medical/Nursing	51%	46%	50%	44%	37%	58%	54%	62%	43.5%
Housekeeping/Dietary	34%	27%	38%	48%	39%	31%	37%	31%	33%
Activities/Admin.	6%	4%	7%	7%	12%	8%	9%	0%	13%
Per Diem Operating Cost Per Bed	\$33.00	\$28.00	\$30.00	\$24.50	\$19.50	\$29.00	\$23.00	\$22.00	\$13.00

ANALYSIS OF CROSS-CANADA SURVEY FACILITIES
QUESTIONNAIRES

77021

QUESTIONNAIRE ANALYSISPrince Edward IslandSection 1: REGIONAL ISSUES

Response: 4 sent out; 2 returned. (50% return).

Sponsorship:

2 facilities subsidized by the Provincial Government.
(Department of Social Services).

Opening Dates: Not stated.

Catchment Area: Both facilities serve local areas (county).

Geographic Location: Neither feel limited by their location.

Cultural/Racial Groups: Neither facility has an identifiable cultural/
racial group in their area.

Section 2: PHYSICAL FACILITY

<u>Sq.Ft. Per Building</u>	<u>No. of Beds</u>	<u>Sq.Ft. Per Bed</u>
1. 30,874	51	605
2. 21,327	50	426.5

Site Area

The size of land owned by the facility is:

1. 348,480 (8 acres)
2. 500,940 sq.ft (11.5 acres)

Proportion of Site to Building*

The percentage of land used for Buildings is:

1. 6%
2. 4%

The percentage of land used for grounds is

1. 50%
2. 96%

* Figures given by facilities often do not equal 100% of site. Some responses indicate parking space may be omitted.

Number of Floors

Both facilities have 2 floors.
Both facilities have residents occupying 1 floor.

Number of Rooms

Both facilities have 37 resident bedrooms.

Occupancies

Of the total 74 rooms
65% are single occupancy
35% are double occupancy
None are multiple occupancy

Resident Washrooms

In 2 facilities there are a total of 33 washrooms. None of these are for private use.

In both facilities half the resident washrooms are used by 2 to 4 residents.

One facility has 4 washrooms used by 4 or more residents.
One facility has 5 washrooms used by 4 or more residents.

Lounges and Sitting Areas

Both facilities have a lounge area.
Both have sitting areas, other than lounges.
Both facilities have lobbies with sitting areas.

Activity Areas

Both facilities have a crafts room and a T.V. room (one has two T.V. rooms).
1 has a Physical Therapy Room.
Both have a Visitors' Lounge, a Workshop and a Games Room.
Neither have a Shop Room or Music Room.
Both have an Occupational Therapy Room.
1 has a Library.

Dining Room

Both are equipped with 1 resident dining room.
In 1 facility the dining room is located on the main floor, in the other it is on the residents' floor.

Meal Service

Both facilities have some (5-10) residents who eat meals in their rooms on a fairly regular basis.
In 1 facility this arrangement has evolved by choice. The other facility's arrangements have evolved, some by choice and some by health status.

Kitchenette Facilities are available for resident use, in both facilities, and are close to resident areas.

Both facilities have a chapel and a beauty/barber shop.

Staff/Treatment Areas

Both have washrooms for female staff, male staff and joint use.

Both have a staff lounge/locker room.

1 of the facilities has a Doctor's Office, an Examination/Treatment Room, and a Sick Bay.

The other facility has an Isolation Bay and a Quiet Room.

Adequacy of Facilities

In terms of the contentment of the residents and staff, both facilities feel that their physical spaces are adequate.

SECTION 3: RESIDENT PROFILE

Number of residents

Bed capacity:	1. 51.	Average No. of Residents at 1 time	1. 50
	2. 50.		2. 50

	<u>Female</u>	<u>Male</u>	<u>Ratio</u>
1.	38	12	3:1
2.	32	18	2:1

Both facilities agree that this is the usual proportion of male/female residents.

Age of Residents

Average age of all the residents is 84.

The age of the oldest resident is 101.

The age of the youngest resident is 48.

Average age of female residents is 85.

Average age of male residents is 84.

Length of Stay

The average length of stay is 5 years (for all residents)

The average length of stay for males is 4.3 years.

The average length of stay for females is 5.2 years.

One facility has 2% of its residents transferred to further care facilities and 4% transferred to facilities offering equal care. (The other did not respond).

One facility had 99% of its residents die within the institution (the other didn't respond).

Language

All residents in both facilities are primarily English-speaking.

Financing

In one facility 8% of residents have their stay privately financed. (The other facility stated not applicable).

Levels of Care

<u>Bed Care</u>	<u>Semi-Ambulatory</u>	<u>Ambulatory</u>
1. 2%	48%	50%
2. 18%	46%	36%

<u>Care:</u>	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>
1.	40%	30%	20%
2.	6%	50%	40%

Both facilities have mostly Ambulatory residents.
 1 facility is mostly Level 1 and 2 care.
 The other is mostly Level 2 and 3 care.

SECTION 4: STAFFING

Both facilities employ 45 full-time staff: a ratio of 1 resident to 1 staff.

1 facility employs 4 part-time staff: a ratio of 12:1 part-time staff.

1 facility employs 6 part-time staff: a ratio of 8:1 part-time staff.

Resident to total staff ratio is 1:1 in both facilities.

Percent of Staff by Category (Full-Time).

	<u>Medical/Nursing</u>	<u>Housekeeping/ Dietary</u>	<u>Activity/ Admin.</u>
1.	52%	34%	6%
2.	50%	34%	6%

1 of the facilities would increase their staff, by adding two full-time Activity Co-ordinators and 1 part-time medical staff.

Neither facility has staff who can converse with residents in a language other than that used by the majority of residents (however, all residents are English speaking.)

Neither have a physician.

Volunteers

1 facility has 5 volunteers visiting on a regular basis.

1 facility has (approximately) 20 volunteers visiting on a regular basis.

SECTION 5: ADMINISTRATIONFinancial Operation:

Both facilities are wholly under Government subsidy.

Both facilities' (per diem) operating costs are \$33.00 per bed.

Shared Services

1 facility shares laundry, medical services, and staff.

Board for Facility

Neither facility has an active governing board.

Policy changes within the facility are authorized, in both facilities, by the Administrator.

One facility adheres to the accreditation guide for extended-care centres. The other adheres to government standards.

Both facilities have Activity Directors to direct their resident programs.

SECTION 6: CARE SERVICES

Both facilities provide mainly nursing care, with personal and supervisory care to a lesser extent.

Both facilities provide in-house rehabilitative therapy.

1 facility has a social worker in-house and access to Dental; Podiatry and Ophthalmological and Psychological Services in the community.

The other facility has access to Dental and Speech Therapy in the community.

SECTION 7: DIETARY

Neither facility has a full-time dietician on staff.

Both facilities provide bedtime and between-meal snacks for residents.

1 facility has snacks prepared by staff.

The other facility has snacks prepared by staff and residents.

Both facilities allow residents to keep extra food in their rooms. However, this is not encouraged in either facility.

1 facility makes it possible for the residents to prepare light refreshments for their visitors.

Meal Service

Both facilities prepare special meals for residents on special diets.

Food is served at the table at both facilities.

1 has space for wheelchair residents to eat in the main dining room, the other facility has some wheelchair residents who eat in their rooms.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)

Both facilities have a full-time Recreation Director (or equivalent) as organizer of overall activities.

Both facilities have a full-time Crafts Worker on Staff.

Both facilities have an Occupational Therapist who visits regularly (neither one on staff).

In both facilities, residents decide for themselves whether to participate in recreational activities and in programs of an occupational therapy nature.

Activities are the usual - bingo, cards, birthdays, etc.

1 of the facilities holds activities in conjunction with other organizations; neither have activities in conjunction with other facilities.

SECTION 9: HOSTEL-TYPE FACILITIES *

Both facilities provide three meals per day.

Food service is financed by room and board fees.

In both facilities non-residents make use of the dining facilities.

1 facility rents hostel rooms on a monthly basis. The other has no rentals.

1 facility has both private and multiple use washrooms.

The other has multiple use washrooms.

SECTION 10: RESIDENTS' ACTIVITIES (NON-SCHEDULED)

1 facility didn't return the 2 pages required to analyse this section.

Transportation

1 facility owns a bus; has cab service, and volunteer drivers, and friends and family assistance.

10% of the residents venture into the community fairly regularly.

None attend religious services off the premises.

Volunteers visit regularly to organize activities. This facility would like to see more volunteers to help with the activities.

The residents do, on occasion, initiate activities.

Visitors are free to visit at any time.

Residents bring personal effects into their rooms and are encouraged to do so.

Residents don't usually place personal effects in areas other than their rooms.

Residents do rearrange the furnishings in their rooms and are encouraged to do so.

* There are indications that many respondents in the survey completed this section though it was not applicable to them.

In good weather about half the residents generally go out and for the most part, require supervision.

Planned outdoor activities include barbecues and gardening.

About half of the residents take part in scheduled activities.

Non-resident (senior citizens) participate in both activities on a day-care basis, and activities organized by the facility.

A.W. Cluff and P.J. Cluff

Architects and Planners

77021

QUESTIONNAIRE ANALYSISNova ScotiaSECTION 1: REGIONAL ISSUES.Response

10 Questionnaires sent, 5 returned. (50% return).

Sponsorship

4 out of 5 are non-profit group or municipally sponsored. The 5th indicated it was not profit-making.

Opening Date

All facilities opened since 1969, all but two since 1975.

Catchment Area

1 facility serves a municipality; 4 serve a broader locality - a county or several municipalities.

Geographic Location

1 facility felt limited by its geographic location. Reasons given were scarcity of medical staff and consultants.

Cultural/Racial Groups

Two facilities indicated the presence of Acadian or French groups in their area and representatives in their facility. Three indicated English or Scottish groups in their area and facility. One facility indicated there were no cultural/racial groups in the area.

SECTION 2: PHYSICAL FACILITY

<u>Sq.ft./Building.</u>	<u>No. of Beds</u>	<u>Sq.Ft.Per Bed</u>	
1. 36,872	103	357.9	
2. 25,000	67	373.1	
3. 75,000	210	357.1	
4. 25,115	65	386.3	
(005)5. 40,208	65	618.6	too far above average

Unit Area

The number of sq. ft. per bed varies between 357.1 and 386.3. The AVERAGE is 368.6.

Site Area

Average size of land owned by facilities is 206,316.8 sq.ft. (4.7 acres)
This excludes 005 (as above): no response. The RANGE is 6.5 to 3 acres.

Proportion of Site to Building

The percentage of land used for Buildings (average of total) - 25.3%
The percentage of land used for Grounds (average of total) - 69%

Note: 1 facility's percentage of buildings and grounds did not equal 100% (77%): 005 excluded as above.

Number of Floors

4 of the 5 facilities have 2 floors, 1 has 1 floor.
In 3 facilities residents occupy both floors: in 1 2-storey facility residents occupy only one floor.

Number of Rooms

The total in 5 facilities is 280 rooms. 72 of these are singles.
The RANGE in facilities is 34 rooms to 117 rooms.
196 of the total rooms are doubles. 12 are for 2 or more beds.
1 facility has a 6-bed ward.
The AVERAGE proportion is 23.5% single rooms to 73.5% double.
The range is 8.8% singles to 91.2% doubles and 41.5% singles to 58.5% doubles.

Occupancies

Of the 5 facilities' total rooms (280):

25.7% are single occupancy
70.0% are double occupancy
4.3% are multiple occupancy

	<u>Single Rooms</u>	<u>Double Rooms</u>
1.	17.3%	75%
2.	19.4%	80.5%
3.	30.7%	62.4%
4.	41.5%	58.5%
5.	8.8%	91.2%

Washrooms

In 4 facilities there are 152 washrooms. 1 facility has washrooms used by maximum 4 residents, other used by 4 or more.

* 005 not included.

Of total 152: 25.7% single use
61.8% double use
11.2% multiple use

	<u>Single Use</u>	<u>Double Use</u>	<u>Multiple</u>	
	1. 8.3%	66.7%	+ 25%	= 91.7
	2. 15.6%	65.6%	18.8%	
	3. 33.8%	58.4%	+ 7.7%	66.1
	4. 32.2%	61.3%	-	
spoiled response	5. 58.8%	23.9%	-----	

AVERAGE proportion in 4 facilities: 22.5% single use to 63% shared.
The RANGE is 8.3% single use to 91.7% shared use, and 33.8% single use to 66.1% shared

Lounges and Sitting Areas

All 5 facilities have lounges (more than 1 area)
All 5 have other sitting areas
All but 1 facility have sitting areas in the lobby.

Activity Areas

All 5 have a crafts room
4 have a T.V. room
None have physical therapy rooms
3 have a visitors' lounge
1 has a workshop
4 have a games room
1 has a shoproom
1 has a music room
1 has an occupational therapy room
2 have other activity areas - chapel, large main activity/lounge.
* Some of these may be multi-use rooms.

Dining Room

2 of the 5 facilities have more than 1 dining room, all on the main floor.
4 facilities have dining room(s) on the main floor.
1 also has a dining room on the resident floor
1 has its main dining room on the resident floor.

Meal Service

Residents in 3 of 5 facilities eat meals in their rooms on a fairly regular basis; 1 indicated a few did (1-5)
 1 indicated some did (5-10)
 1 indicated about half did

The arrangement in all cases was due to health status.
 4 of 5 facilities have kitchenettes available for resident use, close to resident areas.
 All 5 have a beauty/barber shop
 3 of 5 have a chapel, the other 2 have rooms for religious services.

Staff/Treatment Areas

3 of 5 facilities have female staff washrooms, and male staff washrooms.
 1 of these has joint use washrooms. The remaining two facilities have washrooms for joint use. All have staff lounge/locker rooms.
 1 of 5 has a Doctor's office.
 All have examination/treatment rooms.
 None have Sick Bays.
 All have an Isolation Bay.
 1 of 5 has a Morgue.
 4 of 5 have a Quiet Room.

Adequacy of Facilities

3 of 5 facilities felt their physical spaces were not adequate.
 2 of 5 facilities felt their physical spaces were adequate.
 None felt they were more than adequate.
 2 of 5 felt their spaces were less than adequate.
 Inadequate areas were activity areas, staff areas, and resident areas.

SECTION 3: RESIDENT PROFILENumber of Residents

The bed capacity of the 5 facilities varies between 65 and 210 beds.
 In general, average occupancy was close to full.

In 5 facilities there are 346 female residents, 157 male residents.
 The AVERAGE proportion of females to males is 66.3% to 33.6%.
 Roughly 2 to 1.

	<u>Females</u>	<u>Males</u>
All Facilities said these	1. 67%	33%
were normal proportions of	2. 49.2%	50.7%
males to females.	3. 75.2%	24.8%
	4. 72%	28%
	5. 68.3%	31.7%

Age of Residents

The AVERAGE age of all residents is 82 years.
 The AVERAGE age of female residents is 83 years.
 The AVERAGE age of male residents is 81 years.

The RANGE for each facility was 80 to 86 years average age. The age of the youngest resident ranged from 22 in one case to 64, the mean was 56 years.

Length and Terms of Stay

The AVERAGE length of stay (from 3 facilities) was 2.5 years.
 (One facility stated its average length of stay was 5 years.

This facility also had the oldest resident profile).

The AVERAGE length of stay (from 3 facilities) for Males 2.7 years
 Females 2.5 years

3 facilities said no residents were transferred to further care facilities.

2 facilities said some (4% and 2%) were transferred to further care facilities.

1 facility said 5% were transferred for equal care.

3 facilities said over 96% die in the institution.

2 facilities said 16% to 20% die in the institution.

Language

2 facilities have significant numbers of residents whose primary language is not English, and in one of these this group is a majority.

Financing

In all facilities, 19.8% (AVERAGE) of residents are privately financed.

Levels of Care

In all facilities: an average of 30.8% of residents are classed as bed-care -

: an average of 32.8% are classed as semi-ambulatory.

: an average of 37.8% are classed as ambulatory.

In all facilities: an average of 43.6% of residents require Level 1 care.
38.8% of residents require Level 2 care.

Only 3 facilities had residents requiring Level 3 care (22.7% of residents)
1 facility had 20% of residents requiring "other" care

SECTION 4: STAFFING

Numbers of Staff.

The AVERAGE number of full-time staff in 4 facilities was 39. 1 facility was excluded from this figure, which had 145 staff (206 residents).

Staff-to-Patient Ratios: Full Time: 2:1

1. 2.5 residents to each staff.
2. 2.6 residents to each staff.
3. 1.4 residents to each staff.
4. 1.6 residents to each staff.
5. 1.3 residents to each staff.

The AVERAGE for all facilities is 1.9 residents to each staff.

Part Time: 5:1

1. 7.9 residents per 1 staff.
2. 3.2 residents per 1 staff.
3. 6.4 residents per 1 staff.
4. 6.4 residents per 1 staff.
5. 1.9 residents per 1 staff.

The AVERAGE for all facilities is 5.2 residents per 1 part-time staff.

TOTAL STAFF: 1:1

TOTAL FULL AND PART TIME STAFF

1. 1.8 residents per 1 staff	1. 55
2. 1.4 residents per 1 staff	2. 47
3. 1.2 residents per 1 staff	3. 177
4. 1.3 residents per 1 staff.	4. 49
5. .8 residents per 1 staff	5. 80

The AVERAGE for all facilities is 1.3 residents per 1 staff, full and part time.

Percent of Staff by Category - FULL TIME

	<u>Medical/Nursing</u>	<u>Housekeeping/Dietary</u>	<u>Admin/Activity</u>
1.	88.0%	19.0%	4.8%
2.	46.0%	34.6%	7.7%
3.	50.3%	21.4%	2.8%
4.	20.5%	30.8%	2.6%
5.	41.7%	27.0%	4.2%

The AVERAGE proportions of full time staff in all facilities by category are:

- 49.3% R.N.
R.N.A.
Nurse's Aide
- 26.6% Housekeeping
Dietary
Maintenance
- 4.4% Administration/Clerical
Activity Coordinator

Additional Staff

All facilities have volunteers who visit regularly. The AVERAGE number of volunteers is 2.8.

3 of the 5 facilities stated they would increase staff if circumstances allowed. 1 facility would hire more F.T. administrative and activity coordinator staff. The others did not indicate what staff were required.

2 of 5 facilities said they would not increase their staff.

4 of 5 facilities indicated they had staff who could converse with residents in a language other than that used by the majority.

SECTION 5: ADMINISTRATIONFinancial Operation

1 of 5 facilities surveyed was wholly under Government subsidy.
4 of 5 facilities were under partial Government subsidy.

Per Diem Operating Cost (per bed).

- 1. -
- 2. \$25.58 (average of 2 given: L23.00 H.28.15)
- 3. \$23.00
- 4. \$30.00
- 5. \$32.00

The AVERAGE per diem operating cost for all 4 facilities: \$27.65.

Shared Services

2 of 4 facilities share some services with other institutions (the fifth did not respond to the question).

1 shared food service

1 shared laundry, medical services, food services, and maintenance.

Board for Facility

All facilities have an active governing board.

The number of board members varies between 4 and 12. AVERAGE 8.

All facilities have community representation on the board.

Policy changes are made in all facilities by the administrator and the Board.

All facilities adhere to provincial standards and legislation.

Resident Programs

4 facilities have activities under the direction of an Activity Director.

1 facility has activities under the Administrator + Head Nurse (no A.D.)

1 facility with an Activity Director has activities under the Administrator as well.

SECTION 6: CARE SERVICESTypes of Care

3 of 5 facilities stated they provided mainly nursing care. Nursing care and personal care were the major types of care provided. Sheltered care was the least of the care functions provided, with supervisory care next least.

Care ServicesDental

None of the 5 facilities had dental services in-house.

All had access to these in the community.

Podiatry

1 facility has podiatry services in-house.

3 facilities have access to these in the community

2 facilities provide no access

Ophthalmological Services

None have ophthalmological services in-house

4 provide access to services in the community

1 provides no access

Rehabilitative Therapy

2 provide these services in-house

2 provide access to services in the community

1 provides no access

Psychological Services

2 facilities provide psychological services in-house.
 3 provide access to services in the community
 1 provides no access.

Social Worker

1 facility has a social worker in-house
 4 provide access to social workers in the community
 1 provides no access.

SECTION 7: DIETARY

None of the facilities have a full-time dietician on staff.

Between Meal Food

All facilities provide between-meal and bedtime snacks.
 In 2 facilities these are prepared and served by staff.
 In 3 facilities these are prepared by staff and residents.
 In all facilities residents are allowed to keep food in their rooms, but this is a common practice in only 2.

In 4 facilities residents can prepare light refreshment for visitors.

Menu and Food Service

In all facilities residents have some say in menu planning.
 All facilities prepare special diet menus.

All facilities serve food at the table, and 1 also serves cafeteria style.
 2 facilities also provide room tray service to some residents.
 All facilities have the dining room available to wheelchair residents, and provide no separate place for wheelchair dining.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)Staffing for Programs

4 facilities have a full-time Recreation Director on staff
 1 facility has a part-time Recreation Director
 None of the facilities has an Occupational Therapist on staff, or one who visits regularly.

Resident Participation

In all facilities residents decide for themselves whether to participate in recreational activities.
 In 3 facilities residents decide to participate or not in occupational therapy programs (1 - no response)

Activities

Activities listed have not been analysed at this time.

4 facilities conduct activities in conjunction with other organizations.
2 facilities conduct activities in conjunction with other facilities.

SECTION 9: HOSTEL-TYPE FACILITIES

*1001A and 1003A indicated this section Not Applicable.

In the remaining three facilities:

- 3 meals per day are provided
- food service is financed as room-and-board fees
- in 2 of 3, non-residents make use of the dining facilities
- in 2 of 3 rooms are rented on a monthly basis
- in 1 of 3 rooms are rented on a yearly basis
- in 2 of 3 washrooms are provided for private and multiple use
- in 1 washrooms are provided for multiple use

SECTION 10 - RESIDENTS' ACTIVITIES (NON-SCHEDULED)Transportation

None of the facilities owned a bus or van
2 facilities have public bus transportation available
2 provide other vehicles through the facility
4 have volunteer drivers available
5 have taxi service available
5 have transportation by friends and family available

Off-Site Activities

The range of persons venturing into the community fairly regularly from facilities is between 0% and 10%.

The AVERAGE proportion is 4.8% of residents who venture out.
Only 1 facility had residents who attended off-site religious services regularly, and this was 2% of residents.

Volunteer Activity

4 of 5 facilities have volunteers who visit regularly.
The volunteers in all cases provide social support and in 3 facilities organize activities.
In 1 facility volunteers helped residents with activities of daily living
3 facilities stated they would like to see more volunteers, to help with activities and in one case with ADL.

Residents themselves initiate activities occasionally in 3 facilities.

Visiting

1 facility has set times for visitors
 4 facilities allow visitors at any time.

Resident Rooms

In all facilities residents bring furnishings and personal effects into their rooms.

In only 3 are they encouraged to do so.

None of the facilities have residents' personal effects placed in other than resident rooms.

Residents in 4 facilities rearrange their rooms.

In only 3 are they encouraged to do so.

Resident Activities

In all facilities residents go out of doors in good weather.

In 1 facility most residents do,

In 1 facility a few do,

In 3 facilities about half do.

In 4 facilities residents who go outside require supervision.

2 facilities have planned outdoor activities.

TYPES OF ACTIVITIES NOT ANALYSED AT THIS TIME.

In 1 facility most residents take part in scheduled activities.

In 3 facilities about half do

In 1 facility a few do

In 2 facilities residents engage in activities on their own (those who do not take part in scheduled activities).

None of the facilities have non-residents who participate in activities on a day-care basis.

In 3 facilities non-residents participate in some activities organized by the facility.

QUESTIONNAIRE ANALYSISNew BrunswickSECTION 1: REGIONAL ISSUESResponse

37 questionnaires sent out, 17 returned (4 not applicable)
(45% return).

Sponsorship

All of the facilities are non-profit making.

Opening Date

Of the 12 facilities, only 3 stated their opening date: 1974, 1976
and 1977.

Catchment Area

2 facilities serve first their municipality, 3 facilities serve a
broader locality - a county or several municipalities.
7 facilities serve their province as well as some areas in Nova Scotia.

Geographic Location

4 facilities felt limited by their geographic locations. Reasons:
lack of available specialized services, isolation from city (unrecog-
nized as an extended care facility).

Cultural/Racial Groups

Facilities indicated predominantly English groups.
3 facilities indicated the presence of both English and French groups.
1 facility indicated the presence of a group of Mic-Mac Indians.
3 facilities indicated that there were no cultural/racial groups in
the area.

SECTION 2: PHYSICAL FACILITY

	<u>Sq.Ft.Per Building</u>	<u>No. of Beds</u>	<u>Sq.Ft. Per Bed</u>	
1.	47,475	65	730.3	
2.	40,800	60	680.0	
3.	10,000	20	500.0	
4.	13,000	16	812.5	
5.	22,430	40	561.0	
6.	33,911	51	665.0	
7.	11,960	20	598.0	
8.	12,622	20	631.0	
9.	63,000	50	1,260.0	too far above
10.	73,431	87	844.0	average.

continued

11.	55,007	76	724.0
12.	36,752	53	693.4
13.	30,868	72	428.7

Unit Area

The number of sq.ft. per bed varies between 428.7 and 844.0. The average is 655.6 sq.ft.

Site Area

Average size of land owned by facilities is 258,649.3 sq.ft. (5.9 acres)
* (This excludes 1009).

Proportion of Site to Building

The percentage of land used for buildings (AVERAGE of total) : 23.0%
The percentage of land used for grounds (AVERAGE of total): 41.0%

* Only 4 of the facilities percentages equaled 100%.

1 facility said Not Applicable.

2 facilities didn't know.

7 facilities percentages of buildings and grounds did not equal 100%.
(1009 excluded).

Number of Floors

1 facility has 4 floors.

4 facilities have 2 floors.

7 facilities have 1 floor.

In 8 facilities, the residents occupy 1 floor, in 1 facility the residents occupy 4 floors, in 1 facility the residents occupy 2 floors, 1 facility didn't respond.

Number of Rooms

The total in 12 facilities is 580. 218 of these bedrooms are single-occupancy. 337 are double-occupancy. 25 bedrooms are multiple occupancy. The range of bedrooms in facilities is from 16 to 87.

The AVERAGE proportion is 37.5% single rooms to 58.19% double rooms. The RANGE is 10.5% single to 77.6% double and 55.5% single to 44.4% double.

Occupancies

Of the 12 facilities' total rooms (580):

36.9% are single occupancies.

58.5% are double occupancies.

<u>Single Rooms</u>		<u>Double Rooms</u>	
1.	44.6%	1.	53.8%
2.	33.3%	2.	66.6%
3.	50.0%	3.	50.0%
4.	12.5%	4.	87.5%
5.	50.0%	5.	50.0%
6.	35.2%	6.	58.8%
7.	30.0%	7.	50.0%
8.	50.0%	8.	50.0%
9.	50.5%	9.	49.4%
10.	10.5%	10.	77.6%
11.	20.7%	11.	64.1%
12.	55.5%	12.	44.4%

Washrooms

In 12 facilities, there are 491 washrooms.

	<u>Private</u>	<u>2 to 4 residents</u>	<u>Multiple Use</u>
1.	51.7%	48.2%	-
2.	33.3%	66.6%	-
3.	45.4%	54.5%	-
4.	12.5%	87.5%	-
5.	42.4%	57.5%	-
6.	62.7%	41.1%	-
7.	-	100.0%	-
8.	37.5%	50.0%	12.5%
9.	33.3%	66.6%	-
10.	6.6%	86.6%	-
11.	20.7%	79.2%	-
12.	66.6%	33.3%	-

Of the total 491 washrooms:

38.1% Private use,
64.6% 2 to 4 residents,
12.5% 4 or more residents

The AVERAGE proportion in 12 facilities: 37.5% private to 64.2% shared.

The RANGE is 0% singles to 100% doubles and 62.7% singles to 41.1% doubles.

Lounges and Sitting Areas

All 12 facilities have lounge areas.
2 facilities have 1 lounge area.
2 facilities have 5 lounge areas.
1 facility has 3 lounge areas
1 facility has 2 lounge areas
9 of the facilities have sitting areas other than lounges
10 of the facilities have sitting areas in their lobbies.

Activity Areas

7 of 12 facilities have a Crafts room.
 6 of 12 facilities have a T.V. room
 1 of 12 facilities has 4 T.V. rooms.
 None of the facilities have a physical therapy room
 3 of the facilities have 1 visitors' lounge
 1 facility has 6 visitors' lounges
 8 of the facilities are without visitors' lounges.
 One-quarter of the facilities have a workshop
 One-quarter of all the facilities have a Games Room
 1 facility has a Shop Room
 1 facility has a Music Room
 1 facility has an Occupational Therapy Room.
 1 facility has a Conference Room and Lounge for Residents' parties.
 1 facility has a Library
 1 facility has a General Auditorium.

Dining Room

4 of the facilities have more than 1 resident dining room.
 10 of the facilities have their dining rooms located on the main floor.
 3 of the facilities have the dining rooms on the Residents' floor
 (1 of these has one on the main floor as well).

Meal Service

All of the facilities (except 1) have some residents who eat meals
 in their rooms on a fairly regular basis.
 4 indicated some did (5-10),
 5 indicated that about half did,
 2 have more than half who do.

This eating arrangement has evolved by choice in 2 facilities, and is due to health status in the 12 other facilities.

7 of the 12 facilities have kitchenette arrangements available for resident use, close to resident areas.

All of the facilities have a beauty/barber shop.
 8 of 12 have a chapel, the other 4 have rooms for religious services.

Staff/Treatment Areas

10 of 12 have washrooms for female staff and male staff.
 6 of the facilities have joint use washrooms.
 (4 of these also have female/male staff washrooms).
 11 of 12 facilities have a staff lounge/locker room.
 4 of 12 have a Doctor's office.
 6 have an Examination/Treatment Room.
 1 has a Sick Bay
 1 has an Isolation Bay
 4 have a Morgue and a Quiet Room

Adequacy of Facilities

8 of 12 facilities feel that their physical spaces are adequate.
 None feel that they are more than adequate.
 5 of 12 feel they are less than adequate.

Areas considered inadequate:

1 facility said staff space too constricted, inadequate storage area, need for a Workshop, Repair Room and Craft Room.

1 facility has a need for a Games Room.

1 facility has a need for professional treatment areas, as well as an Examination/Physical Room, more resident Recreation Space, need for Chapel, inadequate staff lounge (poorly located).

SECTION 3: RESIDENT PROFILENumber of Residents

The bed capacity of the 12 facilities varies between 30 and 167.
 In general, average occupancy was close to full.
 In the 12 facilities there are 1,338 females and 293 males.
 The AVERAGE proportion of females to males is 68.5 to 37.0.

	<u>Females</u>	<u>Males</u>
1.	84.4	15.5
2.	77.0	23.0
3.	40.0	26.6
4.	66.6	33.3
5.	78.3	21.6
6.	77.7	22.2
7.	64.7	35.2
8.	80.0	20.0
9.	71.4	28.5
10.	55.3	44.6
11.	69.4	30.5
12.	62.1	37.8
13.	67.3	35.7

9 of the facilities said these were normal proportions of males to females.

Age of Residents

AVERAGE age of all the residents is 78.4 years
 AVERAGE age of female residents is: 80.2 years
 AVERAGE age of male residents is: 76.4 years
 AVERAGE age of the youngest resident is 42.4 years .
 AVERAGE age of the oldest resident is 98.2 years.

Length of Stay

The AVERAGE length of stay is 2.5 years (only 3 facilities responded).
The AVERAGE length of stay for both males and females is 3 years
(only 3 facilities responded).

9 of 12 facilities said no residents are transferred to further care facilities.

1 facility said 10% were transferred to further care facilities.

1 facility said 4% were transferred to further care facilities.

3 facilities said only 1% were transferred for equal care.

6 of the facilities said almost 100% of the residents die in the institution.

Language

1 facility has a significant number of residents whose primary language is not English; this group is not a majority.

Financing

22.5% of the residents have their stay privately financed. (AVERAGE of the 12 facilities).

Levels of Care

49.4% of the total number of residents are bed-care,

21.0% of the residents are semi-ambulatory,

32.1% of the residents are ambulatory.

In all facilities an average of 18.6% of residents require Level 1 care.

an average of 17.0% of residents require Level 2 care.

an average of 60.5% of residents require Level 3 care.

1 facility had 21% of residents requiring "other" care.

SECTION 4: STAFFINGNumbers of Staff

The average number of full-time staff in 12 facilities is 48.

Staff-to-patient ratios: FULL TIME STAFF

1.	2.6	residents to each staff	7.	1.2
2.	1.8		8.	1.5
3.	1.3		9.	1.6
4.	1.2		10.	1.6
5.	1.7		11.	1.3
6.	2.6		12.	2.0

The average for all 12 facilities is 1.7 residents to each full time staff - Roughly 2:1.

PART TIME - The average number of part-time staff in the 12 facilities is 19.

Staff-to-Patient Ratios: PART TIME STAFF

1.	2.9	residents to each staff	7.	6.8
2.	2.4		8.	3.3
3.	4.0		9.	2.2
4.	10.0		10.	8.3
5.	3.1		11.	11.1
6.	13.4		12.	5.5

The average for all 12 facilities is 6.1 residents to each part time staff. Roughly 6:1.

Total Staff (Full/Part-Time Staff).

No full time Physicians	1.	1.3 Resident per 1 Staff.	74	TOTAL
	2.	1.0	96	
	3.	1.0	30	
	4.	1.0	28	
	5.	1.1	54	
	6.	2.1	42	
	7.	1.0	32	
	8.	1.0	29	
	9.	0.9	138	
	10.	1.3	123	
	11.	1.2	90	
	12.	1.4	67	

The average for all facilities is 1.1 residents per staff full and part time: Roughly 1 to 1.

In one facility 85 volunteers visit on a regular basis. 5 of the facilities have no volunteers visiting on a regular basis. In the other 7 facilities volunteers visiting regularly varies between 1 and 15.

Percentage of Staff by Category - Full-Time

	<u>Medical/Nursing</u>	<u>Housing/Dietary/Maint.</u>	<u>Admin./Activity</u>
1.	48.7%	41.0%	10.2%
2.	54.5%	29.0%	9.0%
3.	50.0%	41.0%	9.0%
4.	48.0%	36.3%	9.0%
5.	48.5%	42.8%	5.7%
6.	40.0%	40.0%	8.5%
7.	51.8%	29.6%	3.7%
8.	50.0%	50.0%	-
9.	61.7%	17.2%	7.4%
10.	65.0%	29.1%	5.8%
11.	50.0%	35.0%	5.0%
12.	65.3%	61.2%	6.1%

The AVERAGE proportions of full-time staff in all facilities by category are:

73.6%) RN
) RNA
) Nurses' Aide

37.6%) Housekeeping
) Dietary
) Maintenance

6.6%) Administration
) Clerical
) Activity Coordinator

Additional Staff

9 of 12 facilities would increase staff if circumstances allowed.

1 facility stated that it would like to increase its full time medical staff by 34. Another facility would like an increase of 21 in medical staff. 5 of the facilities indicated a need from between 1 and 6 more full-time medical staff. 3 facilities stated a need for more part-time medical staff.

Two facilities indicated a need for an increase in their full time administrative staff.

5 facilities would increase their full-time Housekeeping staff.

5 of 12 facilities indicated an increased need in (full-time) Activity Coordinators.

7 of 12 facilities indicated they had staff who could converse with residents in a language other than that used by the majority.

SECTION 5: ADMINISTRATION

Financial Operation

4 of the 12 facilities are privately funded.

2 of 12 are wholly under Government subsidy.

4 of 12 facilities are partially under government subsidy.

1 facility is privately funded, as well as partially subsidized by the Government.

The average per diem cost for all 11 of 12 facilities is \$28.25 (1 facility stated not applicable).

Shared Services

3 of 12 facilities share laundry services with other institutions.

Half of the facilities share medical services.

2 facilities share Food Service/Supply/Storage/Maintenance and Staff.

Board for Facility

All (but one) facilities have an active governing board.

The number of board members varies between 9-25. AVERAGE 14.

All (but one) have community representation on the board.

Policy changes are made in 2 of 12 facilities by the Administrator.

The other 10 facilities have policy changes made by the Administrator and the Board.

5 of 12 facilities adhere to provincial standards.

2 facilities adhere to the Department of Health and Department of Social Services standards.

2 (French) facilities tabulate the percentage of hours required for care (bed-care, semi-ambulatory, ambulatory).

Resident Program

5 facilities have resident activities under the direction of an Activity Director.

4 facilities have resident activities under the Head Nurse and Administrator.

5 facilities have an Activity Director, as well as an Administrator or Head Nurse for directing activities.

SECTION 6: CARE SERVICES

Types of Care

10 of 12 facilities stated they provided mainly Nursing Care. Nursing Care and Personal care are the major types of care provided. Sheltered Care was the least of the care functions provided, with Supervisory Care next least.

Care Services

Dental

2 of 12 facilities have dental services in-house.

8 facilities had access to this service in the community.

2 facilities have no access.

Podiatry

3 of 12 facilities have podiatry services in-house.

2 facilities have access to this service, in the community.

6 facilities have no access.

(1 did not respond).

Ophthalmological Services

2 of 12 facilities have this service in-house.

6 have access to ophthalmological services in the community.

3 have no access

(1 facility didn't respond).

Rehabilitative Therapy

4 of 12 facilities have this service in-house.

3 have access to it in their community.

4 are without any access

(1 didn't respond.)

Psychological Services

None of the facilities have psychological services in-house.
5 of the facilities do have access to this service in the community.

5 facilities have no access
(2 facilities didn't respond).

Social Worker

None of the facilities have a social worker in-house.
8 have access to this service in the community.
2 have no access to this service.

SECTION 7: DIETARY

1 of 12 facilities has a full-time dietician on staff.

Between-Meal Food

Between meal and bedtime snacks are available for residents in all the facilities.

8 of 12 facilities have these snacks prepared and served by both the staff and residents.

7 of 12 facilities allow residents to keep food in their rooms.

In 4 of these facilities it is a common practice.

Half the facilities allow residents to prepare light refreshments for their visitors.

In 10 of 12 facilities residents have some say in menu planning.

All facilities provide special diet menus.

All (but one) facilities serve food at the table. None serve cafeteria style.

1 facility has a "tray service" for residents rooms. (Those restricted to wheel-chairs may eat in their rooms).

All (but facility with "tray service") have those people in wheel-chairs eat in the main dining rooms.

SECTION 8 - RESIDENT PROGRAMS (SCHEDULED)Staffing for Programs

All (but one) facilities have a Recreation Director.

In 4 of 11 facilities, the Recreation Director is full-time.

In 6 facilities the Recreation Director is part-time.

In 1 facility, the Recreation Director is on-call.

10 of 12 facilities have an Activity or Crafts Worker.

4 facilities have a full-time Crafts Worker.

6 facilities have a part-time Crafts Worker.

1 facility has a regularly visiting Occupational Therapist on staff.

2 facilities have an Occupational Therapist

Resident Participation

In all facilities the residents decide for themselves whether to participate in recreational activities.

In 7 of the 12 facilities they decide whether to participate in Occupational Therapy programs.

Activities

10 of 12 facilities conduct activities in conjunction with other organizations.

2 facilities conduct activities in conjunction with other facilities.

SECTION 9 - HOSTEL TYPE FACILITIES

(6 facilities in this section are not applicable - 1003, 1004, 1005, 1008, 1010, 1011). Of the remaining 6:

All facilities provide 3 meals a day for residents.

All facilities have the food service financed by room and board fees.

5 of 6 facilities permit non-residents to make use of the dining facilities.

4 of 6 facilities have their rooms rented on a monthly basis.

1 facility rents on a yearly basis.

(1 hasn't responded).

4 facilities provide private washrooms for residents.

2 facilities provide multiple use washrooms.

1 facility provides both.

SECTION 10: RESIDENT ACTIVITIES (NON-SCHEDULED)Transportation

4 of 12 facilities have public bus transportation available.

1 facility owns its own transportation vehicles.

9 of 12 facilities have volunteer drivers.

Half of the facilities provide taxi service.

All the facilities have transportation by friends and family available.

Off-Site Activities

The average percentage of persons venturing into the community fairly regularly from facilities is 20%.

In all facilities the AVERAGE attending religious services is 26.2%.

Volunteer Activity

In 10 of 12 facilities, volunteers visit regularly.

In 2 of 12 facilities they assist with personal care.

5 facilities' volunteers provide social support.

7 facilities' volunteers organize activities.

Other Activities: 1 facility's volunteers' organize the non-profit canteen service.

10 of 12 would like to see more volunteers within their facility.

4 of the facilities would like the volunteers to help with care.

6 would like help with activities.

8 of 12 facilities have residents who, occasionally, initiate activities.

Visiting

2 facilities have set times for visitors.

8 facilities allow visitors at any time.

(2 didn't respond).

Resident Rooms

All facilities (but one - stated not applicable) have residents who bring furnishings and personal effects into their rooms.

10 of the above encourage them to do so.

The residents in 2 facilities usually place personal effects in areas other than their rooms.

9 of 12 rearrange furnishings in their rooms. 6 of these facilities encourage the residents to do so.

Resident Activities

In all facilities residents go out of doors in good weather.

6 facilities have most residents going outdoors.

2 facilities have a few (1-5) residents going outdoors.

4 facilities have about half going out.

7 of 12 facilities have planned outdoor activities.

TYPES OF ACTIVITIES NOT ANALYSED AT THIS TIME.

In 3 facilities most residents participate in scheduled activities.

In 8 facilities about half do.

1 facility has a few (1-5) who do.

3 facilities have residents who engage in activities on their own (when not participating in scheduled activities).

1 facility has non-resident senior citizens participating in activities on a day-care basis.

In 4 facilities non-residents participate in some activities organized by the facility.

QUESTIONNAIRE ANALYSISNewfoundlandSECTION 1: REGIONAL ISSUESResponse

14 Questionnaires sent out - 9 facilities responded (64% return).

Sponsorship

All are non-profit facilities.

Opening Date

Opening dates of facilities unavailable.

Catchment Area

6 facilities serve the entire province, 3 serve more local areas.

Geographic Location

1 facility felt limited by its geographical location even though it serves the province.

Reason: transportation and isolation limits information exchange.

Cultural/Racial Groups

None of the areas have easily identifiable cultural/racial groups, thus none of the facilities have resident representatives of specific groups.

SECTION 2: PHYSICAL FACILITY

Note: we are only dealing with 8 of the 9 responding facilities, since 1 was not representative.

The number of sq.ft. per bed varies between 337.0 sq.ft. and 725.0 sq.ft. The average is 523.1 sq.ft. per bed.

1.	<u>Sq.Ft.of Building</u>	<u>No. of Beds</u>	<u>Sq.Ft.Per Bed</u>
	1. 30,000	89	337.0
	2. 28,635	46	622.5
	3. 23,500	40	587.5
	4. 22,000	44	500.0
	5. 44,280	61	725.0
	6. 160,000 -----	22	Not representative
	7. 16,392	28	583.6
	8. 26,299	56	468.6
	9. 48,000	133	361.0

Unit Area:

AVERAGE sq.ft. per bed: 523.1 sq.ft. Median 500 sq.ft.

Site Area

AVERAGE size of land under ownership (from total facilities in this province) - 168,027 sq.ft. (3.9 acres).

Proportion of Site to Building

Percentage of land used for Buildings (average from provincial total): 48%.

Percentage of land used for Grounds (average from provincial total) 34%.

Note: 6 of the 8 facilities, percentages do not total 100% which may be a result of not including parking or other spaces.

Number of Floors

4 of the 8 facilities have 1 floor.
3 of the facilities have 2 floors.
1 of the facilities has four floors.

In all 8 of the facilities, the residents occupy every floor.

Number of Rooms

In total of 8 facilities there are 497 rooms. 149 singles, 291 doubles, 29 multiple-bed rooms (28 unknown).

Occupancies

Of the total 8 facilities' rooms:

30% of the bed capacity is single occupancy.
59% of the bed capacity is double occupancy.
6% of the bed capacity is multiple occupancy.

Washrooms

In 8 facilities the total number of resident washrooms is 267.

33% are private use.
61% are used by 2 to 4 residents
15% are used by 4 or more.

Lounges and Sitting Areas

All the facilities recorded have several lounges.

6 of the 8 facilities have sitting areas other than the lounges.

All of the facilities have a sitting area in their lobby.

Activity Areas

6 of the 8 facilities recorded have a Craftroom (and one of the facilities has two Craftrooms). 5 of the 8 have separate T.V. rooms.

1 facility has a Physical Therapy Room
 Half of the facilities recorded have a Visitors' Lounge
 6 of the 8 facilities have a Workshop
 7 of the 8 facilities have a Gamesroom
 1 facility has a Shop Room
 5 of the 8 have Music Rooms
 1 facility has an Occupational Therapy Room
 2 facilities listed other activity areas:
 1 facility has an "all purpose" room
 1 facility has a canteen, beauty parlour and barber shop

Dining Room:

2 facilities have more than one resident dining room.
 All 8 have a dining room on the main floor.
 6 out of 8 have some residents who eat their meals in their room, on a fairly regular basis.

Meal Service

2 of the facilities have only a few (1-5) residents who eat in their rooms on a fairly regular basis.
 1 has some (5-10) eating in their rooms.
 3 have about half of their residents who eat in their rooms.
 In all cases, this eating arrangement is due to health status.

6 of the 8 facilities provide kitchenette facilities for use by residents and in each of the 6 the kitchenette is close to resident areas.

Other Areas

Every facility recorded has a barber/beauty shop.

6 of the 8 contain a chapel.

The 2 facilities without a chapel, did have a room available for religious services.

The average age of the youngest resident: 63 years.
The average age of the oldest resident is: 97 years.

Length and Terms of Stay

The average length of stay for all residents was difficult to answer, generally due to recent opening dates (three facilities gave this response).

4 of the facilities said length of stay "indefinite" or "until deceased".

1 facility said males stayed for an average of 5 years, females 5 to 15 years.

2 facilities have residents transferred to further care facilities (1-5%).

2 have residents transferred to equal care facilities (2-10%).

3 facilities have over 90% of residents who die in the facility, and one has 3% of residents.

Language

The primary language of residents in responding facilities is English.

Financing

From 0 to 46% of residents in the 8 facilities are privately financed (Average 23%).

Levels of Care

An AVERAGE of 21% of residents in responding facilities are considered bedcare.

An AVERAGE of 22% are considered semi-ambulatory.

An AVERAGE of 60% are considered ambulatory.

An AVERAGE of 50% of the residents (from 8 responding facilities) require Level 1 Care.

An AVERAGE of 22% of the residents require Level 2 Care.

An AVERAGE of 32% require Level 3 Care.

Exception - 1 facility responded with 75% Level 1 Care and 25% Levels 2 and 3 Care).

SECTION 4: STAFFING

Numbers of Staff

The average number of full-time staff (from all 8 facilities) employed is 51. Patient to Full-Time Staff Ratio is 2:1.

The average number of part-time staff is 7. Patient to part-time staff ratio is 16:1.

Four of the facilities have regularly visiting volunteers. None of them employ a full-time physician.

Percent of Staff by Category - Full-Time

The average proportions of full-time staff in 8 facilities by category are:

- 44% - Registered/Graduate Nurse
Registered Nurses' Assistant
Nurses' Aide.
- 9% - Administrative/Clerical
Activity Coordinator
- 47% - Housekeeping Staff (including Dietary)
Maintenance Staff.

The majority of the facilities were satisfied with their staff numbers.

However, one facility wanted to increase professional staff by 9 (full time) and 4 (part time); and increase housekeeping staff by 5.

Two facilities wanted another Activity Coordinator.
Two facilities wanted extra part-time help in Administration and Housekeeping.

SECTION 5: ADMINISTRATION

Financial Operation

None of the institutions are privately funded.
1 facility is under wholly government subsidy.
The other 7 receive partial government subsidies.

The average per diem operating cost per bed of the facilities tested is \$24.00.

Shared Services

4 facilities share Laundry Services with other institutions.
5 share Medical Supplies.
1 shares Food Service/Supply/Storage; Maintenance and Staff.

Board for Facility

All 8 facilities have an active governing board.

The number of members on the boards varies between 12 and 22 (with the exception that 1 facility has only 5 members).

All facilities except one, have community representatives on their boards.

In all facilities, it is the Administrator and Board who have authority over policies within the facility.

The facilities vary in adherence to government standards in their daily operation.

Two adhere to provincial standards.

1 adheres to "all" (federal, provincial, municipal)

2 adhere to Department of Recreation and Rehabilitation standards.

Resident Programs

Three of the facilities have resident activities under the direction of the Administrator and Head Nurse.

Three have activities only under the direction of the Activity Director.

1 has activities directed by several sources.

e.g. Assistant Superintendent

Residents themselves

Visiting Social Clubs

SECTION 6: CARE SERVICES

Types of Care

For the facilities tested in this province - 'Sheltered', 'Personal', and 'Nursing' Care are considered the main functions, with the least emphasis given to Supervisory

Care Services

3 facilities are without access to any of the 6 listed care services.

Dental - none of the 8 facilities have dental care services in house. However, half of the facilities have access to Dental Services within the community. One facility has no access.

Podiatry - two facilities have podiatry in house. One has access to podiatry in the community. Two are without any access.

Ophthalmological Services - none of the facilities have these services in house. However half of these have access to this service within the community. One facility is without access.

Rehabilitative Therapy - half of the facilities have rehabilitative services in house. One facility has access to therapy in the community. 1 facility has no access.

Psychological Services - one facility has psychological services in house. Two facilities have community access to psychological services. 1 facility has no access.

Social Worker - three facilities have social workers in house. One has access to a social worker in the community. 1 facility has no access.

SECTION 7: DIETARY

Half of the facilities have a Full-Time Dietician on Staff.

Between-Meal Food

In all 8 facilities snacks are available for residents between meals.

In 5 of the facilities, staff only prepare and serve snacks. Residents and staff prepare snacks in the other 3 facilities. None of the facilities allow the residents to prepare and serve snacks independently.

All of the facilities (except one) allow the residents to keep extra food in their rooms, although this is not a common practise in almost half of the facilities.

More than half of the facilities permit residents to prepare light refreshments for visitors.

Menu and Food Service

In the majority of the facilities, the residents have some say in menu planning which reflects personal and cultural tastes.

In all facilities separate meals are prepared for residents on special diets.

In over half of the facilities food is served at the tables. None serve only cafeteria style.

In two of the facilities meals are served, both cafeteria style and at tables. Some meals are served in residents' rooms when necessary.

Half of the facilities have wheelchair residents who eat in the main dining room.

In some, wheelchair residents eat in their rooms. Some are brought to the dining room in wheelchairs and transferred to chairs at dining tables.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)

Staffing for Programs

Over half (6) of the facilities have a Recreation Director or person in charge of activities.

In 4 of these facilities this person is full-time.
In 2 of these facilities this person is part-time.
None are volunteer staff.

Half of the facilities have an Activity or Crafts Worker on staff. This person is considered full-time staff in only 1 facility, and part-time in the remainder.

Only 1 facility has an Occupational Therapist, who visits regularly. 1 facility has an Occupational Therapist on staff.

Resident Participation:

In all facilities, the residents decide for themselves whether or not to participate in recreational activities.

In 7 facilities residents decide for themselves about participating in the programs of an occupational therapy nature.

Activities:

Regular activities which are held in the majority of the facilities (and receive most enthusiastic response by residents) are: crafts, religious services and hymn singing, coffee/tea socials, bingo, outings, parties (birthday, occasions, dancing).

Others: band practice, hair-styling, reality orientation, exercise program, regular movies, occupational therapy, cards.

Occasional activities (trips, shopping, vacations) held by the facilities are: entertainment (music), gardening, picnics, drives*, sightseeing, visitors, shopping expeditions*, visits to organizations, trips to parks and nearby town.

(* popular with the majority of residents).

The majority of facilities carry out some activities in conjunction with other organizations. Only a few (3) facilities combine activities with other facilities.

SECTION 9 - FOR HOSTEL TYPE FACILITIES

In this section, 6 of the 8 facilities responded. The remaining two facilities said it was not applicable to them.

(The term for nursing home in Newfoundland is "Hostel".)

In all hostel type facilities, three meals a day are provided for residents.

All the facilities (6) have food service provided under room and board fees.

All the facilities have allowed non-residents to make use of the dining facilities.

All facilities rent hostel rooms on a monthly basis.

Almost all of the facilities have both private and multiple use washrooms. One facility provides only private washrooms; another facility only multiple use washrooms.

SECTION 10 - RESIDENTS' ACTIVITIES (NON-SCHEDULED)

2 facilities reported this section as Not Applicable (1001C and 1009C).

Transportation:

Public buses are available to only 1 facility.

2 facilities provide their own buses, one of which also provides other vehicles.

4 facilities have volunteer drivers.

The majority of the facilities have family/friends to help transport residents.

Off-Site Activities

An AVERAGE of 31.5% of the residents in these facilities (6) venture into community on a more or less regular basis.

An AVERAGE of 11% of the residents in these facilities attend religious services off the premises on a fairly regular basis.

Volunteer Activity

In all facilities, volunteers visit regularly. In 2 facilities they also assist with personal care.

In more than half of the facilities, the volunteers organize activities, e.g. weekly church services, games, gardening, etc.

5 facilities would like to have more volunteers, particularly to help with activities.

Just over half of the facilities report residents who, on occasion, initiate activities.

Visiting

Two-thirds of the facilities responding allow visitors to visit at any time.

Resident Rooms

Two-thirds of the facilities responding, report that residents bring personal effects (i.e. furniture and pictures) into their rooms.

In all facilities they are encouraged to do so.

Only in two facilities do the residents usually place personal effects (i.e. furniture, pictures, etc.) in other area than their rooms (e.g. lounges).

In the three facilities which encourage residents to rearrange furnishings in their rooms, it is apparent that the residents do so.

Resident Activities

In all responding facilities approximately half of the residents generally go out of doors, either to walk or sit.

In half of the facilities, residents generally require supervision when going outside.

The majority of the facilities plan outdoor activities weather permitting; walking around grounds, picnics, drives, shopping, gardening (in spring and summer), visits to other homes, etc.

In half (3) of the facilities, most of the residents take part in scheduled activities. In the remainder, about half of the residents participate in scheduled activities.

Half of the facilities have residents who also engage in personal activities (e.g. visiting, sewing, knitting, personal hobbies, observing).

None of the facilities have senior citizens from the community participate in activities on a day care basis.

5 of the facilities provide an opportunity for non-residents (senior citizens) to participate in activities organized by the facility (i.e. excursions, social gatherings).

QUESTIONNAIRE ANALYSISOntarioSECTION 1: REGIONAL ISSUES

Response: 95 sent, 23 returned (2 not applicable). (24% return).

Sponsorship: 2 are profit-making
18 are non-profit.
1 is municipally-funded

Opening Date: Only 3 facilities recorded their opening dates.
All 1975. (Note: List of facilities obtained from CMHC dated 1970+)

Catchment Area

4 facilities serve the province.
11 facilities serve their municipality
5 facilities serve a broader locality
1 facility had preference for municipality but accepted from a broader locality.

Geographic Location

1 of 21 facilities felt limited by their geographic location.
Reason: a need for expansion (i.e. parking) but lack of property.

Cultural/Racial Groups

16 of 21 have easily identifiable cultural/racial groups in their area.

In 4, English (Anglo-Saxon) predominates.

1 Chinese predominates

1 Italian predominates

1 has German predominate

1 has Irish, Scottish and Dutch groups

1 has Portugese, Italian and West Indian groups

1 has East Indian, Anglo and Negro groups

1 has Italian, Anglo, French, Hungarian, Polish and Ukranian groups
in their area.

15 of these 16 facilities have resident representatives of the cultural groups in their facility.

SECTION 2: PHYSICAL FACILITY

	<u>Sq.Ft.Per Building</u>	<u>No. of Beds</u>	<u>Sq.Ft. Per Bed</u>
1.	22,000	147	149.6
2.	22,833	35	652.3
3.	80,260	233	344.3
4.	40,000	38	1,052.6
5.	5,900	45	131.1
6.	104,000	143	727.2
7.	68,000	120	566.6
8.	Didn't Respond	-----28-----	-----
9.	90,000	63	1,428.5
10.	90,000	73	1,233.0
11.	29,892	209	143.0
12.	26,700	28	953.5
13.	45,000	50	900.0
14.	Didn't Respond	-----69-----	-----
15.	58,909	71	829.7
16.	106,189	100	1,062.0
17.	33,000	41	805.0
*18.	38,205	36	1,061.2
19.	103,433	110	940.3
20.	23,000	39	589.7

(# 3 008 and # 3 014 didn't respond to this question of sq.footage of building.

*Note: #3018 has been deleted from analysis (not yet opened).

Unit Area

The number of sq.ft. per bed varies between 131.1 and 1,428.5. The AVERAGE is 754.0 sq.ft.

Site Area

(3.008 didn't respond). The average size of land owned by the (19) facilities is 115, 998 sq.ft. (2.7 acres).

Proportion of Site to Building. (3008 didn't respond).

Of 19 facilities the percentage of land used for buildings is 39.4% (average of total).

The percentage of land used for grounds is 47.3% (this doesn't work out to 100%, indicating that some facilities have not included all spaces).

Number of Floors

2 facilities have 13 and 15 floors.

1 facility has 5 floors
 3 facilities have 3 floors
 5 facilities have 2 floors
 1 facility has 8 floors
 1 facility has 1 floor.

Number of Rooms:

The total in 20 facilities is 1,678 rooms
 971 of these are single occupancy
 717 of these are double occupancy
 99 of these are multiple occupancy
 The RANGE of bedrooms in facilities is from 28 to 233.

Occupancies

Of the 20 facilities total number of rooms (1,678):
 57.8% are single occupancy.
 42.7% are double occupancy.
 5.8% are multiple occupancy.

Washrooms

In 20 facilities there are a total of 1,342 washrooms.

	<u>Private Use</u>	<u>Shared Use (2 to 4)</u>	<u>Multiple Use (4+)</u>
1.	19.3%	41.9%	38.7%
2.	-	78.5%	21.4%
3.	.6%	32.5%	-
4.	-	20.0%	80.0%
5.	12.5%	87.5%	-
6.	36.3%	63.6%	-
7.	3.3%	66.6%	33.3%
8.	-	100.0%	-
9.	-	100.0%	-
10.	6.3%	84.1%	9.5%
11.	43.5%	4.0%	-
12.	12.5%	75.0%	-
13.	-	80.6%	19.3%
14.	-	-	2.8%
15.	67.2%	28.8%	4.0%
16.	7.4%	85.1%	-
17.	17.0%	83.0%	-
18.	22.2%	77.7%	-
19.	-	81.8%	18.1%
20.	30.3%	60.6%	9.0%

20.0% private use.
 66.0% (2 to 4) shared use.
 10.0% multiple (4+)

The RANGE is 0% singles to 80.6% shared and 43.5% singles to 4.0% shared.

Lounge and Sitting Areas

All 20 facilities have lounge areas.

1 facility has one lounge.

1 facility has 14 lounges.

18 facilities have from 1 to 4 lounges.

16 of 20 facilities have sitting areas other than lounges.

17 of 20 facilities have lobbies with sitting areas.

Activity Areas

17 facilities have Craftsrooms

14 facilities have T.V. rooms.

6 facilities have no T.V. rooms.

8 of 20 facilities have Physical Therapy Rooms.

12 facilities have a Visitors' Lounge

8 of 20 facilities have a Workshop

12 facilities have Games Rooms

6 facilities have a Shops Room

3 facilities have a Music Room

9 facilities have an Occupational Therapy Room

Others are: Auditorium, Library, Tuck Shop, Counselling Room,
Swimming Pool. Licensed Bar, Personal Laundry Room.

Dining Room

5 facilities have more than 1 Resident Dining Room.

13 facilities have their dining rooms located on the main floor.

5 facilities have their dining rooms on the residents floor.

1 facility has no dining room. A residents tray service only.

1 facility has their dining room in the basement.

Meal Service

8 of 20 facilities have residents who eat meals in their rooms on a fairly regular basis.

7 In 4 facilities a few (1-5) do.

6 In 3 facilities some do (5-10)

In 1 facility residents do, only when sick.

In 8 facilities this eating arrangement has evolved by choice.

In 8 facilities it has evolved due to health status (some of these facilities did not indicate that their residents ate meals in their rooms).

19 of 20 facilities have kitchenette facilities available, close to the resident areas.

All the facilities have a beauty/barber shop.

9 of 20 have a chapel.

10 facilities have rooms which can be used for religious services.

Staff/Treatment Areas

All facilities have washrooms for female staff.

18 of 20 have washrooms for male staff.

3 facilities have joint use washrooms.

17 of 20 facilities have a staff lounge/locker room

13 of 20 facilities have a Doctor's Office.

17 have an Examination/Treatment Room.

12 have a Sick Bay (1 facility has 2)

7 facilities have an Isolation Bay

5 facilities have a Quiet Room

15 facilities feel that their physical spaces are adequate.

6 facilities feel that they are more than adequate

4 facilities feel their physical spaces are less than adequate.

Reasons: 1. Major reconstruction required to meet/cater to needs

2. Storage areas for Residents' belongings are inadequate.

3. Staff facilities lacking/Storage area lacking

4. Need for Kitchenette facilities.

SECTION 3: RESIDENT PROFILEThe number of residents

The bed capacity of the 20 facilities varies between 37 and 348. In general, average occupancy is 90% full.

In 20 facilities there are 1,868 female residents and 705 male residents.

All facilities agree that the following is a usual proportion of males/females.

	<u>Females</u>	<u>Males</u>
1.	62.0%	38.1%
2.	66.3%	33.6%
3.	70.1%	30.0%
4.	74.2%	28.5%
5.	97.5%	2.5%
6.	77.4%	22.2%
7.	74.1%	27.0%
8.	100.0%	-
9.	97.4%	25.0%
10.	59.0%	41.1%
11.	81.7%	18.2%
12.	75.0%	25.0%
13.	-	67.3%
14.	32.6%	67.3%
15.	79.2%	22.2%
16.	77.1%	23.0%
17.	59.0%	36.5%
18.	73.3%	26.6%
19.	72.0%	22.0%
20.	82.0%	18.0%
21.	67.1%	33.0%

The average proportion of males to females is 77.7% females to 22.3% males.

AVERAGE age of all residents is 82 (1 gave no response).
 AVERAGE age of female residents is 83 (3 didn't respond).
 AVERAGE age of male residents 80 (4 didn't respond).
 AVERAGE age of youngest residents is 54
 AVERAGE age of oldest residents is 97

Length of Stay

AVERAGE length of stay for all the residents is between 1 and 5 years or until death.

AVERAGE length of stay for males is 3.7 years (11 didn't respond).

AVERAGE length of stay for females is 4.6 years (11 didn't respond).

1 of 20 facilities said none were transferred (4 didn't respond)
 An AVERAGE of 24.5% of residents are transferred to further care facilities. (4 didn't respond).

The RANGE is from 1% to 90%.

An AVERAGE of 7.2% residents are transferred to facilities offering equal care. The RANGE is 5% to 18%.

8 facilities said none were transferred to equal care facilities.

An AVERAGE of 19.3% of the residents died in those institutions (19 facilities) which responded. The RANGE is 1% to 94%. 12 said 20% or less.

3 facilities said none died within their institution.

Language.

6 facilities have a significant number of residents whose primary language is other than English.

In 2 of these 6, the group is a majority.

Financing

The average percentage of residents who have their stay privately financed: 55% (average of 12 facilities which responded).

Levels of Care

7 facilities have bed-care residents: AVERAGE 16%. Of these 4 have 10% or less of bed-care residents.

12 facilities had no bed-care.

13 facilities have semi-ambulatory residents; AVERAGE 32.8%.

10 of these have 40% or less. 6 have 20% or less. 4 have none.

17 facilities have ambulatory residents. 4 of these have 100%.

Of the rest, the AVERAGE is 56.4%. 7 have less than 50% ambulatory.

In all facilities - an average of 52.0% require Level 1 Care.

an average of 58.1% require Level 2 Care.

an average of 81.5% require Level 3 Care

SECTION 4: STAFFING

The average number of full-time staff is 47. (19 of 20 facilities responded).

Staff to Patient Ratios: FULL TIME staff.

1.	1.8	residents to each staff.	13.	4.8
2.	1.7		14.	4.5
3.	2.5		15.	2.5
4.	2.8		16.	2.1
5.	3.6		17.	2.8
6.	1.9		18.	4.5
7.	2.8		19.	10.4
8.	2.2			
9.	1.9			
10.	3.0			
11.	2.9			
12.	2.8			

The AVERAGE for all 19 facilities is 3.2 residents to each full time staff. The average for all facilities (excluding #19 - non-representative) is 2.7. Roughly 3:1.

Staff to Patient Ratios: PART TIME Staff

The average number of part-time staff in 19 facilities (1 didn't respond) is 23.

1.	0	resident to each staff	11.	38.3
2.	10.2		12.	3.6
3.	3.7		13.	5.4
4.	2.3		14.	3.0
5.	6.6		15.	7.5
6.	3.8		16.	43.7
7.	3.1		17.	1.8
8.	3.8		18.	7.8
9.	10.8		19.	1.6
10.	7.1			

The average for all 19 facilities is 8.6 residents to each part-time staff.

Total Staff (both full and part time staff). The average number of total staff is 87.

1.	1.8		11.	2.7
2.	1.5		12.	1.6
3.	1.5		13.	2.5
4.	1.2		14.	1.8
5.	2.4		15.	1.9
6.	2.7		16.	2.0
7.	1.4		17.	1.1
8.	1.5		18.	2.8
9.	1.6		19.	1.4
10.	2.1			

The AVERAGE for the 19 facilities is 1.7 residents to 1 staff full and part time. Roughly 2:1.

Volunteers

6 facilities have 1-10 volunteers visiting on a regular basis.

2 facilities have approximately 17 volunteers visiting on a regular basis.

5 facilities have 35-50 volunteers

2 facilities have 90-100 volunteers

1 facility has approximately 200 volunteers

Percentage of Staff by Category - Full Time

(excluded #3005 - no response) - 18 of 20 facilities.

	<u>Medical/Nursing</u>	<u>Housekeeping/Dietary/ Maintenance</u>	<u>Administration/ Activity</u>
1.	60.4%	32.4%	4.3%
2.	67.3%	23.0%	1.6%
3.	5.2%	84.2%	7.8%
4.	60.0%	32.0%	12.0%
5.	No Response	-	-
6.	68.0%	25.1%	6.1%
7.	43.6%	27.2%	14.5%
8.	-	-	-
9.	27.5%	50.0%	12.5%
10.	25.7%	40.0%	14.2%
11.	25.6%	57.6%	11.5%
12.	92.8%	- %	7.1%
13.	31.5%	57.8%	15.7%
14.	63.3%	20.0%	3.3%
15.	34.3%	46.8%	18.7%
16.	40.0%	38.7%	15.0%
17.	80.7%	11.5%	11.5%
18.	32.5%	-	-
19.	14.2%	42.8%	42.8%

The average proportions of full-time staff in all 18 facilities, by category:

43.0%) RN
) RNA
) Nurses' Aide
 32.7%) Housekeeping
) Dietary
) Maintenance
 11.0%) Administration
) Clerical
) Activity Coordinator

Additional Staff

14 of 18 facilities stated that they would increase staff if circumstances allowed.

1 facility said it would increase its full-time medical staff by 10, its Administrative staff by 2, its Housekeeping staff by 4, its Activity Coordinators by 2.

Another facility said it would increase its full-time Medical staff by 1, and its full time Administrative, Housekeeping and Activity Coordinators by 1 each.

2 facilities said they would increase their full-time Medical Staff by 2.

5 facilities said they would increase their full-time Activity Coordinators by 1 each.

1 facility said it would increase its full time Medical staff by 4, its full-time Administrative staff by 1, and its full-time Housekeeping by 1.

17 of 18 facilities have staff who can converse with residents in a language other than that used by the majority of residents.

SECTION 5: ADMINISTRATION

Financial Operation

9 of 20 facilities are privately funded.
1 facility is wholly under Government subsidy.
16 facilities are partially under Government subsidy.

The average per diem cost for all 18 facilities is \$17.33 (two responded N/A).

Shared Services

4 of 20 facilities share Laundry services
5 of 20 facilities share Medical Services
2 of 20 facilities share Food Storage/Supply Service
2 of 20 facilities share Maintenance services
3 of 20 facilities share Staff.

Board for Facilities

19 of 20 have an active governing board.
The number of board members varies between 8 and 23.
15 of 20 facilities have community representation on their board.

In 2 of 20 facilities policy changes are made by the Administrator.
The 18 other facilities have policy changes made by Administrator and Board.

14 of 20 adhere to provincial standards.
2 facilities adhere to federal standards.
2 facilities adhere to municipal standards.
(2 facilities gave no response).

Resident Programs

7 of 20 facilities have resident activities under the direction of Administrator.
5 of 20 facilities have the resident activities under the direction of Head Nurse.
11 facilities have an Activity Director.
9 facilities have several sources that direct resident activities.

SECTION 6: CARE SERVICES

Types of Care

7 of 20 facilities said they provided mostly Nursing Care.
Nursing and Personal Care are the major types of care provided.
Sheltered Care was the least, with Supervisory Care the next least.

Care ServicesDental

5 of 20 facilities have in-house dental services. 9 facilities have access to these in their communities; 5 facilities have no access.

Podiatry

11 of 20 facilities have in-house podiatry services. 4 facilities have access to these in their communities. 3 facilities have no access.

Ophthalmological Services

2 of 20 facilities have this service in-house. 13 of 20 facilities have access in community 3 facilities have no access.

Rehabilitation Therapy

12 of 20 facilities have this service in-house. 5 facilities have access to it in their communities. 1 facility is without access.

Psychological Services

6 of 20 provide an in-house service. 9 facilities have access to it in their community. 4 facilities are without access.

Social Worker

7 of 20 facilities have an in-house social worker. 2 facilities have access to this service in the community. 8 facilities are without access.

SECTION 7: DIETARY

(#3019 excluded - no response in this section).

5 of 19 facilities have a full-time dietician on hand.

Between-Meal Food

All facilities make between-meal and bedtime snacks available for residents.
 In 8 facilities the snacks are prepared and served by the staff.
 In 6 facilities the residents prepare and serve the snacks.
 In 9 facilities, both staff and residents prepare and serve.

In 13 of 20 facilities the residents are allowed to keep extra food in their rooms.
 In 9 facilities this is a common practice.

In all but one facility it is possible for residents to prepare light refreshments for their visitors.

In 2 of 19 facilities residents do not have a say in menu planning in order to reflect personal/cultural tastes.

In all facilities separate meals are prepared for those residents on special diets.

In 14 of 19 facilities the food is served at the table.

In 2 facilities food is served cafeteria-style.
4 facilities serve it both ways.

In 16 of 19 facilities persons in wheelchairs eat in the main dining rooms.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)

Staffing for Programs

15 of 19 facilities have a full-time Recreation Director or a chief activity organizer.

1 facility has a part-time Recreation Director.

1 facility has a volunteer Recreation Director.

16 of 19 facilities have an Activity/Crafts Worker on Staff.

11 facilities have full-time Crafts Workers

3 facilities have part-time Crafts Workers.

9 of 19 facilities have a regularly visiting Occupational Therapist.

Only 1 facility has an Occupational Therapist on staff.

Resident Participation

18 of 19 facilities have residents decide individually whether to participate in recreational activities.

12 of 19 facilities have residents decide individually whether to participate in Occupational Therapy programs.

ACTIVITIES NOT ANALYZED AT THIS TIME.

13 of 19 facilities hold activities in conjunction with other organizations.

12 of 19 facilities hold activities in conjunction with other facilities.

2 facilities didn't respond.

SECTION 9: HOSTEL-TYPE FACILITIES

(10 indicated - not hostels). (10 facilities analyzed in this section).

All 10 facilities provide 3 meals a day to residents.

1 facility has its food service financed on "pay by meal" basis.

10 facilities have their food service financed by room and board fees

1 of the above facilities has both pay-by-meal and room/board fees.

In 8 of the 10 facilities, non-residents make use of the dining facilities.

4 facilities have hostel rooms rented on a monthly basis.
1 facility is on a daily basis.
(Other facilities did not respond).

6 of 10 facilities provide private use washrooms for their residents.
7 of 10 facilities provide multiple use washrooms for their residents.
(1 of the above facilities provides both).

SECTION 10: RESIDENT ACTIVITIES (NON-SCHEDULED)

Transportation

15 of 19 facilities provide public buses for those residents wishing to go into the community.

4 facilities own their own buses.

5 facilities have other vehicles.

14 of 19 facilities provide volunteer drivers.

17 of 19 facilities provide taxi service.

17 of 19 facilities have family/friends to help with transportation needs.

Off-Site Activities

The number of persons venturing into the community fairly regularly from facilities is on the average 39.2%.

The percentage of residents attending religious services off premises on a fairly regular basis is an average of 24.3%.

Volunteer Activities

18 of 19 facilities have regularly visiting volunteers.

In 6 facilities the volunteers assist with personal care.

In 17 facilities the volunteers provide social support.

In 14 facilities the volunteers help to organize activities.

All 19 facilities would like to see more volunteers within their facility.

In 7 facilities, these people would be used to help with care.

In all 19 facilities these people would be used to help with activities.

All 19 facilities have residents who, on occasion, initiate activities.

Visiting

Visitors for the residents are allowed to visit at any time.

Residents' Rooms

All but one facility have residents who bring furnishings and personal effects into their rooms.

16 of 19 facilities encourage the residents to do so.

9 of 19 facilities have residents who usually place personal effects in areas other than their rooms.

17 of 19 facilities have residents who rearrange furnishings in their rooms.

14 of 19 facilities encourage their residents to do so.

Resident Activities

In all facilities residents generally go outside in good weather.

In 11 of 19 facilities most residents go outside. About half go outside in the rest of the facilities.

In 6 of 19 facilities, residents for the most part require supervision.

4 facilities do not have planned outdoor activities.

Those facilities who do, have barbeques, golf, shuffleboard, picnics, etc.

In 9 of 19 facilities most residents participate in scheduled activities.

In 11 facilities about half do.

In 8 facilities the residents often engage themselves in personal activities, who do not participate in the scheduled ones.

In 6 of 19 facilities, non-residents participate in activities on a day-care basis.

In 15 of 19 facilities, non-residents participate in activities organized by the facility (social gatherings, excursions, etc.).

QUESTIONNAIRE ANALYSISManitobaSECTION 1: REGIONAL ISSUESResponse

43 Questionnaires sent, 26 returned. (60.5% return).

Sponsorship

None of the 26 facilities are profit-making.

26 facilities are non-profit.

* 3 of these facilities are part of a larger complex, attached to a hospital: 4002A, 4012A, 4015A.

Opening Date

The earliest opening date was 1915, the most recent (2) 1976. 16 of 26 opened 1970 or later.

Catchment Area

Some facilities serve areas divided into hospital districts. Others serve groups of municipalities or land areas.

1 facility said its catchment area was geographic, but also ethnic.

2 facilities serve the entire province.

9 facilities serve a municipality.

1 did not respond.

Geographic Location

4 facilities felt limited by their geographic location.

Main reasons given were inaccessibility to transportation, isolation and sparse population. 1 ethnic-oriented facility felt there was a demand from its ethnic group outside its geographic catchment area.

Cultural/Racial Groups

21 of 26 facilities indicated the presence of distinct cultural/racial groups in their area.

All 21 had representatives of these groups in residence.

5 of 26 facilities indicated no cultural/racial groups in their area.

The group most frequently mentioned was Ukrainian. Next was Anglo-Saxon (English), German, Mennonite, French-Canadian, Polish, Native and Icelandic.

SECTION 2: PHYSICAL FACILITY

	<u>Sq.Ft.Per Building.</u>	<u>No. of Beds</u>	<u>Sq.Ft.Per Bed</u>	<u>Opening Date</u>	
1.	56,000	75	746.7	?	
					Not Total
2.	37,000	60	616.7	72	
3.	-	-	-	74	
4.	-	81	-	70	
5.	20,851	36	579.2	73	
6.	21,140	50	422.8	75	
7.	194,415	40	4860.4	75	too far above averg
8.	36,092	135	267.3	65	
9.	16,000	150	106.7	63	
10.	41,000	100	410.0	67	
11.	18,000	40	450.0	72	
12.	37,120	30	1237.3	75	too far above averg.
13.	25,890	60	431.5	69	
14.	26,128	60	435.5	72	
15.	20,000	30	666.7	74	
16.	24,000	50	480.0	74	
17.	32,000	60	533.3	74	
18.	11,720	20	586.0	76	
19.	-	70	-	69	
20.	34,340	40	858.5	74	
21.	33,000	70	471.4	67	
22.	56,790	125	454.3	67	
23.	31,852	100	318.5	70	
24.	39,742	118	336.8	56	
25.	-	30	-	76	
26.	35,000	95	368.4	15	

Unit Area

The number of sq.ft. per bed varies between 106.7 and 4,860. 1 other facility has a figure of 1,237.3 sq.ft. per bed. The AVERAGE (of 19) is 463 sq.ft. per bed (excludes 7 & 12).

Site Area

The AVERAGE size of land (of 23 facilities) owned by facilities is 157,872 sq.ft., or 3.6 acres. The RANGE is from 10 acres to .9 acre.

Proportion of Site to Building

The percentage of land used for buildings (average of 24): 32.7%.
 The percentage of land used for grounds (average of 23): 60.4%.
 *Note: some facilities' responses did not equal 100% - some grounds figures include parking lots and some do not, therefore the grounds figure may not be an accurate indicator.

Number of Floors

14 of 26 facilities have 1 floor.
 2 have 1½ floors. The highest has 8 floors, next has 5.
 * 1 facility has two towers, with 14 floors and 11 floors, but its figures are confused (spoiled response).
 5 of 9 multi-floor facilities have 1 or more floors, not occupied by residents.

Number of Rooms

The RANGE in facilities is 20 rooms, to 150 rooms.
 (132 are double occupancy: 6 are multiple occupancy).
 The total in 23 facilities is 1,571 rooms.
 1,298 of these are single occupancy.

The AVERAGE proportion is 90.7% single rooms to 7.8% double.
 The RANGE is between 64.7% singles to 29.4% doubles and 100% singles.

Occupancies

Of the 23 facilities total rooms (1,571):
 * 82.6% are single occupancy.
 8.4% are double occupancy
 .4% are multiple occupancy.

*NOTE: Figures do not equal 100%: room figures in several responses did not equal 100% of rooms.

Washrooms

In 23 facilities there are a total of 1,260 washrooms.
 721 of these are for private use.
 The maximum shared use is 6 out of 73 W.C.s used by 4 or more in one facility; most often less than 4.
 8 facilities have all private washrooms.

Of the total of 1,260 washrooms: 57.2% are private use.
 28.3% are shared use.

Few have equal proportions of private to shared use washrooms. It is either a few private and the large majority shared, or vice versa.

Lounges and Sitting Areas

All 26 facilities have lounge areas.
 2 of 26 have 1 lounge only.
 24 have more than 1 lounge.
 23 have other sitting areas as well
 19 have sitting areas in the lobby.

Activity Areas

1 facility stated it had one multi-purpose room and no special use rooms (30 beds).
 19 of 25 have a Crafts Room (1 or more)
 17 have a T.V. room (1 or more)
 6 have a Physical Therapy Room.
 16 have a Visitors' Lounge
 14 have a Workshop
 12 have a Games Room
 7 have a Shop Room
 7 have a Music Room
 7 have an Occupational Therapy Room
 9 facilities have some of these rooms and also have multi-purpose or activity rooms.
 3 also have a Library, 1 has an Exercise Room.

Dining Room

1 facility did not respond to this section.
 5 of 25 facilities have more than 1 dining room.
 25 have the dining room(s) on the main floor.
 2 facilities have dining rooms on both the main floor and the residents' floor(s).

Meal Service

12 of 25 facilities have residents who eat meals in their rooms on a fairly regular basis:

9 indicated a few did.
 1 indicated some did.
 2 indicated about half did.
 0 indicated more than half did.

In 1 facility this arrangement was by choice.
 In 7 facilities this was due to health status.
 In 4 facilities this was due to both choice and health status.

1 facility said about half its residents had their meals on trays in the upper floor lounges. This was said to be due to health status, and to the fact that the building does not have enough elevators to bring all residents down to the main dining room.

1 other facility (Villa Youville) said all residents are brought to the main dining rooms for meals, as this is incorporated in the daily exercise program, and may be the only form of exercise for some.

19 of 25 facilities have kitchenettes for residents' use:
 15 of these have kitchenettes close to resident areas.
 24 of 25 have a beauty/barber shop
 6 have a chapel
 18 have a room that can be used for religious services.

Staff Treatment Areas

24 have washrooms for female staff.
 22 have washrooms for male staff.
 6 also have washrooms for joint use.
 1 has washroom for only joint use.
 23 have staff locker/lounge areas.

1 of 24 facilities has a Doctor's Office.
 9 have an Examination/Treatment Room
 1 has a Sick Bay
 2 have an Isolation Bay
 1 has a Morgue
 4 have a Quiet Room
 1 facility uses the rooms in the adjacent active treatment hospital (4002A).

Adequacy of Facilities

13 of 25 facilities said their physical spaces are adequate.
 1 said they were more than adequate (4002A, 60 beds, 617 sq.ft.
 11 said they were less than adequate per bed)
 Inadequate areas most frequently mentioned were activity/
 recreational areas, then storage and staff areas, medical/care
 areas, resident areas (washroom and closet space), dining areas,
 and therapy rehabilitation areas.

SECTION 3: RESIDENT PROFILE

Number of Residents

The designated bed capacity of 25 facilities (the 26th is a hostel wing in a PCH building) varies between 20 beds and 150 beds.

All facilities had all beds occupied.

In 25 facilities there are: 1,174 FEMALE residents
 551 MALE residents

1 facility said its 72.5% women to 26.5% men was not its average proportion.

The AVERAGE proportion of females to males is 68% females to 32% males (roughly 2 to 1).

The RANGE was between 31.4% females to 68.6% males and 83% females to 17% males.

Age of Residents

The AVERAGE age of all residents is 81.3 years.
 The AVERAGE age of all females is 82.7 years.
 The AVERAGE age of all males is 79.6 years.
 The RANGE in facilities was 70 years to 87 years average age.

The age of the youngest resident ranged from 38 years to 72 years. (2 facilities had youngest residents of 21 and 25 years.)
 The age of the oldest resident ranged from 93 to 103.

Length and Terms of Stay

The AVERAGE length of stay (14 facilities responding) was 3.4 years.

The AVERAGE length of stay for MALES: 3.3 years.
 FEMALES: 3.3 years.

6 of 25 facilities said no residents were transferred to further care facilities.

16 facilities said some residents were transferred for further care:

2 facilities said 70% were transferred,
 11 facilities said 10% or less were transferred,
 3 facilities said between 10% and 25% were transferred.

12 facilities said no residents were transferred for equal care.
 Only 1 facility said some residents (10%) were transferred.

23 facilities said some residents die within the institution:

3 said 10% or less did,
 3 said 20% to 30% did,
 3 said 60% to 80% did,
 14 said 90% to 100% did.

Language

17 of 25 facilities have significant numbers of residents whose primary language is not English. 7 of these have a majority of such residents.

Financing

18 of 25 facilities said none of their residents are under private financing. 1 facility had 100% of residents privately financed, 2 had over 90%, 2 had under 5%, 1 had 68%, 2 did not respond.

Levels of Care

In 25 facilities:
 an average of 24.4% of residents are bed-care.
 (8 facilities have no bed-care residents).
 an average of 39% are semi-ambulatory
 (2 facilities have no semi-ambulatory residents).
 an average of 53% are ambulatory
 (2 facilities have 100% ambulatory; 2 facilities have no ambulatory residents).

In 25 facilities:

an average of 25.6% require Level 1 Care (4 facilities have no level 1, 1 facility has 100% level 1).

an average of 35.4% require Level 2 care.

an average of 37% require Level 3 care.

(2 facilities had no Level 3 or higher).

an average of 23.7% require other care.

(14 facilities indicated no other care).

SECTION 4: STAFFING

Numbers of Staff

FULL TIME

The AVERAGE number of full-time staff in 25 facilities is 36.6.

Staff-to-Patient Ratios

The AVERAGE proportion is 1.8 residents per 1 staff, or a ratio of almost 2:1. (1 facility of 150 residents with a ratio of almost 9:1 is not included in this figure).

The RANGE is between 1.2 residents/staff and 2.7 residents/staff.

PART TIME

The AVERAGE number of part time staff in 22 facilities is 23. 2 facilities have no part time staff, and 1 included part time staff in its equivalent full-time (E.F.T.) figure.

Part-Time Staff to Patient Ratios

The AVERAGE proportion is 3.2 residents per 1 staff, or a ratio of 3:1 (1 facility of 40 residents with a ratio of 13:1 is not included in this figure).

The RANGE is between 1.6 residents/staff and 7.5 residents/staff. 3 of 25 facilities indicated no part-time staff.

TOTAL STAFF

The AVERAGE for 24 facilities is 1.2 residents per 1 staff, full and part-time, or a ratio of 1:1.

Percent of Staff by Category (FULL TIME)

	<u>Medical/ Nursing</u>	<u>Housekeeping/ Dietary</u>	<u>Administration/ Activity</u>
1.	60%	13%	10%
2.	97%	0%	3%
3.	-	-	-
4.	59%	26%	7%
5.	52%	29%	10%
6.	95%	5%	0%

7.	60%	56%	8%
8.	21%	62%	13%
9.	-	88%	12%
10.	83%	26%	7%
11.	59%	35%	6%
12.	100%	0%	8%
13.	50%	39%	7%
14.	52%	29%	19%
15.	62%	31%	8%
16.	-	4%	8%
17.	74%	48%	13%
18.	80%	20%	0%
19.	47%	40%	9%
20.	50%	31%	8%
21.	58%	31%	12%
22.	52%	33%	10%
23.	52%	34%	16%
24.	58%	27%	9%
25.	33%	39%	11%
26.	45%	41%	7%

The AVERAGE proportions of full-time staff in 25 facilities by category are:

- 61%) RN
-) RNA
-) Nurses' Aides

- 31%) Housekeeping
-) Dietary
-) Maintenance

- 9%) Administration/Clerical
-) Activity Coordinator

Volunteers

7 of 25 facilities indicated no volunteers visited regularly. The range of total volunteers visiting regularly is between 3 and 70; figures are very uneven. The AVERAGE in 18 facilities with volunteers is 16.3.

Additional Staff

16 of 25 facilities said they would increase staff if circumstances allowed.

6 facilities would hire medical staff - 2-4 full-time.

2 facilities would hire medical staff - part-time.

1 would hire administrative staff full-time.

3 would hire administrative staff part-time.

4 would hire housekeeping staff full-time.

2 would hire housekeeping staff part-time.

5 would hire activity coordinators full-time.

4 would hire activity coordinators part-time.

8 of 25 facilities said they would not increase their staff.

22 of 25 facilities indicated they have staff who could converse with residents in a language other than that used by the majority.

SECTION 5: ADMINISTRATION

Financial Operation

1 of 25 facilities is privately funded (4021A).
 9 of 25 facilities are wholly under government subsidy.
 15 of 25 facilities are under partial government subsidy.
 1 did not respond to the question.

Per Diem Operating Cost Per Bed (to nearest dollar).

1.	26.00	9.	6.00	18.	43.00
2.	30.00	10.	31.00	19.	29.00
3.	-	11.	33.00	20.	33.00
4.	28.00	12.	6.00	21.	25.00
5.	-	13.	21.00	22.	27.00
6.	-	14.	35.00	23.	32.00
7.	30.00	15.	47.00	24.	6.00
8.	16.00	16.	-	25.	32.00
		17.	-	26.	22.00

The AVERAGE per diem operating cost for all facilities is \$27.00. *NOTE: It is felt the \$6.00 cost may be cost to residents, who pay \$6.25 per day across Manitoba. Calculated without these \$6.00 responses, the AVERAGE per diem operating cost is \$30.00.

Shared Services

11 of 26 facilities shared no services with other institutions.
 5 of 26 facilities shared all the services with other institutions.
 11 shared Laundry.
 10 shared Medical Services.
 6 shared Food Services.
 10 shared Maintenance.
 10 shared Staff.

Board for Facility

24 facilities have an active governing board
 1 has none
 1 did not respond
 The number of board members varies between 7 and 21. AVERAGE: 12.
 21 facilities have community representation on the Board.
 In one facility policy changes are made by the administrator.
 In 24 facilities policy changes are made by the Administrator and the Board.
 21 facilities adhere to provincial (MHSC) standards and legislation. 5 facilities indicated they followed Federal standards as well. 5 did not respond.

Resident Programs

In 14 facilities activities are under direction of several sources.

In 1 facility activities are under direction of Administrator alone.

In 1 facility activities are under direction of Head Nurse alone.

In 8 facilities activities are under direction of Activity Director alone.

2 facilities did not respond.

SECTION 6: CARE SERVICESTypes of Care

8 facilities stated they provided mainly Nursing Care.

12 facilities ranked Nursing Care and Personal Care as provided most.

4 facilities ranked Nursing Care as least provided.

1 facility provided Sheltered Care only (4003A).

5 facilities stated they provided mainly Supervisory Care.

2 did not respond.

Care ServicesDental

3 facilities provide dental services in-house.

17 have access to services in the community.

4 have no access.

Podiatry

6 facilities provide podiatry services in-house.

6 have access to services in the community.

11 have no access.

Ophthalmological Services

3 facilities provide ophthalmological services in-house.

14 have access to services in the community.

8 have no access.

Rehabilitative Therapy

17 facilities provide rehabilitative therapy services in-house.

10 have access to services in the community.

3 have no access.

Psychological Services

4 facilities provide psychological services in-house.

14 have access to services in the community

5 have no access.

Social Worker

10 facilities provide a social worker in-house.
 12 have access to social workers in the community.
 3 have no access.

SECTION 7: DIETARY

3 facilities have a full-time dietician on staff.

Between-Meal Food

All facilities provide between-meal and bedtime snacks.
 In 10 facilities snacks are prepared and served by residents and staff.
 In 15 facilities snacks are prepared and served by staff.
 Residents are allowed to keep food in their rooms in 19 facilities.
 In 10 this is a common practice.
 In 17 facilities residents are able to prepare light refreshment for visitors.

Menu and Food Services

1 facility is a hostel with individual kitchens (4003A).
 In 16 facilities residents have some say in menu planning.
 In 23 of 24 facilities special diet menus are prepared.
 All 25 facilities serve food at the table; and 5 of these also serve cafeteria style.
 Some facilities (5) also serve trays to residents in their rooms who are ill.
 In 24 facilities persons in wheelchairs eat in the main dining rooms. 2 facilities also said persons who required feeding or supervision ate in lounges.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)Staffing for Programs

21 of 25 facilities have a full-time Recreation Director.
 2 have a part-time Recreation Director.
 18 of 25 facilities have a full-time Activity or Crafts Worker.
 5 have a part-time Activity Worker.
 17 of 25 facilities have an Occupational Therapist who visits regularly: 1 has an Occupational Therapist on staff.

Resident Participation

In all facilities residents decide for themselves whether to participate in recreational activities.
 In 23 they also decide whether to participate in occupational therapy programs.

Activities

Activities listed have not been analyzed at this time.
 12 of 25 facilities conduct activities in conjunction with other organizations.
 4 of 25 conduct activities in conjunction with other facilities.

SECTION 9: HOSTEL-TYPE FACILITIES

Of 26 respondents, 14 completed this section. (Of these 14, 4 indicated they provided mostly supervisory and sheltered care. The rest provided mostly nursing and personal care).
 13 facilities provide 3 meals per day for residents.
 1 indicated none were provided.

11 indicated food service was financed through room and board fees.
 1 indicated food service was financed through a choice of meal plans.
 9 facilities said non-residents use the dining room.
 8 facilities rent rooms on a monthly basis.
 1 rents rooms on a yearly basis.
 3 rent rooms on a daily basis.

13 facilities have washrooms for private use.
 7 also have washrooms for multiple use.

SECTION 10: RESIDENTS' ACTIVITIES (NON-SCHEDULED)Transportation

8 of 26 facilities have public transportation available.
 5 have buses owned by the facility
 10 provide other vehicles
 24 have volunteer drivers available
 14 have access to taxis
 26 make use of friends and family of residents.

Off-Site Activities

The RANGE of persons venturing into the community fairly regularly from 25 facilities is between 2% and 90%. The AVERAGE proportion is 21%.
 14 facilities have residents who attend religious services regularly off the premises. The AVERAGE was 10%.

Volunteer Activity

22 of 26 facilities have volunteers visiting regularly.
 In 4 facilities they provide assistance with personal care, organize activities, and provide social support.
 In 1 facility they provide assistance with personal care and social support.
 In 11 facilities they provide social support and organize activities. In 1 they provide assistance with daily living and organize activities.
 In 1 facility they provide social support only.
 In 5 facilities they organize activities only.

21 facilities indicated they would like to see more volunteers, in 5 to help with care and activities,
 in 1 to help with care only,
 in 13 to help with activities only,

In 19 facilities residents themselves initiate activities.

Visiting

In 3 facilities there are set visiting hours.
 In 22 visitors are allowed at any time.

Resident Rooms

In all 26 facilities residents bring personal effects and furniture into their rooms; in 22 they are encouraged to do so.
 In 3 facilities residents place personal effects in areas other than their rooms.
 In 21 facilities residents rearrange their rooms, in 15 they are encouraged to do so.

Resident Activities

In all facilities residents go outdoors in good weather.
 In 7 most do.
 In 5 a few do.
 In 14 about half do.

In 18 facilities residents who go outdoors require supervision.
 In 17 facilities there are planned outdoor activities.

THE OUTDOOR ACTIVITIES HAVE NOT BEEN ANALYZED AT THIS TIME.

In 5 facilities most residents take part in scheduled activities.
 In 18 facilities about half do.
 In 2 facilities a few do.

Residents who do not participate in scheduled activities engage in activities on their own in 13 facilities.
 In 17 facilities non-residents participate on a day care basis.
 In 17 facilities non-residents participate in activities organized by the facility.

QUESTIONNAIRE ANALYSISSaskatchewanSECTION 1: REGIONAL ISSUES

Response: Sent 49, Returned 25. (51% return)

Sponsorship: 24 facilities are non-profit.
1 facility is under Department of Social Services.

Opening Date: The earliest - 1958. The most recent - 1977.
15 of 24 facilities opened 1967 or later.

Catchment Area: 4 facilities serve their municipality.
19 facilities serve other local areas.
1 facility serves the province
1 facility didn't respond.

Geographic Location

1 facility feels geographically limited. Reason: not enough beds for area covered.

Cultural/Racial Groups

16 of 25 facilities indicated the presence of distinct cultural/racial groups in their area.

The most prevalent groups are German and Ukrainian. Others mentioned are Scandinavian, Anglo-Saxon, Mennonite-Hutterite.

18 of 25 facilities have resident representatives of these cultural groups.

SECTION 2: PHYSICAL FACILITY

5 did not respond.

20 facilities will be analyzed in this section.

	<u>Sq.Ft.Per Building.</u>	<u>No. of Beds</u>	<u>Sq.Ft.Per Bed</u>
1.	13,120	40	328.0
2.	38,423	103	373.0
3.	36,000	36	1,000.0
4.	17,640	38	464.2
5.	22,300	60	371.6
6.	12,000	48	250.0
7.	14,415	41	351.5
8.	-----	60	-----
9.	20,668	62	333.3
10.	20,332	39	521.3

11.	14,456	44	328.5
12.	-----	60	-----
13.	14,264	36	396.2
14.	15,850	36	440.2
15.	16,000	40	400.0
16.	-----	25	-----
17.	21,144	48	440.5
18.	-----	21	-----
19.	29,553	40	738.8
20.	20,550	57	360.5
21.	23,700	68	348.5
22.	-----	29	-----
23.	79,000	141	560.2
24.	17,365	35	496.1
25.	22,239	48	463.3

Unit Area:

The number of sq.ft. per bed in facilities varies between 250.0 and 1000.0. The average is 419.2 sq.ft. (excluding # 3 at 1,000 sq.ft.)

Site Area:

Average size of land under ownership of facility is 23,451 sq.ft., or $\frac{1}{2}$ acre. 6 facilities did not respond.

Proportion of Site to Building

The % of land used for buildings (average of totals) - 22.0%.
 The % of land used for grounds (average of totals) - 60.3%.
 (#4013, 4014, 4018, 4022 didn't respond.)

Number of Floors

23 facilities have 1 floor.
 2 facilities have 2 floors.

In all 25 facilities, the residents occupy 1 floor.

Number of Rooms:

The total in 25 facilities is 1212 rooms.
 1042 of these are singles, 168 are doubles.
 2 are multiple occupancy.
 The range in facilities is 17 rooms to 117 rooms.

The average proportion 80% singles to 13% doubles.
 The range is 52% singles to 47% doubles, and 100% singles to 0% doubles.

Occupancies

Of the 25 facilities total rooms (1212), 86% are single occupancy. 14% are double occupancy.

	<u>Single Rooms</u>	<u>Doubles</u>	<u>Multiples</u>
1.	100.0%	-	-
2.	100.0%	-	-
3.	94.1%	6.0%	-
4.	100.0%	-	-
5.	100.0%	-	-
6.	40.0%	60.0%	-
7.	100.0%	-	-
8.	-	100.0%	-
9.	43.1%	57.0%	-
10.	60.7%	39.0%	-
11.	100.0%	-	-
12.	75.0%	24.0%	-
13.	100.0%	-	-
14.	100.0%	-	-
15.	76.0%	23.0%	-
16.	53.0%	47.0%	-
17.	100.0%	-	-
18.	96.6%	3.4%	-
19.	83.3%	17.0%	-
20.	90.0%	10.0%	-
21.	62.5%	35.4%	2.1
22.	93.0%	3.6%	-
23.	94.0%	6.0%	-
24.	80.0%	20.0%	-
25.	96.0%	4.3%	-

Washrooms

In 25 facilities there are 1,025 washrooms. Of these 709 are for private use (69%).
277 are for double use (27%)
20 are for multiple use (2%). (Some facilities' breakdowns did not equal their totals).

Lounges and Sitting Areas

All 25 facilities have lounge areas.
14 of the 25 facilities have more than 1 lounge area (most have 2).
18 of 25 facilities have sitting areas other than lounges.
15 of 25 facilities have lobbies with sitting areas.
17 facilities have a Crafts Room (1 facility has 2).
12 facilities have a T.V. Room (1 facility has 2).

1 facility has a Physical Therapy Room.
 12 facilities have a Visitors' Lounge.
 4 facilities have a Workshop.
 10 facilities have a Games Room (1 facility has 2).
 2 facilities have a Shops Room.
 6 facilities have a Music Room.
 2 facilities have an Occupational Therapy Room.
 Others: Chapel.

Dining Room:

Only 4 of 25 facilities have more than 1 resident dining room.
 In all facilities (but one) the dining rooms are located on the main floor.

Meal Service

9 facilities have residents who eat meals in their rooms fairly regularly.
 7 of these facilities have only a few (1-5) residents who do.
 2 facilities have some (5-10) who do.

In 4 facilities, this eating arrangement has evolved by choice.
 In 5 facilities, it has evolved due to health status.

8 facilities provide kitchenettes to be used by the residents.
 6 facilities have them located close to resident areas.

15 of 25 facilities have a beauty/barber shop.
 10 of 25 facilities have a chapel.
 16 of 25 facilities have a room available for religious services.

Staff/Treatment Areas

20 of 25 facilities provide female staff washrooms.
 15 of 25 facilities provide male staff washrooms.
 8 of 25 facilities provide joint use washrooms.

20 of 25 facilities provide a staff lounge/locker room.

None of the facilities have a Doctor's Office.
 4 facilities have an Examination/Treatment Room.
 1 facility has a Sick Bay.
 None of the facilities has an Isolation Bay or Morgue.
 2 facilities have a Quiet Room.

Adequacy of Facilities

10 of 25 facilities say that their physical spaces are adequate.
 3 of 25 facilities say they are more than adequate.
 12 of 25 facilities say they are inadequate.

Responses:

Lounges too small. Many facilities lack quiet areas. Some are without kitchenette facilities. Dining rooms too small,

Chapel/Meeting room needed.
Lounge, Recreation, Office and Storage Areas too small.
Staff Lunch Room too small.

SECTION 3: RESIDENT PROFILE

Number of Residents

The bed capacity of the 25 facilities varies between 25 and 141. Average occupancy for each was 95% full. Average bed capacity is 54 beds.

In the 25 facilities there are 896 female residents and 426 male residents.

The average proportion of females to males is 66.1% to 32.5% (roughly 2:1).

All facilities, except 1, said this was the usual proportion of females to males.

Age of Residents

The AVERAGE age of all the residents is 81.

The AVERAGE age of female residents is 83.

The AVERAGE age of male residents is 82.

The AVERAGE age of the youngest resident is 55.

The AVERAGE age of the oldest resident is 98.

Length and Terms of Stay

The AVERAGE length of stay in 16 of 25 facilities is 15 months for all residents.

(6 facilities didn't respond).

(3 facilities said until death).

In 13 facilities of 25 the AVERAGE length of stay for all male residents is 55 months (4.5 years).

1 facility - until death.

2 facilities - opened recently - "N/A".

9 facilities did not respond.

The AVERAGE length of stay for all females (in 13 of 25 facilities) is 57 months (4.7 years).

9 facilities said no residents were transferred to further care facilities.

4 facilities said up to 50% of residents were transferred to further care facilities.

3 facilities said between 75% and 90% of residents were transferred to further care facilities.

8 facilities said less than 10% of residents were transferred to further care facilities.

19 of 25 facilities said no residents were transferred to facilities offering equal care.
 5 facilities said less than 5% of residents were transferred to equal care facilities. (1 facility didn't respond).
 1 facility said 95%-100% of residents die within institutions.
 7 facilities said 25%-60% die within the institution.
 9 facilities said less than 10% die within institution.
 (5 facilities didn't respond).

Language:

13 of 25 facilities have significant numbers of residents whose primary language is not English. In 9 facilities, this group is a majority.

Financing

13 of 25 facilities have over 50% of residents, whose stay is privately financed.
 12 of 25 facilities have less than 50% of residents, whose stay is privately financed.

Levels of Care

In all facilities an average of 10.5% of residents are bed-care, (7 facilities had none). 26.2% are semi-ambulatory (2 facilities had none). 60.0% are ambulatory, (2 facilities had 100%).

In all facilities, an average of 18.4% of residents were Level 1 Care. (6 facilities had no Level 1).

In all facilities an average of 32.6% of residents were Level 2 Care. (1 facility had 100% Level 2 Care).

In all facilities an average of 41.6% of residents were Level 3 Care. (4 facilities had no Level 3).

6 facilities had 10%-15% of their residents requiring other levels of care.

SECTION 4: STAFFING

Numbers of Staff:

FULL-TIME

The average number of full-time staff in each of 25 facilities is 21.6.

Staff to Patient Ratios: FULL TIME (Residents Per Staff)

1.	2.5	9.	3.0	17.	3.4
2.	3.3	10.	1.7	18.	2.6
3.	3.2	11.	2.0	19.	2.6
4.	2.0	12.	1.8	20.	2.5
5.	2.1	13.	2.1	21.	3.0
6.	6.8	14.	2.2	22.	3.6
7.	2.2	15.	1.9	23.	2.0
8.	2.4	16.	5.0	24.	1.9
				25.	2.1

The staff to patient ratio (full-time) is 3:1 (2.7 residents per 1 staff).

PART-TIME: The total number in 23 facilities (2 have none) of part-time staff is 288. The AVERAGE number of part-time staff in each of 23 facilities is 11.5.

Staff to Patient Ratios: PART TIME (Residents Per Staff)

1.	3.6	9.	3.6	17.	3.0
2.	-	10.	3.0	18.	3.4
3.	1.8	11.	4.4	19.	6.0
4.	9.5	12.	-	20.	3.5
5.	6.6	13.	5.1	21.	2.6
6.	3.6	14.	3.6	22.	4.1
7.	10.2	15.	5.8	23.	21.8
8.	3.0	16.	4.1	24.	2.0
				25.	4.0

The staff to patient ratio (part-time) is 5:1.

The RANGE of staff to patient ratios is 1:8 to 10:2.

Total Staff to Patient RatioNo. of Full and Part Time Staff. Total Staff to Patient Ratio

1.	27	1.	1.4
2.	30	2.	3.3
3.	31	3.	1.1
4.	33	4.	1.6
5.	37	5.	1.6
6.	20	6.	2.4
7.	22	7.	1.8
8.	45	8.	1.3
9.	39	9.	1.6
10.	35	10.	1.1
11.	31	11.	1.4
12.	33	12.	1.8
13.	24	13.	1.5
14.	26	14.	1.3
15.	24	15.	1.5

continued

<u>No. of Full & Part Time Staff</u>		<u>Total Staff to Patient Ratio</u>	
16.	11	16.	3.1
17.	30	17.	1.6
18.	81	18.	1.4
19.	23	19.	1.8
20.	38	20.	1.5
21.	48	21.	1.4
22.	15	22.	1.9
23.	71	23.	1.8
24.	35	24.	1.0
25.	34	25.	1.4

The total staff to patient ratio is 2:1.

10 of 25 facilities do not have regularly visiting volunteers. 15 facilities have between 1 and 15 regularly visiting volunteers.

FULL-TIME: Percent of Staff by Category.

	<u>Medical/ Nursing</u>	<u>Housekeeping/ Dietary</u>	<u>Administration/ Activity</u>
1.	56.2%	43.7%	6.2%
2.	3.3%	100.0%	10.0%
3.	72.7%	27.2%	0.0%
4.	52.6%	36.8%	-
5.	53.5%	39.2%	10.7%
6.	42.8%	57.1%	-
7.	55.5%	33.3%	11.1%
8.	60.0%	28.0%	8.0%
9.	57.1%	38.0%	4.7%
10.	45.4%	45.4%	9.0%
11.	61.9%	28.5%	9.5%
12.	54.4%	39.3%	6.0%
13.	52.9%	35.2%	11.7%
14.	56.2%	18.7%	-
15.	50.0%	38.8%	11.1%
16.	-	80.0%	20.0%
17.	71.4%	28.5%	7.1%
18.	47.8%	41.3%	10.8%
19.	56.2%	31.2%	-
20.	50.0%	40.9%	9.0%
21.	54.5%	36.3%	9.0%
22.	62.5%	25.0%	-
23.	58.4%	36.9%	4.6%
24.	50.0%	38.8%	11.1%
25.	59.0%	31.8%	4.5%

The AVERAGE proportions of Full Time staff in all facilities by category are:

- 49.1%) RN
-) RNA
-) Nurses' Aide

- 40.0%) Housekeeping
-) Dietary
-) Maintenance

- 6.8%) Administration/Clerical
-) Activity Coordinator

13 of 25 facilities said they would increase their staff if circumstances allowed.

12 facilities said they would add full-time Medical/Nursing staff.

2 facilities would increase full-time Administrative staff.

5 facilities would increase full-time Housekeeping Staff.

10 facilities would increase full-time Activity Coordinators.

2 facilities would increase part-time Medical/Nursing Staff.

2 facilities would increase part-time Administrative Staff.

3 facilities would increase part-time Housekeeping staff.

3 facilities would increase part-time Activity Coordinators.

3 of 25 facilities do not have facility staff who can converse with the residents in a language other than that used by majority of residents.

SECTION 5: ADMINISTRATION

Financial Operation

6 of 25 facilities are privately-funded.

22 of 25 facilities are partially under Government subsidy. (4 of the above facilities are both privately funded and partially Government subsidized).

The average per diem cost per bed (of all 25 facilities) is \$19.72.

Shared Services

5 of 25 facilities share Laundry Services

4 of 25 facilities share Medical Services

None share Food Services, Maintenance or Staff.

Board for Facility

All 25 facilities have an Active Governing Board.

The number of Board members varies between 7 and 24. The AVERAGE is 12.6.

22 of 25 facilities have community representatives on their Boards.

25 facilities make policy changes under the Administrator and Board.

Government Standards

21 of 25 adhere to provincial standards (Department of Social Services).

4 of 25 facilities did not respond.

Resident Program:

4 of 25 facilities have resident activities under direction of Administrator.

14 of 25 facilities are under Head Nurse.

22 of 25 facilities have an Activity Director.

2 facilities have several sources who direct the resident activities.

Others: chapel, voluntary.

SECTION 6: CARE SERVICES

Types of Care

3 facilities did not respond.

8 facilities say they provide mainly Nursing Care.

8 facilities say they provide mainly Personal Care.

7 facilities provide Sheltered Care the least.

10 facilities provided Supervisory Care the next least.

Care Services

Dental

None of the facilities provide in-house dental services.
(2 didn't respond)

7 of 25 facilities have community access to them.

13 of 25 have no access.

Podiatry

1 of 25 facilities has podiatry services.

6 of 25 facilities have community access.

12 of 25, have no access.

(3 didn't respond).

Ophthalmological Services

1 of 25 facilities has this service in-house.

9 of 25 have community access.

11 of 25 have no access.

Rehabilitative Therapy

6 of 25 facilities have this service in-house.
 9 of 25 facilities have community access.
 7 of 25 facilities have no access.

Psychological Services

3 of 25 facilities have this service in-house.
 9 of 25 facilities have community access.
 10 of 25 facilities have no access.

Social Worker

None have an in-house Social Worker
 3 of 25 facilities have community access.
 6 of 25 have no access.
 (13 didn't respond).

SECTION 7: DIETARY

4 of 25 facilities have a full-time Dietician on staff.

Between-Meals Food

All 25 facilities make between-meal and bedtime snacks available for residents.
 In 24 of 25 facilities these snacks are prepared and served by staff.
 1 facility has both staff and residents preparing them.

In 21 of 25 facilities residents are allowed to keep food in their rooms.

In 12 of 25 facilities this is a common practice.

In 11 of 25 facilities, it is made possible for residents to prepare light refreshments for their visitors.

Menu and Food Service

In 18 of 25 facilities, residents have some say in menu planning.

All facilities prepare special diet menus.

In 23 of 25 facilities food is served at the table.

2 facilities serve both at the table and cafeteria style.

6 facilities serve food on trays or in rooms, depending on health status of individuals.

In all facilities, persons in wheelchairs eat in main dining rooms.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)Staffing for Programs

3 of 25 facilities do not have a Recreation Director, or someone in charge of organizing activities overall. In the 22 facilities which do, 10 are full-time and 10 are part-time. (2 didn't specify).

19 of 25 facilities have a Crafts Worker.

(1 didn't respond)

11 of 25 facilities have a full-time Crafts Worker.

8 facilities have a part-time Crafts Worker.

4 of 25 facilities have a regularly visiting Occupational Therapist.

None of the facilities have an Occupational Therapist on staff.

Residents' Participation

In all facilities, residents decide for themselves whether to participate in recreation activities.

In 16 of 25 facilities, residents decide whether to participate in programs of an Occupational Therapy nature.

ACTIVITIES NOT ANALYZED AT THIS TIME.

13 of 25 facilities hold activities in conjunction with other organizations.

6 of 25 facilities hold activities in conjunction with other facilities.

SECTION 9: HOSTEL TYPE FACILITIES

15 facilities indicated this section was not applicable to them.

Total - 7 facilities responded.

In all 7 facilities, 3 meals per day provided for residents.

All 7 facilities have food financed on a room board basis.

In all facilities, non-residents can make use of the dining facilities.

In all facilities, hostel rooms are rented on a monthly basis.

In 2 of 7 facilities, private washrooms are provided.

In 2 facilities they are multiple use washrooms.

(3 facilities have both).

SECTION 10: RESIDENTS' ACTIVITIES (NON-SCHEDULED)

25 facilities in this section.

Transportation

6 of 25 facilities provide public bus services.
 2 of 25 own their own buses.
 2 of 25 own other transportation vehicles.
 23 of 25 facilities have volunteer drivers.
 9 of 25 facilities provide taxi service.
 23 of 25 facilities have friends/family to help.

Off-Site Activities

The RANGE of residents venturing into the community fairly regularly is between 1% and 50%. AVERAGE 17.0%.

The RANGE of residents attending religious services off-site is between 1% and 10%. AVERAGE 6.0%.

Volunteer Activity

19 of 25 facilities have volunteers visiting regularly.
 In 2 facilities they assist with personal care.
 In 17 facilities, they provide social support.
 In 15 facilities, they organize activities.

23 of 25 facilities would like more volunteers,
 In 2 facilities to help with care,
 In 23 facilities to help with activities.

In 16 of 25 facilities residents on occasion initiate activities.

Visiting

In 23 facilities there is no set time for visitors.
 (2 didn't respond).

Resident Rooms

In all facilities, residents bring personal effects into their rooms.
 In 5 of these facilities they are not encouraged to do so.
 In 5 of 25 facilities residents usually place personal effects outside of their rooms as well.
 In 21 facilities residents rearrange furnishings. 15 facilities encourage this.
 In all 25 facilities, residents usually go outside in good weather.
 In 12 of 25, most residents go out.
 In 12 of 25, half go out
 (1 didn't respond).

In 18 of 25 facilities residents require supervision when outside.

In 19 of 25 facilities, there are planned outdoor activities.

TYPES OF ACTIVITIES NOT ANALYZED AT THIS TIME

In 7 of 25 facilities, most residents participate in scheduled activities.

In 17 of 25 facilities about half do.

In 1 facility, a few (1-5) do.

In 14 of 25 facilities residents engage in personal activities, when not participating in those that are scheduled.

In 11 of 25 facilities, non-residents participate in activities on a day-care basis in the facility.

In 18 of 25 facilities, non-residents participate in activities organized by the facility (excursions, social gatherings, etc.)

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QUESTIONNAIRE ANALYSIS

Alberta

SECTION 1: REGIONAL ISSUES

RESPONSE - 77 questionnaires sent, 14 completed, 1 returned from facility not funded by CMHC. (19.5% return).

Sponsorship

2 of 14 facilities are profit-making (Commercial)
11 of 14 facilities are non-profit organizations or non-profit municipally-owned.
2 others stated they were not profit-making.
2 facilities (5010A and 5012A) indicated they are adjacent to an auxiliary hospital.

Opening Date

The earliest opening date was 1964, the most recent 1973. 9 of the 14 opened 1970 or later.

Catchment Area

The province is divided into Nursing Home Districts.
7 of the facilities serve a district or part of a district.
5 of the facilities serve municipalities
2 did not respond.

Geographic Location

2 facilities felt themselves limited by their geographic location. They felt a demand existed in a wider catchment area.

Cultural/Racial Groups

8 facilities indicated the presence of distinct cultural/racial groups in their area.
6 of these had resident representatives of the groups.
5 facilities indicated no distinct cultural/racial groups in their area.
The most prevalent group is Ukrainian. Others mentioned were English, German, Polish, Dutch, Scandinavian and Mormon.

SECTION 2: PHYSICAL FACILITY

	<u>Sq.Ft. of Building.</u>	<u>No. of Beds</u>	<u>Sq.Ft. Per Bed</u>	<u>Opening Date</u>
1.	8,500	33	257.6	1970
2.	-	50	-	1970
3.	22,300	40	557.5	1971
4.	17,600	33	533.3	1972
5.	80,700	231	349.4	1973
6.	26,400	52	507.7	1966
7.	47,288	150	315.3	1972
8.	30,000	100	300.0	1969
9.		50		1971
10.	23,971	100	239.7	1965
11.	20,250	40	506.3	1972
12.	26,423	225	117.4	1973
13.	30,500	142	214.8	1965
14.	09,500	55	172.7	1964

Unit Area

The number of sq.ft. per bed in facilities varies between 117.4 and 557.5. The AVERAGE is 339.3

Site Area

Average size of land under ownership of facility is 92,447.7 sq.ft. or 2.12 acres. (*5009 gave no response).

Proportion of Site to Building

The percentage of land used for buildings (average of totals) is 29.6%
The percentage of land used for grounds (average of totals) is 60.0%

* 3 facilities' responses did not total 100%

* 5009 did not respond.

Number of Floors

7 facilities have 1 floor

5 facilities have 2 floors

1 facility has 4 floors

1 facility has 5 floors

- AVERAGE 1.8 floors.

In 11 facilities residents occupy 1 floor

In 1 two-storey, residents occupy both floors.

In the other multiple-storey building there were no residents on 1 floor.

Number of Rooms

The total of 14 facilities is 693 rooms. 166 of these are singles.
494 are doubles. 39 are multiple-occupancy.

The RANGE in facilities is 18 rooms to 134 rooms. 1 facility, with 54 rooms, has 30 multiple occupancy rooms.

The AVERAGE proportion is 24.5% singles to 71.8% doubles.

The RANGE is between 7.4% singles and 92.6% doubles to 72.7% singles and 54.5% doubles.

Occupancies

Of the 14 facilities' total rooms (693):

23.9% are single occupancy.

71.3% are double occupancy.

5.6% are multiple occupancy.

<u>Proportions in Each Facility:</u>	<u>Single Rooms</u>	<u>Double Rooms</u>
1.	35.0%	65.0%
2.	7.7%	92.3%
3.	57.1%	42.8%
4.	16.7%	83.3%
5.	27.6%	72.4%
6.	7.4%	92.6%
7.	22.2%	22.2%
8.	21.4%	78.6%
9.	7.7%	92.3%
10.	32.7%	58.2%
11.	19.0%	76.2%
12.	21.4%	78.6%
13.	17.9%	82.1%
14.	33.3%	56.7%

Washrooms:

In 14 facilities there are 579 washrooms. Of these:

23.3% are for private use.

76.0% are for double use.

2.4% are for multiple use.

The AVERAGE proportion is
21.6% single use to 77.8%
shared use.

	<u>Single</u>	<u>Double</u>	<u>Multiple</u>
1.	50.0%	50.0%	
2.	7.7%	92.3%	
3.	35.7%	57.1%	
4.	28.6%	85.7%	+ 21.4%
5.	27.6%	72.4%	
6.	35.3%	100.0%	
7.	22.2%	77.9%	
8.	21.4%	78.6%	
9.	7.7%	92.3%	
10.	5.0%	84.6%	+ 10.3%
11.	19.0%	76.2%	+ 4.8%
12.	38.0%	62.0%	
13.	17.9%	82.0%	
14.	6.7%	53.3%	+ 40.0%

Lounges and Sitting Areas

All 14 facilities have lounge areas. 2 of these have 1 lounge, and 12 have 2 or more lounges.

9 facilities have other sitting areas.

All 14 facilities have sitting areas in the lobby.

Activity Areas

*1 facility did not respond to this question.

11 of 13 facilities have a Craftsroom.

11 of 13 facilities have a T.V. Room.

2 of 13 have a Physical Therapy Room.

9 of 13 have a Visitors' Lounge.

1 of 13 has a Workshop.

5 of 13 have a Games Room

1 of 13 has a Shop Room.

3 of 13 have a Music Room

3 of 13 have an Occupational Therapy Room

None had all of these rooms; 1 facility had 6 of these rooms.

1 facility had none of these rooms but had a multi-purpose common room.

* Some of these may be a combined, multi-purpose room.

Dining Rooms

6 of 14 facilities have more than 1 dining room.

12 of 14 facilities have dining rooms on the main floor.

2 facilities have no dining room on the main floor.

3 facilities have dining rooms on the main floor and resident floors.

Therefore 5 facilities have dining rooms on resident floors.

Meal Service

Residents in 7 of the 14 facilities eat meals in their rooms on a fairly regular basis:

4 indicated some did

2 indicated about half did

0 indicated more than half did

In 3 facilities the arrangement was a matter of choice.

In 9 facilities the arrangement was a matter of health status.

In 1 facility the arrangement was a result of both

8 of 14 facilities have kitchenettes for resident use.

7 of these are close to resident areas.

11 of 14 facilities have a beauty/barber shop.

6 of 14 have a chapel

8 of 14 have a room which can be used for religious services.

Staff/Treatment Areas

13 of 14 facilities have washrooms for female staff.

12 of these also have washrooms for male staff.

3 have washrooms for joint use.

13 have staff lounge/locker rooms.

None of the facilities have a Doctor's Office.

2 of 14 have an Examination/Treatment Room

2 of 14 have a Sick Bay

2 have an Isolation Bay

None have a Morgue.
3 have a Quiet Room.

Adequacy of Facilities

4 of 14 facilities said their physical space was adequate.
1 said its physical space was more than adequate (5010A - 239.7 sq.ft. per bed - 1965. Part of auxilliary hospital.)
7 said their physical spaces were less than adequate.
Areas most frequently said to be inadequate were lounges, dining areas, activity areas and service areas. Storage, resident areas and medical/care areas were next frequently said to be inadequate.
1 facility said its total space was very limited. (5001A - 257.6 sq.ft. per bed).

SECTION 3: RESIDENTS' PROFILE

Number of Residents

The bed capacity of the 14 facilities varies between 23 and 225 beds. Average occupancy for each was mainly full. Average bed capacity is 93 beds.

In the 14 facilities there are 825 Female residents and 471 Male residents. The AVERAGE proportion of females to males is 63.7% to 36.3% (roughly 2 to 1).
12 of 14 facilities said this was the usual proportion of females to males.

Age of Residents

The AVERAGE age of all residents is 82 years.
The AVERAGE age of female residents is 84 years
The AVERAGE age of male residents is 79 years.
The RANGE in facilities was between 75 and 86 years average age.
The age of the youngest resident ranged from 25 and 19 in two cases,) 41 to 62 (average 49). Age of the oldest resident ranged from 94 to 105. Average is 98.

Length and Terms of Stay

The AVERAGE length of stay in 12 facilities was 3.4 years.
1 facility stated its average length of stay was 7 years. (not included)
AVERAGE length of stay for Males was 3 years.
AVERAGE length of stay for Females was 3.7 years.

1 facility said no residents were transferred to further care facilities.
3 facilities said over 70% of residents were transferred to further care facilities. Of 12 facilities which transferred some residents for further care, 8 stated this was less than 25%.
6 of 14 facilities responding said that no residents were transferred to equal care facilities. The other 8 said residents were transferred to equal care, but in all cases this was less than 6%.
12 of 14 facilities said some residents died within the facility. This was as low as 1% to as high as 98%. In 8, this figure was 50% or less. In the other 4 it was over 70%.

Language

7 of 14 facilities have significant numbers of residents whose primary language is not English. In 1 facility this group is a majority.

Financing

7 of 14 facilities have no residents who are privately financed.
3 of 14 have less than 10% of residents under private financing.
4 of 14 have over 95% of residents under private financing.

Levels of Care

In all facilities: an average of 4.4% of residents are bed-care.
an average of 40.4% of residents are semi-ambulatory
an average of 55.3% of residents are ambulatory.

In all facilities: an average of 27.5% of residents were Level 1 care.
an average of 42.8% of residents were Level 2 care.
an average of 34.7% of residents were Level 3 care.

2 facilities had other levels of care, at 3% and 8% of residents.
1 facility had 85% Level 3.
1 facility had 87% Level 1.

SECTION 4: STAFFINGNumbers of Staff

Full Time: The AVERAGE number of full-time staff in each of 13 facilities is 24.6. 1 facility did not respond.

Staff to Patient Ratios: FULL TIME

	1.	-	
purchases all but nursing services	→2.	-4.5-	residents per 1 staff
	3.	6.6	
	4.	5.5	
	5.	3.5	
	6.	2.8	
	7.	3.8	
	8.	2.8	
	9.	2.0	
	10.	2.7	
	11.	3.0	
shares all but nursing services with auxiliary hospital.	→12.	-6.4-	
	13.	3.5	
	14.	4.2	

The staff-to-patient ratio (full-time) is 4:1.

Part Time: The AVERAGE number of part-time staff in each of 13 facilities is 28. 1 facility did not respond. The part-time staff to patient ratio is 4:1.

TOTAL Staff to Patient Ratio

	<u>No. of Full & Part Time Staff.</u>	<u>Total Staff to Patient Ratio</u>	
1.	-	-	
2.	20	2.5	Residents Per staff
3.	20	2.0	
4.	27	1.2	
5.	109	2.1	
6.	35	1.5	
7.	88	1.7	
8.	70	1.4	
9.	32	0.6	
10.	57	1.8	
11.	27	1.5	
12.	109	2.1	
13.	71	2.0	
14.	45	1.2	

The AVERAGE total staff-to-patient ratio is 1.7 per staff (2:1)

FULL TIME: Percent of Staff by Category.

	<u>Medical/ Nursing</u>	<u>Housekeeping/ Dietary</u>	<u>Administration/ Activity</u>
1.	85.7%	14.3%	0
2.	100.0%	0	0 (share staff)
3.	83.3%	0	0
4.	83.3%	16.7%	0
5.	70.8%	38.5%	7.7%
6.	5.6%	33.3%	11.0%
7.	51.3%	41.0%	7.7%
8.	50.0%	36.0%	11.0%
9.	50.0%	45.8%	0
10.	46.0%	13.5%	0
11.	15.4%	38.5%	0
12.	100.0%	0	0 (share staff)
13.	63.4%	29.3%	2.4%
14.	61.5%	38.5%	0

The AVERAGE proportions of full-time staff in all facilities by category are:

55.5%) RN
) RNA
) Nurses Aide

28.8%) Housekeeping
) Dietary
) Maintenance

3.3% Administration/Clerical Activity Coordinator.

Additional Staff

11 of 13 facilities have volunteers who visit regularly.
(2 did not respond). The AVERAGE number of volunteers is 28.
(This includes 1 facility which has 230).

12 of 14 facilities said they would increase staff if circumstances allowed.

2 said they would add Medical/Nursing Staff.

1 would add Administrative Staff.

2 would add Housekeeping Staff.

11 would add Activity Coordinators (only 6 already have these)

2 of 14 facilities said they would not increase their staff.

13 of 14 facilities have staff who can converse with residents in a language other than that used by the majority.

SECTION 5: ADMINISTRATION

Financial Operation

1 of 14 institutions is privately funded.

1 of 14 institutions is wholly under Government subsidy.

All others (13) stated they are under partial Government subsidy.

Per Diem Operating Cost Per Bed

1.	30.00	5.	22.00	10.	22.00
2.	26.00	6.	22.00	11.	23.00
3.	25.00	7.	19.00	12.	21.00
4.	28.00	8.	22.00	13.	21.00
		9.	23.00	14.	19.00

The AVERAGE operating cost per diem is \$23.00 per bed.

Shared Services

12 of 14 facilities share laundry with other institutions.

10 of 14 share Medical Services.

7 of 14 share Food Services.

11 of 14 share Maintenance Services

8 of 14 share staff

Board for Facility

12 of 14 facilities have an active governing board.

The number of board members varies between 5-15 - AVERAGE: 8.

All 12 facilities with boards have community representatives as members.

In 2 of 14 facilities policy changes are made by Administrator.

In 12 of 14 policy changes are made by Board and Administrator.

All facilities adhere to provincial standards and legislation.

Resident Programs

No facilities had activities under the direction of the Administrator alone.
 No facilities had activities under the direction of the Head Nurse alone.
 4 of 14 facilities have activities under the direction of the Activity Director alone.
 9 of 14 facilities have activities under the direction of several sources.
 1 has only Patient Care activities.

SECTION 6: CARE SERVICES

Types of Care

3 of 14 facilities said they provide mainly Nursing care.
 5 of 14 said they provided mainly Personal Care.
 2 of 14 said they provided mainly Supervisory Care.
 2 of 14 said they provide mainly Nursing, Personal and Supervisory Care.
 Most (11) said they provide Sheltered Care least.

Care Services

Dental

None have dental services in-house.
 All have access in community.

Podiatry

5 of 14 have podiatry services in-house.
 3 of 14 have access in community
 6 of 14 have no access.

Ophthalmological Services

None have ophthalmological services in-house.
 12 of 14 have ophthalmological services in community.
 2 have no access.

Rehabilitative Therapy

11 of 14 have rehabilitative therapy in-house.
 4 of 14 have access to services in the community.

Psychological Services

2 of 14 have psychological services in-house.
 11 of 14 have access to services in the community.
 1 of 14 has no access.

Social Worker

3 of 14 have a social worker in-house.
 8 of 14 have access in the community.
 3 of 14 have no access.

SECTION 7: DIETARY

5 of 14 facilities have a full-time dietician on staff.

Between Meal Food

All facilities provide between-meal and bedtime snacks.
 In 8 of 14 these are prepared and served by staff.
 In 6 others, these are prepared by residents and staff.
 In 11 of 14 residents are allowed to keep food in their rooms.
 This is a common practice in only 4 facilities.

In 10 of 14 facilities residents are allowed to prepare light refreshment for guests.

Menu and Food Service

In 11 of 14 facilities residents have some say in menu planning.
 All facilities prepare special diet menus.
 In 13 of 14 facilities food is served at the table.
 In 1 facility food is served at table and cafeteria style.
 None is only cafeteria service.
 In 3 facilities tray in room service is provided for residents who are ill.
 In all facilities wheelchair residents eat in the main dining rooms.
 Two facilities said residents who have "objectionable" eating habits eat separately.

SECTION 8: RESIDENTS' PROGRAMS (SCHEDULED)Staffing for Programs

8 of 14 facilities have a full-time Recreation Director.
 4 of 14 have a part-time Recreation Director.
 1 of 14 has a Volunteer Recreation Director.
 6 of 14 facilities have a full-time Activity/Crafts Worker.
 6 of 14 have a part-time Activity/Crafts Worker
 1 of 14 has an Activity/Crafts Worker on call.
 2 of 14 facilities have an Occupational Therapist who visits regularly.
 1 of 14 has an Occupational Therapist on staff.

Resident Participation

In 13 of 14 facilities residents decide for themselves whether to participate in activities - recreational.
 In 13 of 14 facilities residents decide whether to participate in Occupational Therapy activities.

* Types of activities not analyzed at this time.

In 9 facilities activities are done in conjunction with other organizations.

In 7 facilities activities are done in conjunction with other facilities.

SECTION 9: HOSTEL TYPE FACILITIES

None applicable.

SECTION 10: RESIDENTS' ACTIVITIES (NON-SCHEDULED)

Transportation

7 of 14 facilities have public transportation available.

3 of 14 have their own bus.

4 of 14 have other vehicles provided by facility

13 of 14 have volunteer drivers available.

10 of 14 have cab service available.

All facilities have resident family/friends available.

Off-Site Activities

The RANGE of residents venturing into the community fairly regularly is between 1% and 75%. AVERAGE 22%.

The RANGE of residents attending religious services off-site is between 0% and 20%. AVERAGE 6.5%.

Volunteer Activity

12 of 14 facilities have volunteers visiting regularly.

In 3 of these, they provide assistance with personal care, social support, and they organize activities.

In 9 of them volunteers provide social support and organize activities.

13 of 14 said they would like to see more volunteer activity.

3 of these would like the volunteers to help with care.

13 would like them to help with activities.

Residents in 10 facilities initiate activities occasionally.

Visiting

No facility has set times for visitors, all 14 allow visitors at any time.

Resident Rooms

In all facilities residents bring in personal effects, in all they are encouraged to do so.

In 1 of 14 residents place effects in areas other than their rooms.

In 10 of 14 residents rearrange furnishings in their rooms.

In 7 they are encouraged to do so.

Resident Activities

In all facilities residents go outside in good weather.

In 6 of 14 most do so.

In 2 about half do so.

In 6 a few do.

In 9 residents require supervision outdoors.

In 12 there are planned outdoor activities.

TYPES OF ACTIVITIES NOT ANALYSED AT THIS TIME.

In 7 facilities most residents take part in scheduled activities.

In 7 about half do.

In 9 facilities residents who do not take part in scheduled activities engage in activities on their own.

In 3 facilities non-residents take part in day care activities.

In 9 facilities non-residents take part in activities organized by the facility.

QUESTIONNAIRE ANALYSISBritish ColumbiaSECTION 1: REGIONAL ISSUESResponse

55 questionnaires sent (in bulk to CMHC Vancouver for distribution) 8 returned. (14.5% return).

Sponsorship

All 8 facilities are non-profit.

Opening Date

3 responses received. 1975, 1944, 1978 (5007B)

Catchment Area

5 facilities serve a municipality
3 serve other local areas.

Geographic Location

1 facility felt limited by its geographic location.
This is a predominantly Chinese facility in Vancouver.

Cultural/Racial Groups

5 facilities indicate there are distinct cultural/racial groups in their area, 4 have representatives of some groups within their facilities.
Most frequently mentioned were English and Chinese, following by Native Indian, East Indian, Danish, Scottish, Ukrainian and Polish.

SECTION 2: PHYSICAL FACILITY

	<u>Sq.Ft.Per Building.</u>	<u>No. of Beds</u>	<u>Sq.Ft.Per Bed</u>
1.	107,000	298	359.1
2.	34,836	110	316.7
3.	-	95	-
4.	30,598	86	355.8
5.	31,000	100	310.0
6.	16,000	59	271.2
7.	-	150	-
8.	* 128,000	186	688.2

* Hostel and self contained facility

Unit Area

The number of sq.ft. per bed varies between 271.2 and 359.1
 The AVERAGE is 322.6. 1 facility, identified as a hostel
 and self-contained building (5008B) has 688.2 sq.ft.per bed.(excluded)

Site Area

The AVERAGE size of land owned by facilities is 184,815.3 sq.
 ft. or 4.2 acres. 1 facility did not respond.

Proportion of Site to Building

The percentage of land used for Buildings (average of total) 33.9%
 The RANGE is from 8% to 60%.
 The percentage of land used for Grounds (average of total) 63.9%.
 The RANGE is from 40% to 86%.

Number of Floors

1 facility (5008B) has 20 floors.
 1 has 5 floors.
 1 has 4 floors.
 1 has 3 floors.
 3 have 2 floors
 1 has 1½ floors.

In the 1 and 2-storey buildings, residents occupy all floors.
 In the multi-storey buildings, 1 floor is not occupied by
 residents (17 storeys occupied in 20 storey building).

Number of Rooms

In 8 facilities there are 930 rooms. 770 are single rooms, 151
 are doubles, and 8 are multiple-occupancy rooms (these (8) are
 all in 1 facility).

The RANGE in facilities is 58 to 299 rooms.

Occupancies

	<u>Single Rooms</u>	<u>Double Rooms</u>	<u>Multiple</u>
1.	100%	0	
2.	51.4%	48.6%	
3.	59.2%	28.2%	11.3%
4.	100%	0	
5.	86.7%	13.3%	
6.	98.3%	1.7%	
7.	50.0%	50.0%	
8.	79.2%	20.8%	

The AVERAGE proportion is 78.1% single rooms to 20.3% double rooms.

Of the 8 facilities total rooms (930):

82.8% are single occupancy.
16.2% are double occupancy.
.9% are multiple occupancy.

Washrooms

In 8 facilities there are 928 washrooms. 766 (82.5%) of these are for single use. 161 (17.3%) are for shared use by 2 to 4 residents.

The AVERAGE proportion in 8 facilities: 77.6% singles to 22.2% shared washrooms.

Lounges and Sitting Areas

All 8 facilities have lounges.
1 facility has only 1 lounge.
7 of 8 facilities have other sitting areas.
The lobby in all facilities has a sitting area.

Activity Areas*

5 facilities have a Crafts Room.
5 have 1 or more T.V. rooms.
3 have a Physical Therapy Room
6 have a Visitors' Lounge
3 have a Workshop
5 have a Games Room
3 have Shop Rooms
3 have a Music Room
3 have an Occupational Therapy Room
5 mentioned other activity areas such as Auditorium, Multi-Purpose Room, Greenhouse, Library, Swimming Pool.

* Some of these may be in multi-purpose rooms.

Dining Room

7 of 8 facilities have more than 1 dining room.
All 8 facilities have the dining rooms on the main floor.

Meal Service

2 facilities have residents who eat meals in their rooms on a fairly regular basis. 1 said a few do, the other said some do. In both cases the arrangement was due to health status.

4 of 8 facilities have kitchenettes available for use by residents, all close to resident areas.

Other Rooms

5 of 8 facilities have a beauty-barber shop.
3 have a chapel
3 have a room for religious services.

Staff/Treatment Areas

7 of 8 facilities have washrooms for female staff.
6 of 8 have washrooms for male staff.
5 have washrooms for joint use.
6 have staff lounge/locker rooms.

1 facility has a Doctor's Office
3 have an Examination Treatment Room
3 have a Sick Bay
0 have an Isolation Bay
0 have a Morgue
2 have a Quiet Room

Adequacy of Facilities

3 of 8 said their physical spaces were adequate.
3 of 8 said they were more than adequate.
2 said they were less than adequate.
Inadequate areas mentioned were storage, activity areas, staff areas, and the lack of an elevator.

SECTION 3: RESIDENT PROFILE

Number of Residents

The bed capacity of the 8 facilities varies between 298 and 59. Occupancy was close to full; however, 1 facility (5007B) open only 2 months (February, 78) has one-third occupancy as yet.

In 7 facilities there are 670 female residents, and 281 male residents.

All 7 said these were the usual proportions of males to females. The AVERAGE proportion is 66.4% females to 33.6% males, roughly 2:1.

	<u>Females</u>	<u>Males</u>
1.	75%	25%
2.	60%	40%
3.	51%	49%
4.	77%	23.3%
5.	65%	35%
6.	63%	37.3%
7.	-----	
8.	75%	25%

Age of Residents

The AVERAGE age of residents is 81.3 years.
 The AVERAGE age of Female residents is 81.4 years.
 The AVERAGE age of Male residents is 81.4 years.
 The RANGE in 7 facilities was from 75 to 85 years average age.
 The age of the youngest resident ranged from 40 to 66 years
 (1 facility has a 25-year old resident).
 The oldest ranged from 95 to 104.

Length and Terms of Stay

The AVERAGE length of stay from 5 facilities was 3.3 years.
 1 other facility stated its average length of stay was 11 years.
 The AVERAGE length of stay for males was 3.3 years, for females
 it was 2.8 years.

5 facilities said 10% or less of residents were transferred
 to further care facilities.
 1 said 17% were, another said 95% were.
 2 facilities said residents were transferred to equal care
 facilities (2% and 1%).
 5 facilities said 10% or less of residents died within the
 institution, 1 said none did and 1 said 90% did.

Language

2 of 8 facilities have a significant number of residents whose
 primary language is not English, these are a majority in both
 cases.

Financing

In 4 facilities over 80% of residents were under private financing.
 In 1, 5% were, in 2 others none were.

Levels of Care

In 7 facilities:

- no residents were classed as bed-care.
- an average of 10% of residents were classed as semi-ambulatory
 (2% to 20%). (1 facility had none).
- an average of 89.6% were classed as ambulatory. (1 facility had
 100%, 2 had 98%).

In all facilities:

- an average of 59% of residents require Level 1 care (from 0%
 to 100%).
- an average of 31% require level 2 care (from 0% to 81%).

Only 2 facilities had residents requiring Level 3 care - 1 had 2%,
 and also had 2% other care. The other had 75% level 3 care.

SECTION 4: STAFFINGNumbers of StaffFULL TIME

The AVERAGE number of Full Time staff in 8 facilities is 32.5.

Staff to patient Ratios - FULL TIME

1. 5.1 residents to 1 staff.
2. 3.1
3. 3.1
4. 3.7
5. 2.3
6. 6.5
7. 2.2
8. 4.3

The AVERAGE for all facilities is 3.9, a ratio of almost 4:1.

PART-TIME

The AVERAGE number of Part Time staff in 8 facilities is 12.9 (1 had none at all).

Staff to Patient Ratios - PART TIME

1. 11.2 residents to 1 staff.
2. 0
3. 9.4
4. 3.7
5. 6.7
6. 3.1
7. 25.0
8. 21.1

The AVERAGE for all facilities is 10 residents per 1 Part Time Staff, a ratio of 10:1.

TOTAL STAFF. The AVERAGE for all facilities is 2.6 residents per 1 staff. A Ratio of 2½:1.

Percent of Staff by Category - FULL TIME

	<u>Medical/Nursing</u>	<u>Housekeeping/ Dietary</u>	<u>Administration/ Activity</u>
1.	82.5%	0%	14%
2.	34.3%	57.0%	20%
3.	26.7%	30.0%	3.3%
4.	17.4%	139.0%	26.1%
5.	77.3%	1.3%	6.8%
6.	44.4%	33.3%	22.2%
7.	43.5%	47.8%	8.7%
8.	20.5%	66.7%	12.8%

The AVERAGE proportions of full-time staff in 7 facilities (excluding 5004B) by category are:

47%) RN
) RNA
) Nurses' Aide

33.7%) Housekeeping
) Dietary
) Maintenance

12.5%) Administration/Clerical
) Activity Coordinator

6 of 8 facilities have volunteers who visit regularly. 1 facility had 45 volunteers, the others had an average of 7 volunteers.

3 of 8 facilities said they would increase staff if circumstances allowed. All would increase medical staff, administrative staff and Housekeeping staff. 1 would also increase activity coordinators and part-time housekeeping staff.

All facilities have staff who can converse with residents in a language other than that used by the majority.

SECTION 5: ADMINISTRATION

Financial Operation

1 of 7 responding facilities is privately funded.
 1 is wholly under Government subsidy.
 5 are under partial Government subsidy.

Per Diem Operating Cost (Per Bed)

1.	-
2.	13.00
3.	12.00
4.	14.00
5.	28.00
6.	19.00
7.	11.00
8.	12.00

The AVERAGE per diem operating cost is \$15.60.

Shared Services

Only 1 of 8 facilities shared services with other institutions: laundry, medical services, food services, maintenance, staff.

Board for Facility

7 of 8 facilities have an active governing board.

The number of board members varies between 7 and 12. The AVERAGE is 9.5.

In all facilities policy changes are made by the administrator and the Board.

All facilities adhere to provincial standards and legislation, 1 mentioned federal standards as well.

Resident Programs

6 facilities have activities under the direction of several sources: Administration, Head Nurse and/or Activity Director.

1 facility has activities under the direction of an Activity Director only.

3 facilities had no Activity Director.

1 facility had activities under the direction of an Occupational Therapist only.

SECTION 6: CARE SERVICES

Types of Care

5 of 8 facilities provide mainly Personal Care.

4 of 8 facilities provide mainly Sheltered Care.

2 of 8 facilities provide mainly Supervisory Care.

1 of 8 facilities provide mainly Nursing Care.

Care Service

Dental

2 facilities have this service in-house.

4 facilities have community access.

2 facilities have no access.

Podiatry

6 facilities have it in-house.

2 facilities have no access.

Ophthalmology

None have an in-house service.

5 facilities have community access.

3 facilities have no access.

Rehabilitative Therapy

5 facilities have this service in-house.

3 facilities have community access.

Psychological Services

1 facility has this in-house.

5 facilities have community access.

1 facility has no access.

Social Worker

4 facilities have this in-house.
4 facilities have community access.

SECTION 7: DIETARY

2 of 8 facilities have a full time Dietician.

Between-Meal Food

All facilities provide between-meal and bedtime snacks.
All facilities have these prepared by the staff.
In 7 of 8 facilities, the residents are allowed to keep food in their rooms.
In 4 of 8 facilities, this is common practice.

In 5 of 8 facilities residents can prepare light refreshments for their visitors.

Menu and Food Service

In 5 of 8 facilities, residents have some say in menu planning.
In 6 of 8 facilities special diet menus are prepared.

In all 8 facilities, the food is served at the table.
In 7 of 8 facilities persons in wheelchairs eat in the main dining rooms.
In 1 facility such persons eat in their rooms.

SECTION 8: RESIDENT PROGRAMSStaffing for Programs

In 7 of 8 facilities, a Recreation Director is in charge of organizing activities.
In 6 of 8 facilities, this person is full-time.
In 1 facility the Recreation Director is a volunteer.

6 of 8 facilities have a Crafts Worker.
In 4 facilities the Crafts Worker is full-time.
In 2 facilities the Crafts Worker is part-time.

4 of 8 facilities have a regularly visiting Occupational Therapist.
In 1 facility there is an Occupational Therapist on staff.

Resident Participation

In all 8 facilities residents decide whether to participate in recreational activities.
In 6 of 8 facilities residents decide whether to participate in programs of an Occupational Therapy nature.

ACTIVITIES ARE NOT ANALYZED AT THIS TIME.

In 6 of 8 facilities, activities are done in conjunction with other organizations.

In 2 of 8 facilities activities are done in conjunction with other facilities.

SECTION 9: HOSTEL TYPE FACILITIES

(5001, 5002, 5004, 5007 said this section is not applicable.)

2 facilities responded.

In both facilities, 3 meals per day are provided.

Both facilities finance their food service by room and board fees.

1 of 2 facilities allows non-residents to make use of dining facilities.

.Both facilities rent rooms on a monthly basis.

1 facility provides private use washrooms.

1 facility provides both, private and multiple use washrooms.

SECTION 10: RESIDENT ACTIVITIES

Transportation

6 of 8 facilities have a public bus service.

3 of 8 facilities provide privately owned buses.

3 of 8 facilities provide other privately owned vehicles.

6 of 8 facilities have volunteer drivers.

7 of 8 facilities have taxi services.

7. of 8 facilities have friends/family to help.

35.6% of (average of total 8 facilities) residents go into community fairly regularly.

16.1% (average of total 8 facilities) residents attend religious services off-site.

Volunteer Activity

All 8 facilities have regularly visiting volunteers.

.1 facility has volunteers assisting with personal care.

5 facilities have volunteers provide social support.

In all 8 facilities, volunteers help to organize activities.

All facilities would like to see more volunteers; all helping with activities.

In 6 of 8 facilities, residents do, on occasion, initiate activities.

Visiting

In all facilities, visitors are free to visit at any time.

Resident Rooms

In all facilities, residents bring personal effects into their rooms.

In 5 of 8 facilities they are encouraged to do so.

In only 1 facility do the residents place personal effects in other rooms of facility.

In 5 of 8 facilities the residents rearrange the furnishings in their rooms.

In 4 of 8 facilities they are encouraged to do so.

Resident Activities

In all 8 facilities residents go outside in good weather.

In 3 of 8 facilities most do.

In 1 of 8 facilities a few (1-5) do.

In 3 of 8 facilities half do.

(1 didn't respond)

In 5 of 8 facilities residents require supervision when outside.

In 7 of 8 facilities there are planned outdoor activities.

THESE ARE NOT ANALYZED AT THIS TIME.

In 4 of 8 facilities, most residents participate in scheduled activities.

In 4 of 8 facilities about half do.

In 6 of 8 facilities, residents engage in personal activities when not participating in those that are scheduled.

In 1 facility non-residents participate in activities on a day-care basis.

In all 8 facilities non-residents participate in activities organized by the facility.