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1.0 EXECUTIVE SUMMARY

The Designated Supportive Living Family Experience Survey was conducted by the Health Quality Council of Alberta (HQCA) in collaboration with Alberta Health and Alberta Health Services (AHS) and is a follow-up to the HQCA's Supportive Living Family Experience Survey, which surveyed family members in 2013-14. This report presents the findings from the 2016 survey, and is an overview of facility performance in 2016 from family members' perspectives across Alberta. This information can be used to assess current performance relative to peers, and to consider changes over time. It can also be used to determine areas of strength and opportunities for improvement.

Survey process and methodology

Family members were surveyed using a modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument.* This is a 67-question self-report measure that assesses family members' overall experience with a facility (Global Overall Care Rating) and whether they would recommend the facility (Propensity to Recommend). In addition, the survey comprised a Food Rating Scale along with four Dimensions of Care, presented in order of decreasing strength of association with the Global Overall Care Rating:

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Food Rating Scale¹

- 4. Providing Information and Encouraging Family Involvement
- 5. Meeting Basic Needs

Eligible respondents were identified using information provided by AHS and confirmed by supportive living facilities. Family members had the option of completing the survey by mail or online. The response rate for this survey was 63 per cent.

The current round of surveying captured 1,760 more survey respondents and 39 more facilities than the 2013-14 survey. A total of 146 supportive living facilities are reported publically in this report. Overall, the voices of 4,629 family members are represented in this report.

Results

The results focus on the key measures of family experience provincially, which include:

- Global Overall Care Rating
- Propensity to Recommend
- Four Dimensions of Care and the Food Rating Scale

¹ In keeping with the Dimensions of Care which are scaled from 0 to 100, the Food Rating Scale of 0 to 10 was rescaled by multiplying the scores by 10.



For these key measures, the higher the score or percentage, the more positive the experience. Facility-level factors were also considered, and include:

- Level of care
- Facility size
- Geography
- Ownership type

Global Overall Care Rating and Propensity to Recommend

The Global Overall Care Rating reflects family members' overall experience with a supportive living facility from 0 to 10 (with 0 being the worst care possible and 10 being the best). Provincially, the average facility Global Overall Care Rating was 8.4 out of 10. Facility ratings were variable, however, with the lowest-rated facility scoring 6.7 out of 10, and the highest scoring 9.8 out of 10.

Overall, 94 per cent of respondents would recommend the supportive living facility. However, there was variation among facilities throughout the province, with facilities having a recommendation percentage from a low of 60 per cent to a high of 100 per cent.

Dimensions of Care and Food Rating Scale

The Global Overall Care Rating is influenced by four Dimensions of Care and the Food Rating Scale. Each Dimension of Care represents a set of questions or topics that share a similar conceptual theme. Furthermore, Dimensions of Care and the Food Rating Scale vary in their influence on families' overall experience with a supportive living facility and are listed in decreasing priority and influence below:

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Food Rating Scale²

- 4. Providing Information and Encouraging Family Involvement
- 5. Meeting Basic Needs

The greatest gains provincially may be realized by focusing on the strongest influencers of the Global Overall Care Rating. Table 1 summarizes the 146 facilities included in the analyses for each Dimension of Care.

Table 1: Provincial summary – Dimensions of Care (N = 146 facilities)

Dimension of Care	Average facility score	Lowest facility score	Highest facility score
Staffing, Care of Belonging, and Environment	78	59	95
Kindness and Respect	88	65	100
Food Rating Scale	71	50	97
Providing Information and Encouraging Family Involvement	86	69	100
Meeting Basic Needs	95	71	100

 $^{^2}$ In keeping with the Dimensions of Care which are scaled from 0 to 100, the Food Rating Scale of 0 to 10 was rescaled by multiplying the scores by 10.



Each facility has its own unique areas of focus, which may differ from those identified for the province. These are highlighted in facility reports that have been provided to facilities that participated in the 2016 survey.

Level of care

Only residents in designated supportive living SL3, SL4, and SL4D were surveyed. In total, there were 27 facilities that were SL3 only; 31 facilities that were SL4 only; 10 facilities that were SL4D only; 62 facilities that were SL4 and SL4D; 14 facilities that were SL3, SL4 and SL4D; and 2 facilities that were SL3 and SL4. In general, SL3 facilities had higher scores than facilities with higher levels of care (SL4 and/or SL4D).

Facility size

Facility size was measured by the number of supportive living beds at each facility.³ This data was collected from AHS at the time of survey rollout (March 2016). The results show that on average, larger facilities had lower scores than smaller facilities. However, this difference was only significant for the Dimension of Care: Staffing, Care of Belongings, and Environment.

Geography

Geography was also examined to determine its impact on family members' experience of care and services provided. Geography was based on the facility's postal code, and is defined as:

- Urban areas: Cities of Calgary and Edmonton proper and surrounding commuter communities, and other major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- Rural areas: Populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

The results show that in general, the Global Overall Care Rating and Dimension of Care scores are not influenced by geography.

³ Data was obtained from AHS's bi-annual bed survey. Facilities included in the HQCA's analyses (N = 146) ranged in bed numbers from 10 to 252.



Ownership type

Three AHS-defined ownership models were examined to determine their impact on family members' experiences of care and services provided at a supportive living facility. These ownership models are:

- AHS (public) operated by or wholly owned subsidiary of AHS.
- Private owned by a private for-profit organization.
- Voluntary owned by a not-for-profit or faith-based organization.

Overall the differences in scores between ownership types were small and not statistically significant. Therefore, no one ownership type is better or worse than others across key measures of family experience.

Family member comments: Similarities and differences between 2016 and 2013-14

In 2016 and 2013-14, family members were asked to respond to one open-ended survey question: *Do you have any suggestions of how care and services at this supportive living facility could be improved? If so, please explain.* In total, 2,805 family members provided a comment in 2016, compared with 1,736 in 2013-14. Findings were consistent across both survey cycles.

Across Alberta, family members praised hardworking staff and management and the quality of care they provided to residents. Family members' comments in both 2016 and 2013-14 conveyed similar concerns. The predominant recommendations for improvement provided by family members in 2016 and 2013-14, in order of frequency, are listed below in Table 2.

Table 2: Top family member recommendations for improvement by survey year⁵

2016 recommendations for improvement	2013-14 recommendations for improvement
1. Food (N = 671)	1. Staffing levels (N = 494)
2. Staffing levels (N = 573)	2. Food (N = 383)
3. Cleanliness and condition of the facility (N = 500)	3. Cleanliness and condition of the facility (N = 237)
4. Help and supervision with basic needs (N = 449)	4. Involving family in resident care (N = 222)
5. Activities (N = 432)	5. Activities (N = 199)

⁴ It is recognized that there may be other ownership models than the three reported (for example, private not-for-profit housing bodies); however, ownership models defined and categorized by AHS were used for reporting.

⁵ Comments were classified as being a recommendation for improvement when family members clearly conveyed dissatisfaction, indicating room for improvement. Additionally, these comments were classified as such if family members expressed a desire for change or improvement and/or provided a suggestion for how care and services could be improved or changed.



Overall, staffing levels and residents' ability to receive better quality food and a variety of meals were predominant concerns in both years. In addition, a predominant theme reflected in family members' comments for many facilities in 2016 was communication between staff and family members. The communication concerns included that family members did not receive timely information about residents when incidents occurred, did not always feel involved in decisions about residents' care, were not always able to receive resolution to their complaints and concerns, and felt staff did not take the time to communicate information about residents to one another or to become informed before shift change.

Throughout this report, family member comments from 2016 are summarized to provide more context to the survey results. In addition, family members' recommendations for improvement are also available at the end of each section.

Conclusion

Each individual facility has its own unique areas of excellence and those that can be considered for improvement, which may differ from those identified for the province. Facilities should refer to their facility report to better determine where to focus quality improvement efforts to best meet the needs of their own residents and their family members. Each facility report contains question-level results and comments provided by family members that can be used to inform quality improvement efforts.

Family experience data alone should not be used to judge facility performance in the absence of other information such as level-of-need of the resident population, services provided, other quality measures such as those derived from the interRAITM *Resident Assessment Instrument*, complaints and concerns, accreditation results, and compliance with provincial continuing care standards.

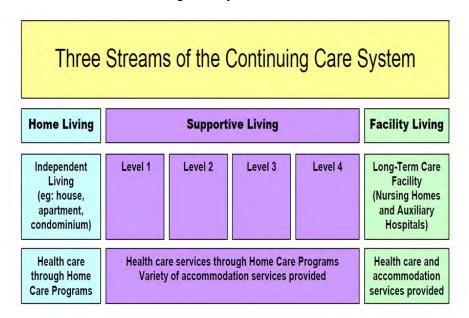


2.0 BACKGROUND

2.1 Supportive living⁶

Alberta's continuing care system provides Albertans of advanced age or disability with the healthcare, personal care, and accomodation services they need to support their daily activities, independence, and quality of life. There are three streams of continuing care in Alberta tailored to the clients' level of need and/or limitations: home care, supportive living, and facility living (Figure 1). Home care is provided to those still able to live independently; supportive living is provided in a shared accomodation setting recognizing different degrees of independence; and facility living includes long-term care facilities like nursing homes and auxiliary hospitals. The focus of this report is on levels 3 and 4 of the supportive living stream.

Figure 1: Three streams of the continuing care system⁷



Supportive living is an option for individuals who want a maintenance-free environment, feel they are too isolated in their own home, or have more complex needs than those provided for by home care. To some extent, individuals can choose which supportive living option is right for them. Based on an assessment of their needs by Alberta Health Services (AHS), individuals may be eligible for publicly funded Designated Supportive Living (levels 3, 4, and 4D).8 Although services for assessed care needs are publicly funded, residents are generally responsible for paying for their room, meals, housekeeping and other optional services. Supportive living facilities are not required to provide on-site 24-hour registered nurses or regularly scheduled visits by physicians.

⁶ For more information, see http://www.health.alberta.ca/services/continuing-care-system.html

 $^{^{7}\} Continuing\ Care\ Standards\ 2016: \underline{http://www.health.alberta.ca/documents/CC-Design-Guidelines-Facilities-2014.pdf}$

⁸ Designated Assisted Living or Designated Supportive Living refers to designated rooms in the supportive living stream that are operated under contract with AHS. Individuals are assessed and placed by AHS based on an individual's healthcare needs.



The four defined levels in the *Supportive Living* stream⁹ are:

- **Supportive Living Level 1 (SL1):** This level of care is also referred to as Residential Living and is designed for individuals who are independent, can manage most daily tasks, and are responsible for making decisions around their day-to-day activities. Publicly funded home care may be provided, but there is no on-site 24-hour staffing.
- Supportive Living Level 2 (SL2): This level of care is also referred to as Lodge Living and is designed for individuals who are generally independent (e.g., can manage some daily tasks), and can arrange, manage, and/or direct their own care. Publicly funded home care may be continually provided, but there is no on-site 24-hour staffing.
- Supportive Living Level 3 (SL3): This level of care is for individuals whose medical condition is stable and appropriately managed without 24-hour on-site nursing staff, but who have limited independence. These individuals need help with many tasks and/or decision-making in day-to-day activities. Personal care at this level is generally provided within a set schedule; however, unscheduled personal assistance may also be provided. Publicly funded scheduled home care may be provided, and trained and certified healthcare aide staff are on-site on a 24-hour basis (registered nurse on-call).
- Supportive Living Level 4 (SL4): This level of care is also referred to as Enhanced Assisted Living and is for individuals with more complex medical conditions. These individuals tend to have very limited independence, have significant limitations, and need help with most or all tasks, as well as decisions about day-to-day activities. Publicly funded scheduled home care may be provided, and a trained licensed practical nurse and/or healthcare aide is on-site on a 24-hour basis.
- **Supportive Living Level 4 Dementia (SL4-D):** This level of care is a subset of SL4 and is designed for persons who have significant limitations due to dementia.

The focus of this report and the results presented are for Designated Supportive Living (levels 3, 4, and 4D).

As of September 2016, there are nearly 10,000 publicly funded beds dedicated to designated supportive living in Alberta. Supportive living facilities are operated under three ownership models (AHS, private, and voluntary). All are required to adhere to provincial standards to ensure residents are in a safe and comfortable environment and receive quality services. These standards are described in Box A, and include: The Continuing Care Health Service Standards, 11 The Supportive Living Accommodation Standards and Checklist, 12 Supportive Living Accommodation Licensing Act, 13 and Admission Guidelines

⁹ For more information, see http://www.albertahealthservices.ca/assets/info/seniors/if-sen-living-option-guidelines.pdf

¹⁰ The facility categorization is based on AHS definitions.

¹¹ Continuing Care Health Service Standards. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

 $^{^{\}rm 12}$ Supportive Living Accommodation Standards and Checklist. More information can be found here: $\underline{\rm http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf}$

¹³ Licensing and accommodation standards: http://www.health.alberta.ca/services/supportive-living.html



for Publicly Funded Continuing Care Living Options.¹⁴ These standards are referenced throughout the report. The purpose of referring to these standards is not to suggest where supportive living facilities may or may not be in compliance with standards, but rather to provide context. Family members' observations and perceptions are not sufficient to evaluate a facility's compliance with a specific standard in the absence of further study.

Box A: Standards

Continuing Care Health Service Standards: The Continuing Care Health Service Standards (CCHS) are a legislated requirement of operators pursuant to the *Nursing Homes General Regulation* and under the *Nursing Homes Act*, the *Co-ordinated Home Care Program Regulation* under the *Public Health Act* and pursuant to a ministerial directive under the *Regional Health Authorities Act*. The CCHSS set the minimum requirement that operators in the continuing care system must comply with in the provision of healthcare.

Supportive Living Accommodation Standards and Checklist: The Alberta government sets provincial accommodation standards, and monitors compliance to the standards through annual site inspections. The standards apply to accommodation and related services such as facility maintenance, meals, housekeeping, and areas that impact a resident's safety and security. Each accommodation is inspected at least once a year, and more often if required. An operator must meet all accommodation standards to achieve compliance.

Supportive Living Accommodation Licensing Act: All supportive living accommodations must be licensed when the operator provides permanent accommodation to four or more adults and the operator provides or arranges for services related to safety and security of the residents as well as at least one meal a day or housekeeping services.

Admission Guidelines for Publicly Funded Continuing Care Living Options: The intent of the Alberta Health Services Living Option guidelines is to provide a set of support tools to assist with consistent living option decisions in relation to supportive living levels 3 and 4 and long-term care.

¹⁴ Admission Guidelines for Publicly Funded Continuing Care Living Options. More information can be found here: http://www.albertahealthservices.ca/assets/info/seniors/if-sen-living-option-guidelines.pdf



2.2 HQCA's Supportive Living Family Experience Survey

The HQCA conducted the 2016 Supportive Living Family Experience Survey in collaboration with AHS and Alberta Health (AH). The survey assists providers in meeting Continuing Care Health Service Standard 19.0 that requires operators have processes to gather client and family experience feedback regarding the quality of care and service provided.¹⁵

The 2016 survey is the second iteration of the survey; the previous iteration was in 2013-14.16

2.2.1 Purpose

The overall purpose of the survey was to obtain feedback from family members of residents about the quality of care and services residents received at supportive living facilities across Alberta. This is used to describe the current state of supportive living from the family members' perspective and to provide supportive living facilities and other stakeholders with information that can be used for ongoing monitoring and quality improvement.

2.2.2 Objectives

The objectives of the survey were to:

- Conduct a follow-up to the previous iteration of the HQCA's Supportive Living Family Experience Survey.
- Identify potential improvement opportunities and report on best practices at supportive living facilities across Alberta to inform quality improvement efforts.

2.3 HQCA's Supportive Living Resident Experience Survey

Concurrent to the family experience survey, the HQCA conducted a resident experience survey, which surveyed residents in supportive living facilities via mail-in paper survey or in-person interview (in-person administration of the survey tool). The results of this survey can be found in a separate report, the *HQCA's Supportive Living Resident Experience Survey*.¹⁷

¹⁵ Continuing Care Health Service Standards, standard 19.0: Quality improvement reporting. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

¹⁶ Data collection period of the previous cycle was from October 2013 to January 2014.

¹⁷ http://hqca.ca/surveys/supportive-living-family-resident-experience-survey/



3.0 SURVEY PROCESS AND METHODOLOGY

3.1 The survey instrument

Family members of supportive living residents were surveyed using a modified version of the *Consumer Assessment of Healthcare Providers and Services (CAHPS®) Nursing Home Survey: Family Member Instrument*¹⁸ (Appendix I). This is a 67-question self-report measure that assesses family members' overall experience with a facility (Global Overall Care Rating), whether they would recommend the facility (Propensity to Recommend), a Food Rating Scale, along with four Dimensions of Care.

3.1.1 Additional care questions

In addition to the above, the *CAHPS® Nursing Home Survey: Family Member Instrument* also comprises questions that address several other topics that were aspects of care not captured in the questions that comprise the Dimensions of Care, and were also important to the experiences of both residents and family members, for example medication-related questions, resident privacy, presence or absence of a resident and family council.

3.2 Survey protocol

The survey was conducted as a census of all eligible designated supportive living residents. Eligible family member respondents were identified using a compiled database obtained from AHS and confirmed by on-site facility staff. The following individuals were excluded:

- Contacts of new (< 1 month) or transitional residents.
- Residents who had no contact person (family member), or whose contact person resided outside of Canada.
- Contacts of deceased residents or residents no longer living at the facility.
- Contacts of residents who were listed as a public guardian.

3.3 Sampling

Survey data collection was from May to September 2016. Family members had the option of completing the mail-in paper survey or completing the survey online using a unique single-use access code printed on the cover page of their survey.

The response rate for the survey was 63 per cent; 4,629 out of a possible 7,315 eligible family members completed and returned the survey. For a breakdown of sampling by AHS zone, see Appendix II.

¹⁸ For more details on CAHPS, please refer to: https://cahps.ahrq.gov/



3.4 Quantitative analytical approach

To maximize the reliability of facility-level results and to maintain respondent anonymity, a facility's data was included in facility-level analyses only if:

- The facility yielded five or more respondents AND
- The facility response margin of error was equal to or less than 10 per cent and/or the facility had a response rate of over 50 per cent among eligible respondents.

As a result, 146 of the 168 participating facilities were included in the facility-level analyses. For more details on the determination of facility sample reliability and a list of facility response rates and sample margin of errors, see Appendix IV.

To conserve data from facilities that did not meet the above inclusion criteria, responses from all participating facilities (N = 168) were included in aggregate descriptive analyses of AHS zone and provincial results where appropriate (see Appendix VI and Appendix VII which include data from all facilities).¹⁹

For this report, a test was deemed statistically significant if the probability of the event occurring by chance alone was less than or equal to one per cent ($p \le 0.01$).

3.4.1 Global Overall Care Rating and Food Rating Scale

Two scale-based measures were included in the survey: the Global Overall Care Rating and the Food Rating Scale. The Global Overall Care Rating reflects the respondent's overall experience with a supportive living facility. The Global Overall Care Rating question asks:

Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the supportive living facility?

The Food Rating Scale question reflects the respondent's overall experience with the food at a supportive living facility. The Food Rating Scale question asks:

Using any number from 0 to 10, where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at this supportive living facility?

In keeping with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10.

3.4.2 Dimensions of Care

The *CAHPS® Nursing Home Survey: Family Member Instrument* collects respondent ratings from four Dimensions of Care: (1) Staffing, Care of Belongings, and Environment; (2) Kindness and Respect; (3) Providing Information and Encouraging Family Involvement; and (4) Meeting Basic Needs.

Each Dimension of Care represents a set of questions or topics that share a similar conceptual theme. Dimension of Care scores were computed by summarizing all the items within a Dimension into an

 $^{^{19}}$ Included facilities account for 97.4 per cent of all respondents (4,510 of 4,629 respondents) and 96.1 per cent of all eligible respondents (7,031 of 7,315 respondents). Unless otherwise stated, all analyses in this report are based only on those facilities that met the inclusion criteria (146 of 168 participating facilities in 2016).



average score on a 0 to 100 scale, where 0 was the least positive response and 100 was the most positive response (for detailed methodology, see Appendix II).

For complete question-level results, see Appendix VII.

3.4.3 Modelling

A regression model was constructed to examine the relative influence of each Dimension of Care and Food Rating Scale on the Global Overall Care Rating. This analysis showed a significant association between the Dimensions of Care and Food Rating Scale with the Global Overall Care Rating (for detailed results, see Appendix VIII) and are listed below in order of decreasing strength of association:

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Food Rating Scale
- 4. Providing Information and Encouraging Family Involvement
- 5. Meeting Basic Needs

Within this report, results are presented as ordered above.

3.5 Family member comments

At the end of the survey, family members were asked one open-ended question:

Do you have any suggestions of how care and services at this supportive living facility could be improved? If so, please explain.

In total, 2,805 of the total 4,629 respondents provided a response to this question (61 per cent). The majority of family members' comments reflected themes relevant to one of the four Dimensions of Care, in addition to topics of Safety and Security, or 'Other' topics. A summary of themes as they relate to each topic is provided alongside the quantitative survey results. They are presented as follows in order of decreasing strength of association to the Global Overall Care Rating with the exception of Safety and Security, and Other, which are additional themes:

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Food
- 4. Providing Information and Encouraging Family Involvement
- 5. Meeting Basic Needs
- 6. Safety and Security
- 7. Other

Family members' suggestions for improvement are also provided at the end of each section. For more information on how comments were analyzed, see Appendix II.



4.0 USING THE RESULTS AND OVERVIEW OF FINDINGS

4.1 A note on how to use results

The focus of this report is to describe the current state of supportive living from the family member's perspective and to compare results with peers and the previous survey iteration.²⁰ The report presents Dimensions of Care as factors that drive the Global Overall Care Rating. The Dimensions of Care can be used to identify improvement opportunities and best practices at supportive living facilities across Alberta.

Other factors can contribute to family members' experience of a facility. Ultimately, these results are intended to guide reflection on performance and assist to identify quality improvement opportunities. Family experience alone should not be used to assess facility performance in the absence of other information, such as facility demographics (i.e., average age of residents and percentage male/female), level-of-need of the resident population, and other quality measures such as those derived from the interRAITM *Resident Assessment Instrument* (RAI), complaints and concerns, accreditation results, and compliance with provincial continuing care standards.

This report provides a single perspective of several possible interpretations of these findings. Supportive living providers and other stakeholders may choose to examine and interpret the findings differently. While being mindful of the limitations of the data, there are a number of ways the results can be interpreted and used.

It is important to note that while significance testing can identify where there has been a mathematical change, this does not necessarily indicate a change in performance especially when there are only two survey cycles. The information in this report should not be used in isolation, but with other sources of information, as stated above. In addition, results that did not show any statistically significant change or difference may still be important.

Table 3 provides a summary of facility-level results based on the four Dimensions of Care, Food Rating Scale, Propensity to Recommend, and Global Overall Care Rating. In addition, to provide context other variables were included such as geography, facility size (number of supportive living beds), number of respondents, level of care, and ownership type.

4.2 Global Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale

The Global Overall Care Rating reflects a respondent's overall experience with a supportive living facility. This is a single item measure intended to reflect a respondent's overall opinion about the facility. Propensity to Recommend is a single question reflecting whether the respondent would recommend the facility to someone needing supportive living care.

In contrast, each Dimension of Care represents respondents' experiences with *specific* aspects of care at the facility including: Staffing, Care of Belongings, and Environment, Kindness and Respect, Providing

 $^{^{20}}$ A number of changes to the present report were made to emphasize that improvement opportunities must be identified and addressed at the facility-level. For more details, see Appendix III.



Information and Encouraging Family Involvement, and Meeting Basic Needs, and the overall experience with food.

4.3 Level of care

Included in the survey were 27 SL3 facilities, 31 SL4 facilities, 10 SL4D facilities, 62 facilities that were SL4 and SL4D, 14 facilities that were SL3, SL4 and SL4D, and two facilities that were SL3 and SL4. In general, SL3-only facilities had higher scores than other types of facilities (see Section 6.1 for more information).

4.4 Facility size: number of supportive living beds

Facility size was measured by the number of supportive living beds at each facility.²¹ This data was collected from AHS at the time of survey rollout (March 2016). The results show that in general, larger facilities tend to have lower scores relative to smaller facilities; however, the difference was only significant for the Dimension of Care: Staffing, Care of Belongings, and Environment. For more information, see Section 6.2.

4.5 Geography: urban versus rural

Geography was based on the facility's postal code, and is defined as:

- Urban areas: Cities of Calgary and Edmonton proper and surrounding commuter communities, and other major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- Rural areas: Populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

The results show that in general, Global Overall Care Rating and Dimension of Care scores are not influenced by geography. For more information, see Section 6.3.

4.6 Ownership type

Three AHS-defined ownership models were examined to determine their impact on the families' experiences of the care and services provided at a supportive living facility.²² These three ownership models are:

- AHS (public) operated by or wholly owned subsidiary of AHS.
- Private owned by a private for-profit organization.
- Voluntary owned by a not-for-profit or faith-based organization.

In general, no one ownership type is better or worse than others across key measures of family experience. For more information, see Section 6.4.

²¹ Data was obtained from AHS's bi-annual bed survey. Facilities included in the HQCA's analyses (N = 146) ranged in bed numbers from 10 to 252.

²² It is recognized there may be other ownership models than the three reported (for example, private not-for-profit housing bodies); however, the ownership models defined and categorized by AHS were chosen for reporting.



4.7 Method for ordering facilities in Table 3

Facilities are grouped by AHS zone and ordered by performance on the Dimensions of Care only, and not the Global Overall Care Rating. This was done to prioritize aspects of care that facilities potentially have an opportunity to directly impact. Overall order was determined using the following steps:

- 1. In each AHS zone, facilities were rank-ordered within each Dimension of Care. As a result, each facility receives a rank for each Dimension of Care.
- 2. Next, based on the ranks calculated above, a "weighted average" rank was computed that averaged all Dimension of Care ranks, with each individual rank weighted by how strongly each Dimension relates to the Global Overall Care Rating. Therefore, rankings for Dimensions of Care that have a strong association with the Global Overall Care Rating are weighted more heavily than weaker factors.

As a result, facilities that consistently have positive scores across Dimensions of Care will in turn have a high rank. Additional details can be found in Appendix II.

It is important to note that facility ranking should not be compared from year to year as facility participation varied across survey years. In 2013-14, 107 facilities were ranked, whereas in 2016, 146 facilities were ranked.

4.8 Statistically significant differences across survey cycles

While only 2016 data is presented in Table 3, statistical tests were conducted to test significant differences across survey cycles. A significance of $p \le 0.01$ was used for all comparison tests. Significant differences are indicated by the following shading rules:

- When the 2016 facility score is shaded **GREEN** this indicates that the 2016 score is significantly HIGHER than the 2013-14 score.
- When the 2016 facility score is shaded **RED** this indicates that the 2016 score is significantly LOWER than the 2013-14 score.
- No shade: 2016 and 2013-14 scores do not significantly differ.

As noted in section 4.1 above, while statistical significance may help identify potential improvement opportunities, comparing two data points (i.e., survey cycles) may not indicate a clinically significant change. Therefore, this information should not be used in isolation. In addition, results that did not show any statistically significant change or difference may still be important.



Table 3: Summary of facility results

			Dim	ensions of C	are		are			ds			
Order	Calgary Zone (N = 25 facilities)	Staffing, Care of Belongings and Environment (0 to 100)		Food Rating Scale		Meeting Basic Needs	Global Overall Ca Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
1	Silver Willow Lodge	82	96	75	91	98	9.0	100	Rural	38	18	SL3/SL4/ SL4D	Priv
2	Prince of Peace Harbour	80	93	77	91	100	8.7	100	Urban	32	22	SL4D	Vol
3	Prince of Peace Manor	86	90	84	87	97	9.1	100	Urban	30	14	SL4	Vol
4	Aspen Ridge Lodge	85	94	81	85	94	9.1	100	Rural	30	18	SL4/SL4D	Vol
5	AgeCare Seton	86	91	70	86	98	8.9	97	Urban	252	157	SL4/SL4D	Priv
6	Revera Heartland	80	93	75	87	99	8.4	100	Urban	40	24	SL4	Priv
7	Edgemont Retirement Residence	90	88	67	87	98	8.8	100	Urban	31	12	SL4	Priv
8	Whitehorn Village Retirement Community	89	85	78	85	96	9.1	100	Urban	53	25	SL4/SL4D	Priv
9	Wing Kei Greenview	82	87	76	85	99	8.6	100	Urban	95	55	SL4/SL4D	Vol
10	Chartwell Eau Claire Retirement Residence	79	90	67	91	99	8.4	97	Urban	73	30	SL4/SL4D	Priv
11	McKenzie Towne Retirement Residence	81	87	77	83	97	8.8	95	Urban	42	20	SL4/SL4D	Priv
12	Wentworth Manor	79	88	72	87	98	8.6	100	Urban	57	35	SL4/SL4D	Vol
13	AgeCare Sagewood	80	89	62	89	98	8.5	99	Rural	130	78	SL4/SL4D	Priv
14	Millrise Place	76	92	68	88	91	8.3	100	Urban	40	22	SL4/SL4D	Priv
15	St. Marguerite Manor	76	89	65	89	96	8.4	97	Urban	102	59	SL4/SL4D	Vol
16	AgeCare Walden Heights	81	86	65	85	96	8.3	93	Urban	234	105	SL4/SL4D	Priv
17	Tudor Manor	76	89	67	87	95	8.6	99	Urban	152	97	SL4/SL4D	Vol
18	Monterey Place	78	86	68	80	97	8.2	93	Urban	107	42	SL4/SL4D	Priv
19	Bethany Didsbury	77	87	69	82	90	8.3	86	Rural	100	62	SL4/SL4D	Vol
20	Carewest Colonel Belcher	77	86	62	89	89	8.0	100	Urban	30	14	SL4	AHS
21	Scenic Acres Retirement Residence	75	86	75	84	94	8.2	100	Urban	26	13	SL4/SL4D	Priv
22	Evanston Grand Village	77	84	71	81	93	8.1	90	Urban	102	51	SL4/SL4D	Priv



			Din	nensions of C	are		re			ş			
Order	Calgary Zone (N = 25 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
23	Sunrise Village High River	74	88	66	84	95	8.1	89	Rural	108	59	SL4/SL4D	Priv
24	Holy Cross Manor	73	84	68	85	89	8.2	93	Urban	100	60	SL4/SL4D	Vol
25	Rocky Ridge Retirement Community	59	76	65	74	71	7.3	87	Urban	29	19	SL4D	Priv
Order	Edmonton Zone (N = 43 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Mindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
1	CapitalCare McConnell Place North	83	96	85	93	99	9.5	100	Urban	36	24	SL4D	AHS
2	West Country Hearth	82	96	87	93	100	9.4	100	Urban	32	17	SL4/SL4D	Vol
3	Lifestyle Options - Terra Losa	85	94	72	91	97	9.2	100	Urban	77	38	SL4/SL4D	Priv
4	Rosedale at Griesbach	83	95	75	90	99	8.6	100	Urban	165	44	SL4/SL4D	Priv
5	Emmanuel Home	84	92	76	88	96	8.4	89	Urban	15	9	SL4	Vol
6	Chartwell Country Cottage Retirement Residence	82	88	79	87	100	8.4	94	Urban	26	17	SL4	Priv
7	Shepherd's Care Greenfield	81	92	76	92	100	8.7	92	Urban	30	12	SL4D	Vol
8	Wedman Village Homes	84	91	81	82	92	8.6	93	Urban	30	16	SL4D	Vol
9	Edmonton Chinatown Care Centre	84	90	72	87	96	7.7	89	Urban	15	10	SL4	Vol
10	Garneau Hall	84	91	65	90	100	8.7	100	Urban	37	21	SL4/SL4D	Priv
11	Good Samaritan Spruce Grove Centre	81	90	77	85	99	8.5	86	Urban	30	22	SL4	Vol
12	Lifestyle Options Whitemud	81	92	77	85	94	8.7	97	Urban	77	36	SL4/SL4D	Priv
13	Good Samaritan George Hennig Place	81	90	83	84	99	9.1	100	Urban	30	18	SL4	Vol
14	Good Samaritan Stony Plain Care Centre	79	95	72	89	100	8.6	100	Urban	30	19	SL4D	Vol
15	Shepherd's Garden	82	97	53	87	95	8.2	90	Urban	45	20	SL4	Vol
16	Citadel Mews West	81	91	68	86	95	8.4	91	Urban	68	35	SL4	Priv



			Din	nensions of C	are		re			ş			
Order	Edmonton Zone (N = 43 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
17	Aspen House	79	90	72	90	96	8.8	100	Urban	74	47	SL4/SL4D	Priv
18	CapitalCare McConnell Place West	78	93	68	92	87	8.9	100	Urban	36	29	SL4D	AHS
19	Lifestyle Options - Leduc	80	85	76	86	94	8.3	100	Urban	74	18	SL4/SL4D	Priv
20	Rosedale Estates	81	82	79	80	99	8.3	100	Urban	50	22	SL3/SL4	Priv
21	Chateau Vitaline	79	88	74	79	99	8.1	94	Urban	46	18	SL4/SL4D	Vol
22	Grand Manor	75	82	79	88	100	7.9	85	Urban	56	17	SL4	Vol
23	Shepherd's Care Vanguard	74	88	77	83	95	8.2	94	Urban	94	51	SL4/SL4D	Vol
24	Chartwell Wild Rose Retirement Residence	81	83	70	85	97	8.3	91	Urban	27	12	SL4	Priv
25	Rutherford Heights Retirement Residence	71	87	74	86	97	8.0	91	Urban	89	47	SL4/SL4D	Priv
26	Salvation Army Grace Manor	78	86	67	84	94	8.4	93	Urban	87	37	SL4	Vol
27	Good Samaritan Wedman House	76	88	65	81	99	8.1	88	Urban	30	20	SL4	Vol
28	Shepherd's Care Kensington	75	87	64	83	99	8.2	98	Urban	86	42	SL4/SL4D	Vol
29	Rosedale St. Albert	77	80	70	83	93	8.3	95	Urban	70	41	SL4	Priv
30	Copper Sky Lodge	74	88	67	83	92	8.2	92	Urban	131	63	SL4/SL4D	Priv
31	Riverbend Retirement Residence	71	84	77	80	87	7.8	86	Urban	38	21	SL4/SL4D	Priv
32	CapitalCare Laurier House Strathcona	74	86	57	87	91	8.1	100	Urban	42	24	SL4	AHS
33	Excel Society - Balwin Villa	71	77	73	81	96	7.5	76	Urban	104	25	SL4D	Vol
34	Tuoi Hac - Golden Age Manor	75	84	60	78	98	7.9	86	Urban	91	39	SL4	Vol
35	Villa Marguerite	70	84	67	83	97	8.0	88	Urban	230	116	SL4/SL4D	Vol
36	Saint Thomas Assisted Living Centre	71	84	62	83	95	7.6	90	Urban	138	66	SL4/SL4D	Vol
37	Laurel Heights	73	84	68	77	82	8.0	91	Urban	70	35	SL4	Priv
38	Glastonbury Village	76	82	60	79	89	7.9	88	Urban	49	28	SL4	Priv
39	CapitalCare Laurier House Lynnwood	74	78	59	85	89	8.1	100	Urban	80	45	SL4	AHS
40	Summerwood Village Retirement Residence	66	83	72	76	92	7.7	83	Urban	79	56	SL4/SL4D	Priv
41	Sprucewood Place	70	73	63	73	99	7.2	74	Urban	93	33	SL4	Vol



			Din	nensions of C	are		ē			ş			
Order	Edmonton Zone (N = 43 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
42	Lewis Estates Retirement Residence	70	82	67	72	87	7.8	88	Urban	87	41	SL4/SL4D	Priv
43	Churchill Retirement Community	62	65	69	69	82	7.1	60	Urban	35	11	SL4/SL4D	Priv
			Din	nensions of C	are		re			ds			
Order	Central Zone (N = 34 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
1	Serenity House	90	100	90	100	100	9.5	100	Rural	12	8	SL3	AHS
2	Islay Assisted Living	89	98	87	93	100	9.6	100	Rural	20	12	SL3	AHS
3	Sunrise Village Wetaskiwin	89	98	80	94	100	9.3	100	Rural	20	9	SL3	Priv
4	West Park Lodge	87	94	80	92	98	9.0	100	Urban	36	24	SL4/SL4D	Priv
5	Sunrise Village Olds	88	91	76	100	100	8.9	100	Rural	20	9	SL3	Priv
6	Providence Place	83	92	80	94	100	9.2	100	Rural	16	9	SL3	Priv
7	Bashaw Meadows	82	97	77	94	100	9.1	93	Rural	30	15	SL4/SL4D	Vol
8	Vermilion Valley Lodge	87	87	78	90	100	9.0	100	Rural	40	20	SL3	Priv
9	Pines Lodge	88	86	73	94	100	8.7	100	Urban	20	13	SL3	Vol
10	Points West Living Wainwright	84	93	78	89	96	9.0	97	Rural	59	35	SL4/SL4D	Priv
11	Sunrise Village Drayton Valley	86	91	72	91	100	9.8	100	Rural	16	5	SL3	Priv
12	Coronation Hospital and Care Centre	89	95	59	91	100	9.4	100	Rural	19	15	SL3	AHS
13	Wetaskiwin Meadows	85	93	74	86	100	9.3	100	Rural	26	12	SL3	Vol
14	Faith House	85	95	60	93	100	8.5	100	Rural	20	13	SL3	Vol
15	Hillview Lodge	83	93	72	93	99	8.9	100	Rural	36	17	SL3	Vol
16	Points West Living Lloydminster	78	91	76	87	100	8.4	97	Rural	60	37	SL4/SL4D	Priv
17	Eckville Manor House	83	83	75	89	97	8.7	100	Urban	15	7	SL3	Vol
18	Chateau Three Hills	84	83	78	77	100	7.5	100	Rural	15	6	SL3	Priv
19	Memory Lane	70	84	79	86	96	8.3	93	Rural	25	16	SL4D	AHS



			Din	nensions of C	are		ē			<u>s</u>			
Order	Central Zone (N = 34 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
20	Sunrise Village Ponoka	80	86	64	87	90	8.4	88	Rural	20	11	SL3	Priv
21	Sunrise Village Camrose	68	90	72	88	96	7.7	89	Rural	82	48	SL4/SL4D	Priv
22	Sunset Manor	77	85	66	84	94	8.2	92	Rural	101	66	SL3/SL4/SL 4D	Priv
23	Bethany Sylvan Lake	80	80	70	86	95	8.2	100	Urban	21	13	SL4	Vol
24	Villa Marie	71	87	67	84	90	8.0	92	Urban	100	52	SL4/SL4D	Vol
25	Bethany Meadows	76	86	62	83	94	8.0	90	Rural	30	20	SL4	AHS
26	Extendicare Michener Hill	75	84	63	87	90	8.1	86	Urban	60	40	SL4	Priv
27	Points West Living Century Park	76	84	71	74	95	7.9	85	Rural	40	20	SL4/SL4D	Priv
28	Vegreville Manor	71	86	58	84	100	7.5	100	Rural	15	6	SL3	Priv
29	Sunrise Encore Olds	73	81	71	81	91	7.9	87	Rural	60	39	SL4/SL4D	Priv
30	Good Samaritan Good Shepherd Lutheran Home	69	86	66	84	87	7.6	97	Rural	69	38	SL3/SL4/SL 4D	Vol
31	Heritage House	73	79	62	81	95	7.4	82	Rural	42	18	SL4	Priv
32	Clearwater Centre	70	80	64	74	86	7.5	79	Rural	39	21	SL3/SL4/SL 4D	Vol
33	Points West Living Stettler	67	83	65	78	84	7.6	88	Rural	88	47	SL4/SL4D	Priv
34	Royal Oak Manor	70	80	62	81	90	7.6	86	Rural	111	65	SL3/SL4/ SL4D	Priv
			Din	nensions of C	are		ē			S			
Order	North Zone (N = 18 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
1	Vilna Villa	95	99	97	100	100	8.3	100	Rural	12	8	SL3	Vol
2	Elk Point Heritage Lodge	87	98	91	94	100	9.3	100	Rural	10	9	SL3	Vol
3	Ridgevalley Seniors Home	90	92	89	96	100	9.3	100	Rural	15	7	SL3	Priv



			Din	nensions of C	are		<u>e</u>			ş			
Order	North Zone (N = 18 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
4	Jasper Alpine Summit Seniors Lodge	89	94	71	93	100	9.0	100	Rural	16	9	SL4	Vol
5	Smithfield Lodge	84	93	74	94	97	8.7	100	Rural	46	30	SL3/SL4	Priv
6	Spruce View Lodge	84	97	62	97	100	8.7	83	Rural	15	7	SL3	Priv
7	Pleasant View Lodge - Mayerthorpe	80	82	76	88	100	8.3	100	Rural	15	9	SL3	Priv
8	Points West Living Slave Lake	80	90	73	90	89	8.5	100	Rural	45	15	SL4/SL4D	Priv
9	Heimstaed Lodge	80	92	71	86	97	8.7	100	Rural	54	26	SL3/SL4/ SL4D	Priv
10	MacKenzie Place Supportive Living	78	90	71	90	97	8.9	100	Urban	27	19	SL4	AHS
11	Points West Living Grande Prairie	69	83	74	87	94	7.7	95	Urban	95	45	SL4/SL4D	Priv
12	Grande Prairie Care Centre	72	86	72	85	86	8.0	84	Urban	60	44	SL4/SL4D	Priv
13	Stone Brook	72	86	68	83	92	7.9	82	Rural	56	33	SL3/SL4/ SL4D	Priv
14	Manoir du Lac	69	87	65	84	98	8.3	100	Rural	35	19	SL3/SL4/ SL4D	Priv
15	Points West Living Cold Lake	66	91	67	82	87	7.7	86	Rural	42	22	SL3/SL4/ SL4D	Priv
16	Points West Living Peace River	73	82	65	81	96	7.7	85	Rural	42	20	SL3/SL4/ SL4D	Priv
17	Mountain View Centre	66	81	64	82	92	7.6	85	Rural	52	20	SL4/SL4D	Vol
18	Shepherd's Care Barrhead	63	75	63	76	94	6.7	64	Rural	42	15	SL4	Vol
			Din	nensions of C	are		ē			<u>s</u>			
Order	South Zone (N = 26 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
1	Clearview Lodge	89	95	89	93	100	9.7	100	Rural	20	13	SL3	Vol
2	Leisure Way	88	96	74	98	100	9.2	100	Urban	17	8	SL4/SL4D	Priv



			Din	nensions of C	are		re			ş			
Order	South Zone (N = 26 facilities)	Staffing, Care of Belongings and Environment (0 to 100)	Kindness and Respect	Food Rating Scale	Providing Information and Family Involvement	Meeting Basic Needs	Global Overall Care Rating (0 to 10)	Propensity to Recommend (%)	Geography	Number of SL beds	Respondents (N)	Level of care	Ownership type
3	Pleasant View Lodge - Bow Island	91	97	68	99	100	9.8	100	Rural	20	5	SL3	Vol
4	Chinook Lodge	91	85	78	91	100	9.5	100	Rural	20	7	SL3	Vol
5	Cypress View	89	88	78	87	100	8.8	100	Urban	45	24	SL3	Vol
6	Piyami Place	76	93	80	92	100	8.4	83	Urban	15	6	SL4/SL4D	Vol
7	Good Samaritan Prairie Ridge	80	93	73	92	99	9.1	100	Rural	85	27	SL4/SL4D	Vol
8	Good Samaritan Garden Vista	85	90	74	91	97	9.0	100	Rural	35	16	SL3/SL4/ SL4D	AHS
9	Good Samaritan South Ridge Village	77	92	76	86	95	8.8	96	Urban	46	23	SL4/SL4D	Vol
10	Golden Acres	80	88	75	85	96	8.3	88	Urban	45	19	SL3	Vol
11	Orchard Manor	79	90	56	89	100	8.4	94	Rural	25	19	SL3	Priv
12	Legacy Lodge	75	88	76	85	89	8.3	95	Urban	104	61	SL4/SL4D	Priv
13	Meadow Ridge Seniors Village	75	88	74	85	87	8.3	94	Urban	84	51	SL4/SL4D	Priv
14	The Wellington Retirement Residence	76	85	72	84	98	7.5	80	Urban	50	26	SL4	Priv
15	Sunnyside Care Centre	78	90	63	80	91	8.7	93	Urban	24	18	SL4	Vol
16	Good Samaritan Linden View	71	89	68	85	95	8.1	96	Rural	105	51	SL4/SL4D	Vol
17	Good Samaritan Park Meadows Village	75	87	69	83	93	8.2	91	Urban	121	63	SL4/SL4D	Vol
18	Good Samaritan Vista Village	75	85	72	80	92	8.3	91	Rural	75	43	SL3/SL4/ SL4D	Vol
19	Extendicare Fairmont Park	73	84	68	86	92	8.1	95	Urban	140	81	SL4/SL4D	Priv
20	Good Samaritan West Highlands	74	83	71	83	91	8.1	89	Urban	100	58	SL4/SL4D	Vol
21	Sunrise Gardens	70	83	69	84	85	7.9	90	Rural	84	54	SL4/SL4D	Priv
22	St. Michael's Health Centre	66	87	66	83	83	8.0	96	Urban	60	25	SL4D	AHS
23	Sunny South Lodge	67	77	71	80	89	7.5	91	Urban	45	24	SL3/SL4/ SL4D	Vol
24	River Ridge Seniors Village	69	81	68	80	100	7.9	92	Urban	36	12	SL4/SL4D	Priv
25	St. Therese Villa	70	81	66	80	87	7.8	91	Urban	200	130	SL3/SL4/ SL4D	Vol
26	Good Samaritan Lee Crest	67	80	50	82	89	7.5	86	Rural	95	30	SL4/SL4D	Vol



5.0 2016 AND 2013-14 FACILITY RESULTS

The following section provides results of the Global Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale for each facility that participated in the 2016 survey and, where relevant, how the 2016 results compare to the 2013-14 results.

The Global Overall Care Rating and Propensity to Recommend are presented first, followed by each Dimension of Care and the Food Rating Scale. The ordering of the Dimensions of Care and Food Rating Scale is based on their influence on the Global Overall Care Rating, as determined through a regression model (see Appendix VIII), and is presented in the following order:

- 1. Staffing, Care of Belongings, and Environment Dimension of Care
- 2. Kindness and Respect Dimension of Care
- 3. Food Rating Scale
- 4. Providing Information and Encouraging Family Involvement Dimension of Care
- 5. Meeting Basic Needs Dimension of Care

Detailed zone analyses of all questions can be found in Appendix VII.

5.1 Interpreting tables

For each measure, facilities are ordered by their average score or rating and are grouped by AHS zone to facilitate comparisons. In all cases the higher the score or rating, the more positive the experience. A significance of $p \le 0.01$ was used for all comparison tests. Significant differences are indicated by the following shading rules:

- When the 2016 facility score is shaded **GREEN** this indicates that the 2016 score is statistically significantly HIGHER than the 2013-14 score.
- When the 2016 facility score is shaded **RED** this indicates that the 2016 score is statistically significantly LOWER than 2013-14 score.
- No shade: 2016 and 2013-14 scores do not significantly differ.

As noted in Section 4.1 above, while statistical significance may help identify potential improvement opportunities, comparing two data points (i.e., survey cycles) may not indicate a clinically significant change. Therefore, this information should not be used in isolation. In addition, results that did not show any statistically significant change or difference may still be important.

The 2016 <u>AHS zone average</u> for the 146 facilities included in the analyses is represented by a row in **ORANGE**. Facilities listed above this row have a 2016 score above the respective zone average, and all facilities listed below this row have a 2016 score below the respective zone average.

The 2016 <u>provincial average</u> for the 146 facilities included in the analyses is represented by a row in **YELLOW**. All facilities listed above this row have a 2016 score above the provincial average, and all facilities listed below this row have a 2016 score below the provincial average.

When presenting facility scores in order, the first decimal place is included for this section only to reduce the appearance of ties. For more methodological details, see Appendix II.



5.2 Global Overall Care Rating

The Global Overall Care Rating is a single item intended to reflect a respondent's overall opinion about a facility. The Global Overall Care Rating asks: *Using any number from 0 to 10, where 0 is the worst and 10 is the best care possible, what number would you use to rate the care at the supportive living facility?*

The facility average Global Overall Care Rating for the province was 8.4 out of 10. Table 4 summarizes the Global Overall Care Ratings for the participating facilities by AHS zone in 2016, and where applicable, the facility's 2013-14 result.

Table 4: Summary of facility averages Global Overall Care Ratings by AHS zone (N = 146 facilities)

	2016 F	Results	2013-14 Results			
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average		
Whitehorn Village Retirement Community	24	9.1	17	9.0		
Prince of Peace Manor	13	9.1	18	9.1		
Aspen Ridge Lodge	17	9.1	19	9.0		
Silver Willow Lodge	18	9.0	25	8.8		
AgeCare Seton	156	8.9				
McKenzie Towne Retirement Residence	19	8.8	17	8.5		
Edgemont Retirement Residence	12	8.8				
Prince of Peace Harbour	22	8.7				
Wing Kei Greenview	53	8.6				
Wentworth Manor	35	8.6	23	8.3		
Tudor Manor	96	8.6				
AgeCare Sagewood	74	8.5	33	8.4		
Calgary Zone facility average		8.5	-	-		
Chartwell Eau Claire Retirement Residence	29	8.4	40	8.4		
St. Marguerite Manor	58	8.4				
Provincial facility average		8.4	-	-		
Revera Heartland	24	8.4				
Millrise Place	21	8.3	18	9.2		
Bethany Didsbury	58	8.3				
AgeCare Walden Heights	103	8.3	50	8.8		
Scenic Acres Retirement Residence	13	8.2	6	8.2		
Holy Cross Manor	56	8.2				
Monterey Place	40	8.2	55	7.5		
Sunrise Village High River	54	8.1				
Evanston Grand Village	51	8.1				
Carewest Colonel Belcher	14	8.0	19	8.4		
Rocky Ridge Retirement Community	16	7.3				



Edmonton Zone (N = 43 facilities)	2016 Results		2013-14 Results	
	Respondents (N)	Average	Respondents (N)	Average
CapitalCare McConnell Place North	22	9.5		
West Country Hearth	16	9.4	10	9.7
Lifestyle Options - Terra Losa	38	9.2	17	8.8
Good Samaritan George Hennig Place	18	9.1	15	9.1
CapitalCare McConnell Place West	27	8.9		
Aspen House	42	8.8	40	8.3
Lifestyle Options Whitemud	33	8.7		
Shepherd's Care Greenfield	12	8.7	11	8.8
Garneau Hall	20	8.7	10	7.9
Good Samaritan Stony Plain Care Centre	17	8.6		
Wedman Village Homes	14	8.6		
Rosedale at Griesbach	41	8.6	41	8.1
Good Samaritan Spruce Grove Centre	22	8.5	14	8.6
Emmanuel Home	9	8.4	8	9.1
Salvation Army Grace Manor	30	8.4	31	8.0
Citadel Mews West	34	8.4	28	8.8
Chartwell Country Cottage Retirement Residence	17	8.4	8	9.4
Provincial facility average		8.4		
Rosedale St. Albert	40	8.3	40	8.7
Lifestyle Options - Leduc	18	8.3	30	8.2
Rosedale Estates	19	8.3	17	8.6
Edmonton Zone facility averag	е	8.3	-	
Chartwell Wild Rose Retirement Residence	12	8.3	12	8.3
Shepherd's Care Kensington	41	8.2	21	8.4
Shepherd's Care Vanguard	49	8.2	36	8.2
Copper Sky Lodge	61	8.2		
Shepherd's Garden	20	8.2	22	8.7
Chateau Vitaline	17	8.1	16	9.1
CapitalCare Laurier House Lynnwood	44	8.1	55	8.1
CapitalCare Laurier House Strathcona	23	8.1	49	8.1
Good Samaritan Wedman House	17	8.1	30	8.4
Rutherford Heights Retirement Residence	46	8.0	40	7.0
Laurel Heights	34	8.0		-
Villa Marguerite	110	8.0	95	7.8
Grand Manor	14	7.9	11	8.2
Glastonbury Village	24	7.9	22	8.5



	2016 F	Results	2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Tuoi Hac - Golden Age Manor	38	7.9	32	7.5
Lewis Estates Retirement Residence	41	7.8		
Riverbend Retirement Residence	21	7.8	16	6.8
Summerwood Village Retirement Residence	54	7.7	46	7.5
Edmonton Chinatown Care Centre	9	7.7		
Saint Thomas Assisted Living Centre	63	7.6	30	7.9
Excel Society - Balwin Villa	25	7.5	30	6.9
Sprucewood Place	25	7.2		
Churchill Retirement Community	10	7.1	19	6.7
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Sunrise Village Drayton Valley	5	9.8		
Islay Assisted Living	12	9.6	10	9.6
Serenity House	8	9.5	6	9.8
Coronation Hospital and Care Centre	14	9.4	8	8.5
Wetaskiwin Meadows	10	9.3		
Sunrise Village Wetaskiwin	8	9.3	7	9.4
Providence Place	9	9.2	5	9.4
Bashaw Meadows	15	9.1		
Vermilion Valley Lodge	18	9.0	15	9.3
West Park Lodge	24	9.0	21	9.4
Points West Living Wainwright	33	9.0	30	7.8
Hillview Lodge	16	8.9	19	9.2
Sunrise Village Olds	9	8.9	9	8.9
Eckville Manor House	7	8.7	5	9.2
Pines Lodge	12	8.7	8	8.6
Faith House	13	8.5	13	9.3
Central Zone facility average		8.5	-	-
Points West Living Lloydminster	37	8.4	33	8.7
Provincial facility average		8.4	-	- <u> </u>
Sunrise Village Ponoka	8	8.4	11	8.6
Memory Lane	15	8.3		
Sunset Manor	66	8.2	64	8.2
Bethany Sylvan Lake	13	8.2	12	8.2
Extendicare Michener Hill	36	8.1	40	7.3
Bethany Meadows	20	8.0	21	8.6
Villa Marie	51	8.0		



Central Zone (N = 34 facilities)	2016 R	Results	2013-14 Results	
	Respondents (N)	Average	Respondents (N)	Average
Sunrise Encore Olds	38	7.9		-
Points West Living Century Park	19	7.9	23	8.5
Sunrise Village Camrose	45	7.7	50	7.6
Royal Oak Manor	65	7.6	27	8.5
Points West Living Stettler	43	7.6		-
Good Samaritan Good Shepherd Lutheran Home	35	7.6	33	8.1
Clearwater Centre	20	7.5	13	6.5
Chateau Three Hills	6	7.5	8	7.3
Vegreville Manor	6	7.5		
Heritage House	17	7.4	18	8.2
	2016 F	Results	2013-14	Results
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average
Elk Point Heritage Lodge	9	9.3		-
Ridgevalley Seniors Home	7	9.3		
Jasper Alpine Summit Seniors Lodge	9	9.0		
MacKenzie Place Supportive Living	19	8.9		
Smithfield Lodge	29	8.7		
Spruce View Lodge	6	8.7		
Heimstaed Lodge	23	8.7	38	8.3
Points West Living Slave Lake	15	8.5		
Provincial facility average		8.4		
Manoir du Lac	18	8.3	14	7.9
Pleasant View Lodge – Mayerthorpe	9	8.3		
Vilna Villa	6	8.3	7	9.1
North Zone facility average		8.3	-	-
Grande Prairie Care Centre	43	8.0	26	6.8
Stone Brook	33	7.9		
Points West Living Grande Prairie	42	7.7	39	7.4
Points West Living Peace River	20	7.7		
Points West Living Cold Lake	22	7.7		
Mountain View Centre	20	7.6	18	6.8
Shepherd's Care Barrhead	15	6.7		



South Zone (N = 26 facilities)	2016 R	2016 Results		2013-14 Results	
	Respondents (N)	Average	Respondents (N)	Average	
Pleasant View Lodge - Bow Island	5	9.8	7	9.0	
Clearview Lodge	12	9.7	9	9.9	
Chinook Lodge	6	9.5	5	9.4	
Leisure Way	5	9.2	6	9.0	
Good Samaritan Prairie Ridge	27	9.1	15	8.3	
Good Samaritan Garden Vista	14	9.0	14	8.6	
Cypress View	24	8.8	17	8.5	
Good Samaritan South Ridge Village	23	8.8			
Sunnyside Care Centre	14	8.7	11	9.5	
Orchard Manor	18	8.4	13	9.2	
South Zone facility average		8.4			
Piyami Place	5	8.4	6	8.2	
Provincial facility average		8.4			
Golden Acres	15	8.3	14	8.4	
Legacy Lodge	60	8.3	60	7.8	
Good Samaritan Vista Village	43	8.3	35	8.5	
Meadow Ridge Seniors Village	49	8.3			
Good Samaritan Park Meadows Village	56	8.2	62	8.0	
Good Samaritan Linden View	49	8.1	45	8.0	
Extendicare Fairmont Park	79	8.1	76	8.0	
Good Samaritan West Highlands	56	8.1	57	8.0	
St. Michael's Health Centre	24	8.0			
River Ridge Seniors Village	12	7.9			
Sunrise Gardens	51	7.9	36	7.5	
St. Therese Villa	127	7.8			
The Wellington Retirement Residence	24	7.5	31	8.0	
Sunny South Lodge	23	7.5	18	8.6	
Good Samaritan Lee Crest	30	7.5	33	7.7	

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, the lower limit of the confidence interval was used as a sorting criterion.



5.3 Propensity to Recommend

An important indicator of family members' perception of the quality of a facility is whether a family member would recommend the facility to someone needing supportive living care. Family members were asked (Q 48): "If someone needed supportive living care, would you recommend this supportive living facility to them? Yes or No?" For this reason, a separate section was devoted to this question.

The four possible responses to this question were collapsed into a Yes or No response:

YES	NO
Definitely YES	Definitely NO
Probably YES	Probably NO

The facility average for Propensity to Recommend for the province was 93.7 out of 100 per cent. Table 5 summarizes the Propensity to Recommend percentage for the participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result. For full response options by AHS zone, see Appendix VII.

Table 5: Summary of the percentage of respondents who would recommend the facility by AHS zone (N = 146 facilities)

Calgary Zone (N = 25 facilities)	2016 F	2016 Results		2013-14 Results	
	Respondents (N)	Average	Respondents (N)	Average	
Silver Willow Lodge	17	100.0	24	100.0	
Prince of Peace Harbour	22	100.0			
Wing Kei Greenview	52	100.0			
Whitehorn Village Retirement Community	24	100.0	17	100.0	
Aspen Ridge Lodge	18	100.0	19	100.0	
Edgemont Retirement Residence	12	100.0			
Wentworth Manor	33	100.0	23	91.3	
Prince of Peace Manor	13	100.0	18	94.4	
Revera Heartland	24	100.0			
Scenic Acres Retirement Residence	13	100.0	6	100.0	
Millrise Place	21	100.0	18	100.0	
Carewest Colonel Belcher	14	100.0	19	94.7	
Tudor Manor	96	99.0			
AgeCare Sagewood	75	98.7	33	97.0	
AgeCare Seton	155	97.4			
Calgary Zone facility average	ge	96.6			



	2016 F	Results	2013-14 Results	
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average
St. Marguerite Manor	58	96.6		
Chartwell Eau Claire Retirement Residence	29	96.6	40	97.5
McKenzie Towne Retirement Residence	19	94.7	17	100.0
Provincial facility average		93.7	-	-
AgeCare Walden Heights	104	93.3	50	98.0
Holy Cross Manor	57	93.0		
Monterey Place	40	92.5	55	80.0
Evanston Grand Village	50	90.0		
Sunrise Village High River	55	89.1		
Rocky Ridge Retirement Community	15	86.7		
Bethany Didsbury	59	86.4		
	2016 F	Results	2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
CapitalCare McConnell Place North	22	100.0		
West Country Hearth	16	100.0	10	100.0
CapitalCare McConnell Place West	27	100.0		
Good Samaritan George Hennig Place	18	100.0	15	100.0
Lifestyle Options - Terra Losa	38	100.0	17	100.0
Aspen House	42	100.0	40	92.5
Good Samaritan Stony Plain Care Centre	17	100.0		
Rosedale Estates	19	100.0	17	94.1
CapitalCare Laurier House Strathcona	23	100.0	50	96.0
CapitalCare Laurier House Lynnwood	44	100.0	53	98.1
Rosedale at Griesbach	41	100.0	42	92.9
Garneau Hall	20	100.0	10	90.0
Lifestyle Options - Leduc	17	100.0	30	93.3
Shepherd's Care Kensington	41	97.6	21	100.0
Lifestyle Options Whitemud	32	96.9		
Rosedale St. Albert	39	94.9	40	100.0
Chartwell Country Cottage Retirement Residence	17	94.1	8	87.5
Chateau Vitaline	17	94.1	16	100.0
Shepherd's Care Vanguard	49	93.9	35	94.3
Provincial facility average		93.7	-	-



	2016 F	Results	2013-14 Results		
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Salvation Army Grace Manor	30	93.3	31	93.5	
Wedman Village Homes	15	93.3			
Edmonton Zone facility aver	age	91.9	-	-	
Shepherd's Care Greenfield	12	91.7	11	100.0	
Copper Sky Lodge	59	91.5			
Citadel Mews West	34	91.2	28	96.4	
Rutherford Heights Retirement Residence	45	91.1	40	85.0	
Chartwell Wild Rose Retirement Residence	11	90.9	12	100.0	
Laurel Heights	32	90.6			
Saint Thomas Assisted Living Centre	63	90.5	30	90.0	
Shepherd's Garden	20	90.0	23	100.0	
Emmanuel Home	9	88.9	8	100.0	
Edmonton Chinatown Care Centre	9	88.9			
Villa Marguerite	111	88.3	98	87.8	
Good Samaritan Wedman House	17	88.2	30	86.7	
Glastonbury Village	25	88.0	23	95.7	
Lewis Estates Retirement Residence	41	87.8			
Tuoi Hac - Golden Age Manor	37	86.5	31	93.5	
Good Samaritan Spruce Grove Centre	22	86.4	14	92.9	
Riverbend Retirement Residence	21	85.7	16	81.3	
Grand Manor	13	84.6	11	81.8	
Summerwood Village Retirement Residence	54	83.3	46	78.3	
Excel Society - Balwin Villa	25	76.0	28	71.4	
Sprucewood Place	23	73.9			
Churchill Retirement Community	10	60.0	17	76.5	
	2016 F	Results	2013-14	Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Serenity House	8	100.0	6	100.0	
Islay Assisted Living	12	100.0	10	100.0	
Hillview Lodge	14	100.0	19	100.0	
Vermilion Valley Lodge	18	100.0	15	100.0	
West Park Lodge	24	100.0	21	100.0	
Sunrise Village Olds	8	100.0	9	88.9	
Pines Lodge	12	100.0	8	100.0	
Wetaskiwin Meadows	10	100.0			
Faith House	13	100.0	13	100.0	



	2016 Results		2013-14 Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Bethany Sylvan Lake	13	100.0	12	100.0
Providence Place	9	100.0	5	100.0
Coronation Hospital and Care Centre	14	100.0	8	100.0
Sunrise Village Wetaskiwin	8	100.0	7	100.0
Vegreville Manor	6	100.0		
Sunrise Village Drayton Valley	5	100.0		
Chateau Three Hills	6	100.0	8	87.5
Eckville Manor House	7	100.0	5	100.0
Points West Living Lloydminster	35	97.1	33	97.0
Good Samaritan Good Shepherd Lutheran Home	35	97.1	34	100.0
Points West Living Wainwright	33	97.0	32	81.3
Central Zone facility average)	94.8	-	
Provincial facility average		93.7	-	
Bashaw Meadows	15	93.3		
Memory Lane	15	93.3		
Sunset Manor	66	92.4	62	95.2
Villa Marie	52	92.3		
Bethany Meadows	20	90.0	21	95.2
Sunrise Village Camrose	45	88.9	51	86.3
Points West Living Stettler	41	87.8		
Sunrise Village Ponoka	8	87.5	11	100.0
Sunrise Encore Olds	38	86.8		
Extendicare Michener Hill	37	86.5	36	80.6
Royal Oak Manor	59	86.4	27	96.3
Points West Living Century Park	20	85.0	24	91.7
Heritage House	17	82.4	18	94.4
Clearwater Centre	19	78.9	13	53.8
	2016 Results		2013-14 Results	
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average
Vilna Villa	6	100.0	7	100.0
Elk Point Heritage Lodge	9	100.0		-
Jasper Alpine Summit Seniors Lodge	9	100.0		
Heimstaed Lodge	24	100.0	38	92.1
Ridgevalley Seniors Home	6	100.0		-
Points West Living Slave Lake	15	100.0		



	2016 F	Results	2013-14	2013-14 Results	
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Pleasant View Lodge - Mayerthorpe	9	100.0			
MacKenzie Place Supportive Living	19	100.0			
Smithfield Lodge	29	100.0			
Manoir du Lac	16	100.0	14	85.7	
Points West Living Grande Prairie	41	95.1	39	89.7	
Provincial facility average		93.7	-		
North Zone facility average)	92.4			
Points West Living Cold Lake	21	85.7			
Points West Living Peace River	20	85.0			
Mountain View Centre	20	85.0	18	66.7	
Grande Prairie Care Centre	43	83.7	25	68.0	
Spruce View Lodge	6	83.3			
Stone Brook	33	81.8			
Shepherd's Care Barrhead	14	64.3			
	2016 F	2016 Results		Results	
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Clearview Lodge	12	100.0	9	100.0	
Chinook Lodge	6	100.0	5	100.0	
Pleasant View Lodge - Bow Island	5	100.0	7	100.0	
Leisure Way	5	100.0	6	100.0	
Cypress View	24	100.0	17	100.0	
Good Samaritan Prairie Ridge	26	100.0	15	100.0	
Good Samaritan Garden Vista	15	100.0	13	92.3	
St. Michael's Health Centre	25	96.0			
Good Samaritan Linden View	47	95.7	45	84.4	
Good Samaritan South Ridge Village	23	95.7			
Legacy Lodge	59	94.9	60	93.3	
Extendicare Fairmont Park	77	94.8	76	93.4	
Orchard Manor	18	94.4	13	100.0	
Meadow Ridge Seniors Village	48	93.8			
Provincial facility average		93.7			
South Zone facility average	•	93.5			



	2016 F	Results	2013-14	Results
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average
Sunnyside Care Centre	14	92.9	11	100.0
River Ridge Seniors Village	12	91.7		
Good Samaritan Park Meadows Village	58	91.4	61	86.9
Sunny South Lodge	22	90.9	18	100.0
Good Samaritan Vista Village	43	90.7	35	94.3
St. Therese Villa	127	90.6		
Sunrise Gardens	50	90.0	34	85.3
Good Samaritan West Highlands	56	89.3	56	96.4
Golden Acres	17	88.2	14	92.9
Good Samaritan Lee Crest	29	86.2	36	88.9
Piyami Place	6	83.3	6	83.3
The Wellington Retirement Residence	25	80.0	31	83.9

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by the percentage who answered "Definitely YES" from highest to lowest. In the event of a tie at this level, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.4 Dimension of Care: Staffing, Care of Belongings, and Environment

"I am very pleased with the care staff at this facility. They are warm and caring. But there are very often not enough of them."

Family members were asked to reflect on their experiences with the Dimension of Care: Staffing, Care of Belongings, and Environment. This dimension covers a range of topics

including staff availability, security of residents' clothing and personal belongings, laundry services, and condition and cleanliness of resident rooms and common areas. The following survey questions were asked, in the order of how strongly each influences this dimension from strongest to weakest:

- (Q49) How often are there enough nurses or aides?
- (Q31) Resident's room looks and smells clean?
- (Q9 and Q10) Can find a nurse or aide?
- (Q21) Resident looks and smells clean?
- (Q33) Public area looks and smells clean?
- (Q36 and Q37) Resident's clothes lost?
- (Q35) Resident's medical belongings lost?
- (Q67) Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

What is in this section?

- Section 5.4.1 summarizes facility averages for Staffing, Care of Belongings, and Environment for participating facilities in 2016 and 2013-14.
- Section 5.4.2 summarizes family members' comments about Staffing, Care of Belongings, and Environment in 2016. Topics discussed include staff (staffing levels, additional training and education for staff, leadership, and management), care of residents' belongings, laundry services, and facility environment. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets [].

Findings at a glance

 In 2016, the provincial average for Staffing, Care of Belongings, and Environment was 78.1 out of 100. "No consistency of workers. Sometimes the aides didn't seem to know much about the resident."

Primary concerns for family members was (1) the number of staff available to provide residents with help in a timely manner and (2) continuity of staff. In addition, staffing levels was one of the top recommendations for improvement provincially.



5.4.1 Facility averages for Staffing, Care of Belongings, and Environment

In 2016, the provincial facility average for Staffing, Care of Belongings, and Environment was 78.1 out of 100. Table 6 summarizes facility scores for participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result.

Table 6: Summary of facility averages for Staffing, Care of Belongings, and Environment by AHS zone (N = 146 facilities)

	2016 R	2016 Results		2013-14 Results	
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Edgemont Retirement Residence	12	89.8			
Whitehorn Village Retirement Community	24	88.9	18	86.6	
Prince of Peace Manor	14	86.0	18	84.3	
AgeCare Seton	156	86.0			
Aspen Ridge Lodge	18	85.5	19	84.6	
Wing Kei Greenview	55	82.4			
Silver Willow Lodge	18	81.7	26	82.3	
McKenzie Towne Retirement Residence	19	81.0	17	74.5	
AgeCare Walden Heights	104	80.8	50	84.1	
Prince of Peace Harbour	21	80.3			
AgeCare Sagewood	76	80.3	33	77.8	
Revera Heartland	24	79.9			
Wentworth Manor	35	79.4	23	74.3	
Calgary Zone facility averag	je	79.2			
Chartwell Eau Claire Retirement Residence	29	78.6	40	75.0	
Monterey Place	41	78.2	55	72.0	
Provincial facility average		78.1	-	-	
Carewest Colonel Belcher	14	77.5	19	79.1	
Evanston Grand Village	51	77.2			
Bethany Didsbury	59	77.1			
St. Marguerite Manor	59	76.2			
Millrise Place	21	75.9	18	82.6	
Tudor Manor	96	75.9			
Scenic Acres Retirement Residence	13	75.1	6	74.1	
Sunrise Village High River	57	74.0			
Holy Cross Manor	57	72.6			
Rocky Ridge Retirement Community	17	59.0			



	2016 F	Results	2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Lifestyle Options - Terra Losa	38	84.6	18	84.3
Edmonton Chinatown Care Centre	10	84.5		
Wedman Village Homes	15	84.2		
Garneau Hall	20	83.8	11	76.6
Emmanuel Home	9	83.6	8	87.6
CapitalCare McConnell Place North	23	83.2		
Rosedale at Griesbach	42	83.1	42	78.7
Chartwell Country Cottage Retirement Residence	17	82.3	8	89.8
Shepherd's Garden	20	81.7	23	79.4
West Country Hearth	16	81.6	10	85.3
Citadel Mews West	34	81.3	29	85.9
Good Samaritan Spruce Grove Centre	22	81.3	14	93.0
Lifestyle Options Whitemud	33	81.1		
Rosedale Estates	20	81.1	17	80.8
Chartwell Wild Rose Retirement Residence	12	80.9	13	74.6
Good Samaritan George Hennig Place	18	80.9	15	86.9
Shepherd's Care Greenfield	12	80.6	11	82.8
Lifestyle Options - Leduc	18	80.4	31	79.3
Chateau Vitaline	17	79.4	16	87.5
Aspen House	42	79.3	41	76.0
Good Samaritan Stony Plain Care Centre	19	78.5		
Provincial facility average		78.1	-	
CapitalCare McConnell Place West	27	77.7		
Salvation Army Grace Manor	30	77.6	31	74.3
Rosedale St. Albert	40	77.5	40	85.7
Edmonton Zone facility averag	е	77.2	-	
Good Samaritan Wedman House	17	76.3	30	80.8
Glastonbury Village	25	75.9	23	85.3
Shepherd's Care Kensington	41	75.3	22	79.1
Grand Manor	14	74.7	11	74.5
Tuoi Hac - Golden Age Manor	38	74.6	32	75.5
Shepherd's Care Vanguard	49	74.3	37	76.5
CapitalCare Laurier House Lynnwood	45	73.9	56	73.4
Copper Sky Lodge	62	73.8		
CapitalCare Laurier House Strathcona	23	73.7	50	69.4



	2016 Results		2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Laurel Heights	34	73.2		
Saint Thomas Assisted Living Centre	63	71.3	31	77.5
Excel Society - Balwin Villa	25	71.0	30	67.2
Riverbend Retirement Residence	21	70.8	16	68.6
Rutherford Heights Retirement Residence	46	70.7	40	61.2
Villa Marguerite	111	70.2	98	72.7
Sprucewood Place	25	70.2		
Lewis Estates Retirement Residence	41	69.6		
Summerwood Village Retirement Residence	55	66.0	46	63.7
Churchill Retirement Community	10	62.3	19	61.2
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Serenity House	8	90.1	6	93.7
Islay Assisted Living	12	88.9	10	94.9
Coronation Hospital and Care Centre	14	88.8	8	82.4
Sunrise Village Wetaskiwin	8	88.8	7	84.1
Sunrise Village Olds	9	88.0	9	80.3
Pines Lodge	12	87.7	8	84.4
West Park Lodge	24	87.2	22	87.0
Vermilion Valley Lodge	19	86.6	15	88.2
Sunrise Village Drayton Valley	5	85.9		
Faith House	13	85.0	13	89.9
Wetaskiwin Meadows	11	84.8		
Points West Living Wainwright	33	84.3	33	73.5
Chateau Three Hills	6	84.0	8	72.4
Eckville Manor House	7	83.5	5	86.2
Providence Place	9	83.3	5	90.8
Hillview Lodge	16	83.3	19	88.2
Bashaw Meadows	15	82.3		
Bethany Sylvan Lake	13	80.3	12	76.1
Sunrise Village Ponoka	10	80.3	11	84.1
Central Zone facility average		79.6	_	-
Provincial facility average		78.1	-	



	2016 R	lesults	2013-14	2013-14 Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Points West Living Lloydminster	37	77.9	33	81.2	
Sunset Manor	66	76.7	65	78.9	
Bethany Meadows	20	76.1	21	78.9	
Points West Living Century Park	20	75.5	24	77.8	
Extendicare Michener Hill	37	74.7	40	72.5	
Sunrise Encore Olds	39	72.7			
Heritage House	17	72.6	18	79.8	
Vegreville Manor	6	71.2			
Villa Marie	52	71.2			
Clearwater Centre	20	70.4	13	62.3	
Memory Lane	15	70.1			
Royal Oak Manor	65	69.7	27	76.3	
Good Samaritan Good Shepherd Lutheran Home	37	68.8	34	70.7	
Sunrise Village Camrose	45	68.4	52	69.3	
Points West Living Stettler	45	67.1			
	2016 Results		2013-14 Results		
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Vilna Villa	6	94.7	7	86.3	
Ridgevalley Seniors Home	7	90.1			
Jasper Alpine Summit Seniors Lodge	9	88.7			
Elk Point Heritage Lodge	9	86.7			
Smithfield Lodge	30	84.3			
Spruce View Lodge	6	83.9			
Pleasant View Lodge - Mayerthorpe	9	80.4			
Points West Living Slave Lake	15	80.3			
Heimstaed Lodge	25	80.1	39	71.4	
Provincial facility average		78.1			
MacKenzie Place Supportive Living					
North Zone facility average	19	77.8			
Troitii Zono idomity dvordgo	19	77.8 77.6		-	
Points West Living Peace River	20				
		77.6	-	-	
Points West Living Peace River	20	77.6 72.5			
Points West Living Peace River Stone Brook	20	77.6 72.5 72.1			



	2016 R	2016 Results		2013-14 Results	
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Mountain View Centre	20	66.5	20	58.1	
Points West Living Cold Lake	22	65.8			
Shepherd's Care Barrhead	15	63.1			
	2016 R	lesults	2013-14	Results	
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Pleasant View Lodge - Bow Island	5	91.5	7	90.3	
Chinook Lodge	6	91.5	5	85.0	
Cypress View	24	88.8	17	80.1	
Clearview Lodge	12	88.7	9	95.7	
Leisure Way	5	87.9	7	79.6	
Good Samaritan Garden Vista	15	84.5	14	79.6	
Golden Acres	17	79.7	14	80.3	
Good Samaritan Prairie Ridge	27	79.7	15	73.6	
Orchard Manor	18	78.9	13	91.0	
Provincial facility averag	е	78.1	-		
Sunnyside Care Centre	14	77.5	11	86.0	
Good Samaritan South Ridge Village	23	77.2			
South Zone facility averag	ge	77.2	-		
The Wellington Retirement Residence	25	76.3	31	73.5	
Piyami Place	6	75.9	6	72.0	
Meadow Ridge Seniors Village	50	75.5			
Legacy Lodge	60	75.4	61	69.5	
Good Samaritan Park Meadows Village	58	75.2	62	73.7	
Good Samaritan Vista Village	43	74.6	35	79.6	
Good Samaritan West Highlands	56	74.3	58	71.6	
Extendicare Fairmont Park	80	72.9	77	71.0	
Good Samaritan Linden View	50	71.4	46	70.4	
St. Therese Villa	128	70.2			
Sunrise Gardens	51	69.7	36	67.0	
River Ridge Seniors Village	12	68.7			
Sunny South Lodge	24	67.1	18	82.3	
Good Samaritan Lee Crest	30	66.7	37	67.5	
St. Michael's Health Centre	25	66.3			

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.4.2 Family member comments about Staffing, Care of Belongings, and Environment

Some of the comments provided by family members to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain," were related to the Dimension of Care: Staffing, Care of Belongings, and Environment. These comments covered a range of topics that were consistent with comments provided for the 2013-14 survey, and include staff (staffing levels, additional training and education for staff, leadership, and management), care of residents' belongings, laundry services, and facility environment, and are summarized below.

Staffing levels

"Staff is wonderful! Just not enough of them. There are times they are with other residents, I worry if [the resident] needs help, how will they know if they are with other residents and [resident] forgets to wear [their] help button?"

"When [the facility] decided to rotate staff through the units, the atmosphere changed. Staff never know what is happening with your loved one when you ask them. The issue for my [resident] is there are no longer familiar faces and a simple routine like bathing can be difficult."

Most family members expressed appreciation for staff who they described as exceptional and hardworking. However, family members expressed concern for residents' ability to receive help when staffing levels were low. Staffing levels refer to the number of staff and their position, scheduled hours of work, employment permanency, and availability, and was a primary topic of discussion.

Overall, family members said they thought there were not enough staff available and observed understaffing, inappropriate scheduling of staff (e.g., low staff availability during evenings, weekends, high-needs times, and between shift change), and lack of replacement staff when staff were ill or took scheduled time off. Family members said they felt this negatively impacted quality of care and services provided to residents. Specifically, basic care needs such as toileting, bathing, feeding, and transferring were hurried, overlooked, or not provided, residents' choices were reduced (e.g., what time they got up or went to bed), and some family members said they felt staff were at risk of making errors in care delivery (e.g., providing the wrong medication).

Family members also expressed concern that residents were unable to establish trusting relationships with staff when staff turnover was high, when part-time staff were used more often than permanent full-time staff, or when staff were rotated throughout the facility. Trusting relationships were viewed as important to establishing familiarity with resident care needs, and to ensuring minimal disruption to residents' lives.

Staff workload and its impact on staff was also a topic of discussion. Specifically, some family members felt staff were expected to carry out more tasks during their shift than was reasonable, and beyond staff's scope of responsibility. For example, healthcare aides who were responsible for resident care were also responsible for food preparation and housekeeping tasks. This was viewed as negatively impacting quality of care provided to residents, and staff morale. Some family members were concerned that low job satisfaction may inappropriately manifest through rough treatment of residents, or apathy and unwillingness to help residents.

At this time, Alberta does not have a staff-to-resident ratio; however, Alberta Health Services (AHS) guidelines do require 24-hour on-site scheduled and unscheduled professional and personal care and



support, provided by licensed practical nurses and/or healthcare aides as well as registered nurse services with 24-hour on-call availability.²³

Family member comments provide one perspective concerning staffing levels, and do not reflect compliance or non-compliance with standards.

Cleanliness and condition of the facility

"I feel very fortunate to have gotten my [resident] in [the facility]. It has a homey ambiance, beautiful grounds, excellent staff, great recreation programs, and any minor wrinkle I have experienced has been dealt with immediately and professionally."

"I cannot express strongly enough that my [resident]'s building needs a separate cleaning staff from the home care aides that are presently required to do it along with attending to all the residents' needs. My [resident] lived in another building previous to this one that had staff members that simply did the cleaning of the building as well as the laundry and I feel the building as well as the residents' rooms were kept at a much cleaner level...as that was their job solely."

In general, family members commented that the level of cleanliness and maintenance of common areas, resident rooms, and facility grounds could be improved. Specifically, regular and thorough cleaning, timely maintenance and repairs (e.g., elevators were out of order for long periods of time), and upgrades and renovations were among those improvements recommended. Examples included painting walls, repairing drywall, and replacing old and unsanitary carpets. Some family members also suggested room temperature could be better managed for residents' comfort.

Current standards require that a supportive living facility and any equipment and operator-owned furnishings are well maintained and in good working order;²⁴ the accommodation itself and its grounds or common areas are in a safe condition and maintained so as to remain free of hazards;²⁵ the facility is thoroughly cleaned on a regularly scheduled basis and the level of cleanliness must be maintained as necessary between regularly scheduled cleanings; and appropriate mechanisms must be used to minimize unpleasant odors;²⁶ and heating, cooling and ventilation systems are operated at a level that maintains a temperature that supports the safety of all residents and the comfort of the majority of the residents.²⁷ It is important to note that family member comments provide one perspective concerning cleanliness and condition of the facility, and do not reflect compliance or non-compliance with standards.

The amount and use of space available was another topic of discussion. The majority of family members who commented on this topic expressed concern that facilities did not provide a common area (e.g., a library or a seating area) and outdoor spaces for residents to enjoy. Or, when these spaces were

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²³ Alberta Health Services, Admission Guidelines for Publicly Funded Continuing Care Living Options. More information can be found here: http://www.albertahealthservices.ca/assets/info/seniors/if-sen-living-option-guidelines.pdf

²⁴ Supportive Living Accommodation Standards and Checklist, standard 3: Maintenance requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf

²⁵ Supportive Living Accommodation Standards and Checklist, standard 2: Safety requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf

²⁶ Supportive Living Accommodation Standards and Checklist, standard 15: Cleaning requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf

²⁷ Supportive Living Accommodation Standards and Checklist, standard 4: Environmental requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



available, some family members voiced concern that these spaces were too small, overcrowded, or inaccessible. For example, some family members commented that outdoor spaces were not always wheelchair accessible, or required a staff member to input a passcode to enter. In addition, some family members said they thought the size of resident rooms and bathrooms was too small to allow staff to deliver care, or to enable residents (particularly those in wheelchairs) to move freely.

Family members also discussed the degree to which they felt the facility provided a home-like environment. Most who provided comments on this topic said facilities felt and looked too institutional and were missing personalized touches such as pictures, decorations, comfortable furniture, and table settings at meal times. Current standards require that an operator ensure that each resident of a supportive living accommodation has the opportunity to personalize the resident's room. Family member comments provide one perspective concerning cleanliness and condition of the facility, and do not reflect compliance or non-compliance with standards.

Additional training and continued education

"I honestly think that the administration staff, the Alberta Health Care staff, and the nurses, LPN's, and cleaning staff are one of the friendliest, knowledgeable, and kindest people I have met in this type of facility."

"As in any place of employment, some of the staff know their jobs very well and others are not very competent and knowledgeable. One situation is hearing aids. My [resident] needs assistance in putting in [their] hearing aids and in changing the batteries. It is in [the resident's] care plan, but none of the staff do it. The excuse from the one RN is that "it takes too much time" and "the staff don't know how".

Perceived level of staff training and qualifications was a topic of discussion for family members. While some family members said staff regularly demonstrated knowledge and skill through their delivery of excellent quality of care and services to residents, many others felt staff did not always meet their expectations. Specifically, some family members thought staff:

- did not have sufficient training or qualifications to perform their assigned duties, or were assigned duties that were out of scope
- were not provided the opportunity to learn on the job
- were not knowledgeable about residents they were assisting
- did not remain employed at a facility long enough to gain experience
- were not supervised or evaluated by senior staff to ensure they were performing tasks correctly

Some family members perceived that the lack of staff training and qualifications compromised the quality and safety of care and services provided to residents. For example, they reported situations where their resident experienced errors in care delivery, overlooked care, care that was inconsistent between staff, or improper care such as when instructions or procedures were not followed. Some family members were concerned there were delays in providing urgent medical care to residents because staff were not able to identify and treat symptoms.

At present, supportive living facility standards state an operator must ensure that training materials are current in relation to legislation, regulations, standards, and guidelines, and an operator must establish,

²⁸ Supportive Living Accommodation Standards and Checklist, standard 5: Personalizing spaces. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



implement and maintain documented policies and procedures to ensure training of all staff.²⁹ In addition, an operator must ensure that all healthcare aides it employs meet the competency requirements as defined by the Government of Alberta's Health Care Aide Competency Profile and ensure that all unregulated healthcare providers it employs work only within the defined competencies of their written job descriptions and are supervised by a regulated healthcare provider.³⁰ Family member comments provide one perspective concerning education and continued training of staff, and do not reflect compliance or non-compliance with standards.

Leadership and management

"I am encouraged that the current administration seems to appreciate the insights of families and strives to build a partnership for the shared welfare of the resident. This is a huge and much appreciated change from previous administration."

"The main problem at this [facility] has been the huge management staff turnover due to lack of support from head office. This has caused some distress to residents and staff. Head office management needs to listen to the concerns of their staff and residents and deal with issues in a prompt and fair manner!"

Family members expressed appreciation for leadership and management they described as available, friendly, and exceptional. In general, family members commented that they appreciated the presence of full-time management who were accessible and approachable.

Many other family members who provided a comment about this topic said they experienced situations where management turnover was high, or management were unavailable. Some of these family members said they felt this created barriers to mentorship, oversight of staff, flow of information between staff and family members, and resolving complaints and concerns.

Concerning barriers to mentorship and oversight of staff, some family members said they did not feel staff were fully supported, such as through:

- an orientation to the facility and/or regular in-service skill development and training
- mentorship and supervision to ensure staff performed tasks correctly
- resources to ensure staff were not overworked and had time to complete all tasks
- an environment that promoted teamwork, trust, and accountability

Regarding barriers to flow of information, some family members said they felt management did not always inform residents, staff, or family about events, changes, or concerns that affected the facility, residents, or staff. Similarly, many family members who described expressing a complaint or concern said complaints and concerns were not addressed and resolved in a timely manner. If issues were addressed, some families felt all staff were not always informed of the resolution. Some family members said they experienced situations where leadership and management were unavailable to discuss complaints and concerns, or were inflexible and unwilling to address them.

²⁹ Continuing Care Health Service Standards, standard 9.0: Staff training. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

³⁰ Continuing Care Health Service Standards, standard 8.0: Health care providers. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf



Laundry and resident belongings

"Missing/lost items should be posted (on whiteboard?) so all staff can keep an eye out to locate them."

"[The resident]'s clothes are quite often damaged. I've had to go through and get rid of a lot of nice clothes because they haven't read the laundry labels. I was told when we signed up that they would."

Care of residents' personal belongings and laundry services were a focus of family member comments. The majority of family members voiced that the care of residents' personal belongings and laundry services could be improved. Some family members reported residents missing personal belongings. While family members recognized residents themselves may have lost these items, or other residents may have taken them, they expressed concern that staff may have misplaced them or were not careful with residents' belongings (e.g., scratched and dented furniture).

Clean and pressed laundry was perceived to be important to residents' overall sense of well-being and dignity. Family members expressed the following types of concerns about laundry services:

- laundry was not done frequently enough
- care instructions were not always followed which resulted in damaged and discoloured clothing
- clothing was not ironed or put away after washing, causing wrinkles
- residents' personal belongings were left in pockets and were damaged during washing
- clothing (even when labeled) went missing and was not returned to the correct resident

As a result of loss or damage to personal belongings and clothing, some family members who experienced this said they had to replace or repair these items, which could be expensive. In addition, some family members said they were not always informed when items were damaged or missing so they could replace them.

Family members' suggestions for improvement

Family members provided the following suggestions to improve Staffing, Care of Belongings, and Environment:

Staffing levels

- Evaluate the number of staff required to meet resident care needs in a timely manner
- Increase the number of permanent full-time staff
- Assign staff to specific residents to ensure continuity and to foster relationships
- Invite volunteers to assist residents, such as by providing one-on-one interaction and assistance with eating

Cleanliness and condition of the facility

- Ensure resident rooms, bathrooms, and facility common areas are kept clean and maintained by dusting, keeping floors clean, emptying garbage bins, and making up residents' beds
- Hire dedicated housekeeping staff
- Regularly repair and update facilities



- Provide enough space to enable and encourage movement and socialization
- Provide a home-like atmosphere

Additional training and continued education

- Ensure staff are trained and mentored for their role
- Offer continued education and professional development (e.g., dementia and Alzheimer's training)

Leadership and management

- Ensure permanent full-time leadership and management presence at the facility to oversee staff and to be available to staff and family members to address questions, concerns, and complaints
- Create family and resident councils
- Acknowledge and show appreciation for staff

Laundry and resident belongings

- Follow clothing care instructions when doing laundry
- Assist with locating missing items



5.5 Dimension of Care: Kindness and Respect

"Time to sit and chat occasionally [with residents] would be really good as loneliness is a major issue." Family members were asked to reflect on their experiences with the way staff treat and interact with residents. The following survey questions were asked, in the order of how strongly each influences this dimension from strongest to weakest:

- (Q12) Nurses and aides treat resident with kindness?
- (Q11) Nurses and aides treat resident with courtesy and respect?
- (Q13) Nurses and aides really care about resident?
- (Q14; reverse scoring) Nurses and aides were rude to residents?
- (Q22 and Q23) Nurses and aides were appropriate with difficult residents?
- (Q67) Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

What is in this section?

- Section 5.5.1 summarizes facility averages for Kindness and Respect for participating facilities in 2016 and 2013-14.
- Section 5.5.2 summarizes family members' comments about Kindness and Respect in 2016 and includes topics about staff's interpersonal skills, respect, communication style, and residents' dignity. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets [].

Findings at a glance

 In 2016, the provincial average for Kindness and Respect was 87.7 out of 100. "The staff treat [the resident] like family."

• Family members described staff as caring and kind toward residents, but others also said the way staff treat residents, and the amount staff interact with residents (beyond discussing care), could be improved.



5.5.1 Facility averages for Kindness and Respect

In 2016, the provincial facility average for the Dimension of Care: Kindness and Respect was 87.7 out of 100. Table 7 summarizes facility scores for participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result.

Table 7: Summary of facility averages for Kindness and Respect by AHS zone (N = 146 facilities)

	2016 F	Results	2013-14 Results	
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average
Silver Willow Lodge	18	96.3	26	87.3
Aspen Ridge Lodge	18	94.0	19	90.9
Prince of Peace Harbour	21	93.3		
Revera Heartland	23	92.7		
Millrise Place	21	91.6	18	92.3
AgeCare Seton	156	91.1		
Chartwell Eau Claire Retirement Residence	28	90.4	40	84.5
Prince of Peace Manor	12	89.6	18	91.0
AgeCare Sagewood	74	89.2	33	89.4
Tudor Manor	95	89.1		
St. Marguerite Manor	58	88.7		
Calgary Zone facility average		88.2		
Wentworth Manor	35	87.8	23	81.5
Edgemont Retirement Residence	12	87.7		
Provincial facility average		87.7		
Sunrise Village High River	56	87.6		
McKenzie Towne Retirement Residence	17	87.4	17	88.7
Bethany Didsbury	57	87.2		
Wing Kei Greenview	54	86.5		
AgeCare Walden Heights	104	86.2	50	85.9
Monterey Place	40	86.2	54	81.4
Scenic Acres Retirement Residence	13	86.2	6	80.3
Carewest Colonel Belcher	14	86.1	19	84.7
Whitehorn Village Retirement Community	24	85.2	18	93.1
Holy Cross Manor	54	84.3		
Evanston Grand Village	50	83.7		-
Rocky Ridge Retirement Community	16	76.3		-



	2016 R	Results 2013-		14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Shepherd's Garden	18	96.5	23	94.4	
CapitalCare McConnell Place North	23	96.0			
West Country Hearth	16	96.0	10	96.1	
Good Samaritan Stony Plain Care Centre	19	94.9			
Rosedale at Griesbach	42	94.5	42	87.5	
Lifestyle Options - Terra Losa	38	94.5	18	92.1	
CapitalCare McConnell Place West	27	93.4			
Shepherd's Care Greenfield	12	92.3	11	96.1	
Lifestyle Options Whitemud	32	91.7			
Emmanuel Home	9	91.5	8	86.7	
Garneau Hall	20	91.4	11	89.6	
Citadel Mews West	33	91.3	29	91.6	
Wedman Village Homes	15	90.7			
Edmonton Chinatown Care Centre	10	90.5			
Good Samaritan Spruce Grove Centre	22	90.3	14	86.2	
Good Samaritan George Hennig Place	18	90.2	15	92.9	
Aspen House	42	89.9	41	85.8	
Chartwell Country Cottage Retirement Residence	16	88.4	8	85.0	
Chateau Vitaline	17	88.2	16	95.7	
Copper Sky Lodge	62	88.2			
Shepherd's Care Vanguard	49	87.9	36	87.4	
Good Samaritan Wedman House	17	87.8	30	88.6	
Provincial facility average		87.7	-		
Shepherd's Care Kensington	39	87.1	22	91.1	
Rutherford Heights Retirement Residence	46	87.1	40	75.7	
Edmonton Zone facility averag	е	86.8	-		
Salvation Army Grace Manor	30	86.1	31	83.5	
CapitalCare Laurier House Strathcona	23	86.0	50	86.4	
Lifestyle Options - Leduc	17	85.5	31	89.4	
Villa Marguerite	108	84.5	96	83.5	
Tuoi Hac - Golden Age Manor	38	84.3	32	75.2	
Riverbend Retirement Residence	21	83.7	15	85.3	
Laurel Heights	34	83.6			
Saint Thomas Assisted Living Centre	63	83.6	31	82.6	
Summerwood Village Retirement Residence	54	83.0	46	84.5	
Chartwell Wild Rose Retirement Residence	12	82.8	13	81.7	
Rosedale Estates	20	82.3	17	84.8	



	2016 F	Results	2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Grand Manor	14	82.3	11	86.9
Glastonbury Village	24	82.0	23	89.5
Lewis Estates Retirement Residence	41	81.8		
Rosedale St. Albert	40	80.0	40	89.8
CapitalCare Laurier House Lynnwood	44	78.3	56	78.7
Excel Society - Balwin Villa	25	77.1	29	75.3
Sprucewood Place	24	72.6		
Churchill Retirement Community	10	64.7	19	72.4
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Serenity House	7	100.0	6	88.3
Sunrise Village Wetaskiwin	8	97.7	7	94.2
Islay Assisted Living	12	97.7	10	89.0
Bashaw Meadows	15	96.7		
Faith House	13	95.2	13	96.7
Coronation Hospital and Care Centre	14	94.5	8	88.8
West Park Lodge	24	94.3	21	93.3
Wetaskiwin Meadows	10	93.5		
Points West Living Wainwright	30	92.8	33	86.2
Hillview Lodge	16	92.6	19	84.2
Providence Place	9	91.5	5	84.7
Sunrise Village Olds	9	91.4	9	88.9
Sunrise Village Drayton Valley	5	91.3		
Points West Living Lloydminster	37	91.0	33	89.7
Sunrise Village Camrose	44	89.9	52	83.2
Central Zone facility average		88.2		
Provincial facility average		87.7		-
Vermilion Valley Lodge	19	87.2	15	91.2
Villa Marie	52	86.8		
Pines Lodge	12	86.1	8	91.8
Vegreville Manor	6	85.9		
Bethany Meadows	20	85.9	21	76.0
Sunrise Village Ponoka	10	85.9	11	86.0
Good Samaritan Good Shepherd Lutheran Home	37	85.8	33	89.2
Sunset Manor	65	84.9	65	89.9
Memory Lane	15	84.4	-	



Extendicare Michener Hill Points West Living Century Park Chateau Three Hills	Respondents (N) 37	Average	Respondents (N)	A
Points West Living Century Park	-		(· · /	Average
	20	83.9	40	77.5
hateau Three Hills		83.7	24	86.5
	6	83.3	8	93.6
ckville Manor House	7	83.1	5	79.8
oints West Living Stettler	45	82.6		
unrise Encore Olds	38	81.4		
Clearwater Centre	19	79.9	13	80.9
ethany Sylvan Lake	12	79.8	12	73.7
Royal Oak Manor	65	79.6	27	93.5
leritage House	17	78.8	18	86.5
	2016 F	Results	2013-14	Results
lorth Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average
ílna Villa	6	98.6	7	96.9
ilk Point Heritage Lodge	8	97.9		-
pruce View Lodge	6	96.9		
asper Alpine Summit Seniors Lodge	9	94.0		-
mithfield Lodge	30	93.2		
leimstaed Lodge	25	92.5	38	81.3
Ridgevalley Seniors Home	7	91.9		
oints West Living Cold Lake	22	90.9		
MacKenzie Place Supportive Living	19	89.7		
oints West Living Slave Lake	15	89.6		
North Zone facility average		88.7	-	
Provincial facility average		87.7		
1anoir du Lac	17	87.4	15	78.1
tone Brook	32	85.9		
Grande Prairie Care Centre	42	85.6	26	75.2
oints West Living Grande Prairie	42	82.6	40	77.6
leasant View Lodge - Mayerthorpe	9	81.8		
oints West Living Peace River	20	81.7		
Nountain View Centre	20	80.8	20	80.3
hepherd's Care Barrhead	15	75.5		



	2016 R	esults	2013-14	2013-14 Results	
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Pleasant View Lodge - Bow Island	5	96.7	7	83.6	
Leisure Way	5	96.2	7	91.5	
Clearview Lodge	11	94.7	9	100.0	
Good Samaritan Prairie Ridge	25	93.3	15	92.6	
Piyami Place	6	93.1	6	79.6	
Good Samaritan South Ridge Village	23	91.9			
Good Samaritan Garden Vista	15	90.5	14	82.7	
Orchard Manor	18	89.9	13	97.5	
Sunnyside Care Centre	14	89.8	11	83.2	
Good Samaritan Linden View	49	89.2	46	85.4	
Golden Acres	17	88.2	14	89.2	
Legacy Lodge	59	88.2	61	85.4	
Meadow Ridge Seniors Village	49	88.0			
Provincial facility averag	e	87.7			
Cypress View	24	87.6	17	82.2	
South Zone facility averag	ge	87.5	-		
Good Samaritan Park Meadows Village	57	86.8	62	84.1	
St. Michael's Health Centre	25	86.8			
Good Samaritan Vista Village	43	84.9	35	87.6	
Chinook Lodge	6	84.8	5	86.4	
The Wellington Retirement Residence	25	84.8	31	84.0	
Extendicare Fairmont Park	77	84.4	77	83.2	
Sunrise Gardens	50	83.3	36	80.1	
Good Samaritan West Highlands	55	82.8	58	85.2	
St. Therese Villa	125	81.0			
River Ridge Seniors Village	11	80.7			
Good Samaritan Lee Crest	30	80.4	37	76.6	
Sunny South Lodge	24	77.2	18	90.6	

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.5.2 Family member comments about Kindness and Respect

Family members provided a response to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain," some of which related to the Dimension of Care: Kindness and Respect. These comments covered a range of topics that were consistent with comments provided for the 2013-14 survey and included staff's interpersonal skills, respect, communication style, and residents' dignity. These comments are summarized below.

"[The facility] is a wonderful facility and a real "home" for [the resident] not because of the building but because of the staff. There is a culture of love that I believe flows down from management to the vast majority of the staff. We have watched the staff members treat our [resident] as their own [family member] (depending on their generation) and often go above and beyond the requirements of their job description."

"Staff generally do the job for which they are being paid. My observation though is that genuine kindness, caring and compassion are lacking in their interaction with my [resident]. This holistic approach goes a long way in increasing both physical and mental wellbeing. These behaviours can be learned through role models and incorporation into ongoing staff training."

Family members commented on the interpersonal relationships between residents, staff, and family. Most expressed appreciation for staff they described as respectful, warm, caring, thoughtful, and friendly. They praised staff who regularly demonstrated interest and familiarity with residents.

Other family members said staff could improve their interpersonal skills, and some were described as disrespectful, impatient, lacking courtesy and compassion, rude, and indifferent. One area for staff improvement according to family members was communication style. Some family members said staff did not always greet residents, identify themselves before providing care, or explain the care they were delivering in a way that could be understood. In addition, some family members said they witnessed staff using dismissive, avoidant, belittling, or argumentative language toward residents when residents asked a question or voiced a concern. Family members said they felt this deterred residents from seeking information about their care or expressing their complaints and concerns. Some family members also mentioned staff who "talked down" to residents or used "baby talk" when speaking to residents.

Respect for residents' dignity was another area of concern for some family members. These family members expressed concern that residents were not always afforded dignity, such as when: staff did not take the time to get to know the residents in their care; removed residents' ability to choose; did not acknowledge residents and speak directly to them; did not provide care on demand; or treated residents as work tasks to be completed rather than as people with emotional and social needs. For example, one family member commented, "There is a strong focus on 'medical' model in facilities (care for physical needs) rather than an approach that sees the patient as living in [their] home and finding meaning and enjoyment in life. Residents are individuals, not simply bodies to be fed, dressed, and moved."

Personal interaction between staff and residents beyond providing residents with care was another area many family members noted for improvement. Family members who commented on this topic said they felt staff could engage residents in conversation to get to know them better. While most recognized staff were busy and were not always able to spend this time, some said they felt staff avoided interacting with residents altogether. For example, some observed staff on their cellphones or watching television during work hours. They were concerned that when residents did not have peers or family to engage with, residents were at risk of social isolation, boredom, and feeling lonely. In addition, when staff did not



engage with residents, some family members said they felt staff missed an opportunity to better understand residents' care needs and how best to meet those needs.

Family members' suggestions for improvement

Family members provided the following suggestions to improve Kindness and Respect:

- Ensure positive interactions by being respectful, kind, understanding, and patient
- Take the time to regularly interact with residents one-on-one (beyond providing care and services) by engaging them in conversation
- Greet residents and family members
- Provide residents with information in a way that can be understood
- Treat resident rooms like private homes and ensure residents' privacy is protected (e.g., knocking on their door before entering)



5.6 Food Rating Scale

"The food is very tasty with a lot of variety and choice."

The Food Rating Scale asks: "Using any number from 0 to 10, where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food

at this supportive living facility? "In keeping with the Dimensions of Care, the Food Rating Scale was rescaled to a 0 to 100 scale by multiplying the results by 10. In addition, family members commented on their experiences with food and discussed the variety, taste, appearance, and temperature in response to the following question:

• (Q67) Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

What is in this section?

- Section 5.6.1 summarizes facility averages for the Food Rating Scale for participating facilities in 2016 and 2013-14.
- Section 5.6.2 summarizes family members' comments about food in 2016 and includes topics related to food quality and meal services. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets [].

Findings at a glance

- In 2016, the provincial average for Food Rating Scale was 71.0 out of 100.
- Family members commented the quality, variety, taste, temperature, and nutritional value of the food served to residents could be improved.
- Overall provincially, family members' top recommendation for improvement in 2016 was the food provided to residents.

"Sometimes the meals do not have the nutritional value they should. Not always appealing and are repetitious."



5.6.1 Facility averages for Food Rating Scale

In 2016, the provincial facility average for Food Rating Scale was 71.0 out of 100. Table 8 summarizes facility scores for participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result.

Table 8: Summary of facility averages for Food Rating Scale by AHS zone (N = 146 facilities)

	2016 F	2016 Results		2013-14 Results	
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Prince of Peace Manor	12	84.0	16	78.0	
Aspen Ridge Lodge	16	81.0	18	77.0	
Whitehorn Village Retirement Community	23	78.0	17	64.0	
McKenzie Towne Retirement Residence	18	77.0	16	73.0	
Prince of Peace Harbour	20	77.0			
Wing Kei Greenview	55	76.0			
Silver Willow Lodge	17	75.0	25	78.0	
Scenic Acres Retirement Residence	13	75.0	6	68.0	
Revera Heartland	24	75.0			
Wentworth Manor	32	72.0	21	65.0	
Provincial facility average	e	71.0			
Evanston Grand Village	49	71.0			
Calgary Zone facility avera	ge	71.0	-		
AgeCare Seton	148	70.0			
Bethany Didsbury	57	69.0			
Holy Cross Manor	55	68.0			
Millrise Place	21	68.0	17	85.0	
Monterey Place	40	68.0	53	62.0	
Tudor Manor	83	67.0			
Chartwell Eau Claire Retirement Residence	28	67.0	38	75.0	
Edgemont Retirement Residence	12	67.0			
Sunrise Village High River	54	66.0			
St. Marguerite Manor	57	65.0			
AgeCare Walden Heights	98	65.0	49	69.0	
Rocky Ridge Retirement Community	14	65.0			
Carewest Colonel Belcher	14	62.0	19	74.0	
AgeCare Sagewood	69	62.0	31	74.0	



	2016 Results		2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
West Country Hearth	14	87.0	10	76.0
CapitalCare McConnell Place North	22	85.0		
Good Samaritan George Hennig Place	18	83.0	14	81.0
Wedman Village Homes	15	81.0		
Rosedale Estates	18	79.0	17	74.0
Grand Manor	11	79.0	10	71.0
Chartwell Country Cottage Retirement Residence	16	79.0	8	86.0
Lifestyle Options Whitemud	31	77.0		
Shepherd's Care Vanguard	49	77.0	33	72.0
Riverbend Retirement Residence	18	77.0	14	59.0
Good Samaritan Spruce Grove Centre	20	77.0	14	82.0
Shepherd's Care Greenfield	11	76.0	11	83.0
Emmanuel Home	8	76.0	8	86.0
Lifestyle Options - Leduc	18	76.0	27	75.0
Rosedale at Griesbach	40	75.0	41	70.0
Rutherford Heights Retirement Residence	45	74.0	39	64.0
Chateau Vitaline	16	74.0	16	81.0
Excel Society - Balwin Villa	25	73.0	27	64.0
Summerwood Village Retirement Residence	51	72.0	45	75.0
Aspen House	41	72.0	40	69.0
Lifestyle Options - Terra Losa	32	72.0	16	83.0
Edmonton Chinatown Care Centre	10	72.0		-
Good Samaritan Stony Plain Care Centre	18	72.0		
Provincial facility average		71.0	-	
Edmonton Zone facility average	e	71.0	-	
Rosedale St. Albert	38	70.0	38	75.0
Chartwell Wild Rose Retirement Residence	11	70.0	13	72.0
Churchill Retirement Community	10	69.0	18	71.0
Citadel Mews West	31	68.0	28	75.0
Laurel Heights	32	68.0		
CapitalCare McConnell Place West	25	68.0		
Lewis Estates Retirement Residence	41	67.0		
Salvation Army Grace Manor	28	67.0	29	65.0
Copper Sky Lodge	57	67.0		
Villa Marguerite	97	67.0	82	69.0
Garneau Hall	20	65.0	10	69.0
Good Samaritan Wedman House	16	65.0	29	72.0



	2016 F	Results	2013-14	Results
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Shepherd's Care Kensington	36	64.0	21	66.0
Sprucewood Place	23	63.0		-
Saint Thomas Assisted Living Centre	61	62.0	30	64.0
Glastonbury Village	24	60.0	21	78.0
Tuoi Hac - Golden Age Manor	38	60.0	31	62.0
CapitalCare Laurier House Lynnwood	44	59.0	56	60.0
CapitalCare Laurier House Strathcona	23	57.0	49	67.0
Shepherd's Garden	20	53.0	22	66.0
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Serenity House	7	90.0	6	93.0
Islay Assisted Living	11	87.0	10	87.0
Sunrise Village Wetaskiwin	7	80.0	7	79.0
Providence Place	9	80.0	5	92.0
West Park Lodge	22	80.0	21	81.0
Memory Lane	14	79.0		
Chateau Three Hills	6	78.0	7	79.0
Points West Living Wainwright	31	78.0	29	67.0
Vermilion Valley Lodge	18	78.0	14	81.0
Bashaw Meadows	14	77.0		
Points West Living Lloydminster	34	76.0	30	79.0
Sunrise Village Olds	9	76.0	9	81.0
Eckville Manor House	6	75.0	5	78.0
Wetaskiwin Meadows	10	74.0		
Pines Lodge	12	73.0	8	74.0
Sunrise Village Drayton Valley	5	72.0		
Hillview Lodge	15	72.0	18	79.0
Sunrise Village Camrose	43	72.0	48	76.0
Central Zone facility average		71.0	-	-
Provincial facility average		71.0	-	-
Points West Living Century Park	18	71.0	22	70.0
Sunrise Encore Olds	38	71.0		
Bethany Sylvan Lake	13	70.0	12	64.0
Villa Marie	49	67.0		-
Sunset Manor	60	66.0	63	68.0
Good Samaritan Good Shepherd Lutheran Home	36	66.0	33	71.0



	2016 F	Results	2013-14 Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Points West Living Stettler	43	65.0		-
Sunrise Village Ponoka	9	64.0	11	72.0
Clearwater Centre	19	64.0	12	66.0
Extendicare Michener Hill	34	63.0	38	57.0
Bethany Meadows	18	62.0	21	62.0
Royal Oak Manor	62	62.0	26	72.0
Heritage House	16	62.0	17	64.0
Faith House	12	60.0	12	79.0
Coronation Hospital and Care Centre	14	59.0	8	59.0
Vegreville Manor	5	58.0		-
	2016 F	Results	2013-14	Results
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average
Vilna Villa	6	97.0	7	87.0
Elk Point Heritage Lodge	9	91.0		
Ridgevalley Seniors Home	7	89.0		-
Pleasant View Lodge - Mayerthorpe	8	76.0		-
Smithfield Lodge	25	74.0		
Points West Living Grande Prairie	41	74.0	38	69.0
North Zone facility average		73.0	-	-
Points West Living Slave Lake	15	73.0		
Grande Prairie Care Centre	42	72.0	26	67.0
Provincial facility average		71.0		
Jasper Alpine Summit Seniors Lodge	9	71.0		
Heimstaed Lodge	23	71.0	37	76.0
MacKenzie Place Supportive Living	19	71.0		
Stone Brook	32	68.0		
Points West Living Cold Lake	21	67.0		-
Points West Living Peace River	20	65.0		
Manoir du Lac	17	65.0	15	58.0
Mountain View Centre	20	64.0	19	53.0
Shepherd's Care Barrhead	15	63.0		-
Spruce View Lodge	5	62.0		



	2016 R	2016 Results		2013-14 Results	
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Clearview Lodge	12	89.0	9	97.0	
Piyami Place	5	80.0	6	75.0	
Chinook Lodge	6	78.0	5	70.0	
Cypress View	24	78.0	17	79.0	
Good Samaritan South Ridge Village	21	76.0			
Legacy Lodge	56	76.0	60	74.0	
Golden Acres	17	75.0	14	73.0	
Leisure Way	5	74.0	6	78.0	
Good Samaritan Garden Vista	15	74.0	13	71.0	
Meadow Ridge Seniors Village	47	74.0			
Good Samaritan Prairie Ridge	26	73.0	14	69.0	
The Wellington Retirement Residence	24	72.0	31	79.0	
Good Samaritan Vista Village	43	72.0	34	71.0	
Provincial facility averag	je	71.0			
Sunny South Lodge	23	71.0	18	76.0	
South Zone facility average	ge	71.0	-	-	
Good Samaritan West Highlands	53	71.0	53	64.0	
Good Samaritan Park Meadows Village	55	69.0	59	70.0	
Sunrise Gardens	46	69.0	34	61.0	
Good Samaritan Linden View	46	68.0	44	67.0	
River Ridge Seniors Village	12	68.0		-	
Extendicare Fairmont Park	74	68.0	74	68.0	
Pleasant View Lodge - Bow Island	5	68.0	6	85.0	
St. Therese Villa	122	66.0			
St. Michael's Health Centre	22	66.0			
Sunnyside Care Centre	12	63.0	11	70.0	
Orchard Manor	17	56.0	13	67.0	
Good Samaritan Lee Crest	28	50.0	34	59.0	

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.6.2 Family member comments about food

Family members provided a response to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain," some of which related to the topic of food. These comments covered a range of topics that were consistent with comments provided for the 2013-14 survey, including food and meal services.

"The food is very good, nutritious, and well suited the needs of its clients. I have eaten meals here with my [resident] and found them to be very good."

"Meals – if the residents don't like the meals, they don't eat them. This affects their health and muscle mass and then their mobility deteriorates. The residents want a nutritious meal, not a fancy sounding meal."

The majority of family members who commented on the topic of food identified quality, temperature, taste, nutritional value, portion size, and variety as areas for improvement. Family members acknowledged the challenges facilities faced when cooking meals for a large number of residents who often had complex nutrition and dietary needs, but in general, felt the quality of the food could improve.

Food preparation was identified as one factor that contributed to food quality and could be improved. Specifically, some family members said facilities did not always employ a skilled chef, which negatively affected quality and taste. In addition, some family members noted facilities reheated pre-packaged foods rather than preparing food on-site. In these circumstances, family members said the food was lower in quality, and had higher amounts of sodium and preservatives, reducing the nutritional value.

Related, many family members said regardless of how food was prepared, it was not always nutritious or suitable to residents' dietary needs. These foods did not promote health and wellness such as those high in carbohydrates, sugar, and sodium. Foods high in nutritional value such as fresh fruits and vegetables were considered to be lacking. Some also expressed concern that residents who had dietary restrictions for health reasons (e.g., diabetes, lactose intolerance, or other specialized diets), were not given appropriate meals. When this occurred, these family members worried residents were at risk of gaining or losing weight, having an allergic reaction, or choking.

The variety of food options available was also of concern to a majority of family members who commented about food. In particular, facilities put food on rotation so the same foods were provided to residents each month, regardless of preference. Some family members commented that when facilities sought residents' feedback about preferences, this feedback was not always taken into account. In addition, while residents were provided with two choices at each meal, when there was a popular choice or multiple seatings, residents did not always get their preferred choice. Overall, family members said they felt a variety of food options suitable to varying preferences was important.

Another topic of concern for some family members was meal service. Some family members commented the timing of meals could be too early, or spaced too far apart. While some facilities provided snacks and beverages between meals and were accessible to residents, not all facilities did this and so residents had to supply their own. Dehydration was of concern to several family members, who felt residents did not always have access to water or juice. In addition, they were concerned about meal service delivery. Some family members noted residents did not have place settings, and plates from a previous service may not have been cleared. Also, some family members commented residents who could independently feed themselves were not served first and as a result their food went cold before they received it.



At present, an operator of a supportive living accommodation who provides residents with a meal, fluids and a snack daily is required to ensure a menu for residents representing at minimum a three-week cycle is prepared and the meals, fluids and snacks provided meet the current nutritional requirements of the Canada Food Guide; are palatable, safe and pleasingly presented; and provided in sufficient quantities to ensure adequate hydration, and the residents' nutritional needs are met.³¹ Also, the menu offers variety and seasonal variation, provides residents with a choice from within at least one food group at every meal, recognizes residents' food preferences, religious practices and cultural customs, and residents' opinions and feedback regarding meals, fluids and snacks are periodically collected and considered in the development of the menu.³² Family member comments provide one perspective concerning food at the facility, and do not reflect compliance or non-compliance with standards.

Family members' suggestions for improvement

Below are family members' suggestions to improve food quality and food services:

- Improve the quality, taste, and variety of the food provided
- Ensure meals are served at the correct temperature
- If kitchen facilities are available, prepare food daily at facilities
- Ensure cooks are experienced to prepare and serve food daily
- Ensure the food provided is nutritious and meets their dietary needs
- Ensure feedback collected from residents about food preferences impacts decisions about food served
- Provide healthy snacks and beverages
- Ensure staff are available to help residents with eating so meal service is not disrupted

³¹ Supportive Living Accommodation Standards and Checklist, standard 13: Nutritional requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf

³² Supportive Living Accommodation Standards and Checklist, standard 14: Menu requirements. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



5.7 Dimension of Care: Providing Information and Encouraging Family Involvement

"The staff are very good about keeping me informed of any situations or concerns."

Family members were asked to reflect on their experiences with a range of topics, including the degree to which family members feel involved in decisions, how they feel information is provided, and communication with and between staff. The following survey questions were asked, in the order of how

strongly each influences this dimension from strongest to weakest:

- (Q27) Nurses and aides explain things in an understandable way?
- (Q25 and Q26) Nurses and aides give family member information about resident?
- (Q43 and Q44) Respondent involved in decisions about care?
- (Q41) Respondent stops self from complaining?
- (Q28) Nurses and aides discourage [respondent] questions?
- (Q58 and Q59) Respondent given information about payments and expenses as soon as they wanted?
- (067) Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

What is in this section?

- Section 5.7.1 summarizes facility averages for Providing Information and Encouraging Family Involvement for participating facilities in 2016 and 2013-14.
- Section 5.7.2 summarizes family members' comments about Providing Information and Encouraging Family Involvement in 2016, and includes topics about family members' experiences with being involved in residents' care. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets [].

Findings at a glance

In 2016, the provincial average for Providing
Information and Encouraging Family Involvement was 86.0 out of 100.

"Being able to communicate with staff by email would be helpful." In 2016, the provincial average for Providing

• Family members said information sharing between staff, family members, and residents could be improved. This included regular updates about residents, concerning changes in their health and incidents involving them.



5.7.1 Facility averages for Providing Information and Encouraging Family Involvement

In 2016, the provincial facility average for the Dimension of Care: Providing Information and Encouraging Family Involvement was 86.0 out of 100. Table 9 summarizes facility scores for the participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result.

Table 9: Summary of facility averages for Providing Information and Encouraging Family Involvement by AHS zone (N = 146 facilities)

	2016 Results		2013-14 Results	
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average
Chartwell Eau Claire Retirement Residence	29	91.2	40	85.3
Prince of Peace Harbour	21	90.9		-
Silver Willow Lodge	18	90.7	26	83.2
Carewest Colonel Belcher	14	89.1	19	77.5
AgeCare Sagewood	76	88.7	33	88.4
St. Marguerite Manor	59	88.6		-
Millrise Place	21	87.9	18	92.9
Edgemont Retirement Residence	12	87.4		-
Revera Heartland	24	87.3		-
Wentworth Manor	35	87.1	23	80.9
Tudor Manor	96	86.9		-
Prince of Peace Manor	14	86.5	18	82.2
AgeCare Seton	156	86.1		
Provincial facility average		86.0	-	
Calgary Zone facility average		85.7		
Aspen Ridge Lodge	18	85.3	19	86.9
Holy Cross Manor	57	85.2		
AgeCare Walden Heights	104	85.1	50	84.0
Wing Kei Greenview	55	84.9		
Whitehorn Village Retirement Community	24	84.8	18	89.1
Scenic Acres Retirement Residence	13	84.0	6	74.4
Sunrise Village High River	57	83.9		-
McKenzie Towne Retirement Residence	19	83.4	17	90.0
Bethany Didsbury	59	82.0		
Evanston Grand Village	51	81.0		
Monterey Place	41	79.7	55	80.0
Rocky Ridge Retirement Community	17	73.9		



CapitalCare McConnell Place North 23 93.0 CapitalCare McConnell Place West 27 91.9 Shepherd's Care Greenfield 12 91.7 11 95.5 Lifestyle Options - Terra Losa 38 91.0 18 92.2 Garneau Hall 20 90.4 10 76.9 Rosedale at Griesbach 42 90.0 40 83.7 Aspen House 42 89.7 41 82.6 Good Samaritan Stony Plain Care Centre 18 89.4 Emmanuel Home 9 88.1 8 90.2 Grand Manor 14 87.7 11 81.3 CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 - - Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1		2016 F	2016 Results		2013-14 Results	
CapitalCare McConnell Place North 23 93.0 CapitalCare McConnell Place West 27 91.9 Shepherd's Care Greenfield 12 91.7 11 95.5 Lifestyle Options - Terra Losa 38 91.0 18 92.2 Garneau Hall 20 90.4 10 76.9 Rosedale at Griesbach 42 90.0 40 83.7 Aspen House 42 89.7 41 82.6 Good Samaritan Stony Plain Care Centre 18 89.4 Emmanuel Home 9 88.1 8 90.2 Grand Manor 14 87.7 11 81.3 CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 - - Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1	Edmonton Zone (N = 43 facilities)		Average		Average	
CapitalCare McConnell Place West 27 91.9 Shepherd's Care Greenfield 12 91.7 11 95.5 Lifestyle Options - Terra Losa 38 91.0 18 92.2 Garneau Hall 20 90.4 10 76.9 Rosedale at Griesbach 42 90.0 40 83.7 Aspen House 42 89.7 41 82.6 Good Samaritan Stony Plain Care Centre 18 89.4 Emmanuel Home 9 88.1 8 90.2 Grand Manor 14 87.7 11 81.3 CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 <td>West Country Hearth</td> <td>16</td> <td>93.5</td> <td>10</td> <td>85.0</td>	West Country Hearth	16	93.5	10	85.0	
Shepherd's Care Greenfield 12 91.7 11 95.5	CapitalCare McConnell Place North	23	93.0			
Seminary Seminary	CapitalCare McConnell Place West	27	91.9			
Garneau Hall 20 90.4 10 76.9 Rosedale at Griesbach 42 90.0 40 83.7 Aspen House 42 89.7 41 82.6 Good Samaritan Stony Plain Care Centre 18 89.4 Emmanuel Home 9 88.1 8 90.2 Grand Manor 14 87.7 11 81.3 Capital Care Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 Provincial facility average 86.0 Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Go	Shepherd's Care Greenfield	12	91.7	11	95.5	
Rosedale at Griesbach	Lifestyle Options - Terra Losa	38	91.0	18	92.2	
Aspen House	Garneau Hall	20	90.4	10	76.9	
Good Samaritan Stony Plain Care Centre 18	Rosedale at Griesbach	42	90.0	40	83.7	
Emmanuel Home 9 88.1 8 90.2 Grand Manor 14 87.7 11 81.3 CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 Provincial facility average 86.0 Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6	Aspen House	42	89.7	41	82.6	
Grand Manor 14 87.7 11 81.3 CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 Provincial facility average 86.0 Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average 84.1	Good Samaritan Stony Plain Care Centre	18	89.4			
CapitalCare Laurier House Strathcona 23 87.3 50 84.5 Edmonton Chinatown Care Centre 10 87.3 Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 Provincial facility average B6.0 Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15	Emmanuel Home	9	88.1	8	90.2	
Edmonton Chinatown Care Centre 10 87.3	Grand Manor	14	87.7	11	81.3	
Chartwell Country Cottage Retirement Residence 17 87.0 8 91.1 Shepherd's Garden 20 86.7 23 87.8 Rutherford Heights Retirement Residence 46 86.4 40 75.1 Provincial facility average 86.0 — Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 — — CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average 84.1 — Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37	CapitalCare Laurier House Strathcona	23	87.3	50	84.5	
Shepherd's Garden 20 86.7 23 87.8	Edmonton Chinatown Care Centre	10	87.3			
Rutherford Heights Retirement Residence	Chartwell Country Cottage Retirement Residence	17	87.0	8	91.1	
Provincial facility average 86.0	Shepherd's Garden	20	86.7	23	87.8	
Lifestyle Options – Leduc 18 85.7 31 84.9 Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Rutherford Heights Retirement Residence	46	86.4	40	75.1	
Citadel Mews West 34 85.5 29 85.8 Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Provincial facility average		86.0			
Good Samaritan Spruce Grove Centre 22 85.2 14 92.9 Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Lifestyle Options – Leduc	18	85.7	31	84.9	
Lifestyle Options Whitemud 33 85.0 CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Citadel Mews West	34	85.5	29	85.8	
CapitalCare Laurier House Lynnwood 45 85.0 56 84.1 Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Good Samaritan Spruce Grove Centre	22	85.2	14	92.9	
Chartwell Wild Rose Retirement Residence 12 84.6 13 77.0 Edmonton Zone facility average Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Lifestyle Options Whitemud	33	85.0			
Edmonton Zone facility average 84.1 Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	CapitalCare Laurier House Lynnwood	45	85.0	56	84.1	
Good Samaritan George Hennig Place 18 83.8 15 94.3 Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Chartwell Wild Rose Retirement Residence	12	84.6	13	77.0	
Salvation Army Grace Manor 30 83.5 31 82.1 Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Edmonton Zone facility averag	je	84.1	-	-	
Saint Thomas Assisted Living Centre 63 83.5 31 79.9 Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Good Samaritan George Hennig Place	18	83.8	15	94.3	
Shepherd's Care Vanguard 49 83.5 37 86.8 Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Salvation Army Grace Manor	30	83.5	31	82.1	
Rosedale St. Albert 40 83.4 40 83.2 Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Saint Thomas Assisted Living Centre	63	83.5	31	79.9	
Shepherd's Care Kensington 41 83.4 21 88.3 Copper Sky Lodge 62 83.2	Shepherd's Care Vanguard	49	83.5	37	86.8	
Copper Sky Lodge 62 83.2	Rosedale St. Albert	40	83.4	40	83.2	
	Shepherd's Care Kensington	41	83.4	21	88.3	
Villa Marquerita	Copper Sky Lodge	62	83.2			
viiia iviai guerite 110 82.8 98 81.2	Villa Marguerite	110	82.8	98	81.2	
Wedman Village Homes 15 82.1	Wedman Village Homes	15	82.1			
Good Samaritan Wedman House 17 81.0 30 86.9	Good Samaritan Wedman House	17	81.0	30	86.9	
Excel Society - Balwin Villa 25 80.7 30 79.5	Excel Society - Balwin Villa	25	80.7	30	79.5	



		Results	2013-14 Results	
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
Rosedale Estates	20	80.0	17	84.5
Riverbend Retirement Residence	21	79.8	16	80.3
Glastonbury Village	25	79.3	23	87.7
Chateau Vitaline	17	78.7	16	89.3
Tuoi Hac - Golden Age Manor	38	77.7	32	72.5
Laurel Heights	33	77.2		
Summerwood Village Retirement Residence	55	75.7	46	82.8
Sprucewood Place	25	73.5		
Lewis Estates Retirement Residence	41	72.4		
Churchill Retirement Community	10	68.7	19	73.7
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Serenity House	8	100.0	6	88.8
Sunrise Village Olds	9	100.0	9	84.4
Providence Place	9	93.9	5	95.2
Pines Lodge	12	93.8	8	89.6
Bashaw Meadows	15	93.8		
Sunrise Village Wetaskiwin	8	93.7	7	95.6
Faith House	13	93.2	13	93.5
Islay Assisted Living	12	93.0	10	95.2
Hillview Lodge	16	92.6	19	91.0
West Park Lodge	24	92.3	21	91.8
Coronation Hospital and Care Centre	14	91.3	8	83.9
Sunrise Village Drayton Valley	5	91.2		
Vermilion Valley Lodge	19	89.7	15	89.4
Eckville Manor House	7	89.3	5	79.4
Points West Living Wainwright	33	89.2	33	81.7
Sunrise Village Camrose	45	87.7	52	84.3
Central Zone facility average		87.3	-	-
Sunrise Village Ponoka	10	86.7	11	94.8
Extendicare Michener Hill	37	86.7	40	81.4
Points West Living Lloydminster	36	86.7	33	82.9
Memory Lane	15	86.1		
Wetaskiwin Meadows	11	86.0		
Provincial facility average		86.0		-



	2016 F	Results	2013-14 Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Bethany Sylvan Lake	13	86.0	12	87.7
Sunset Manor	66	84.2	65	81.2
Villa Marie	52	83.9		
Vegreville Manor	6	83.9		
Good Samaritan Good Shepherd Lutheran Home	36	83.6	34	87.6
Bethany Meadows	19	82.9	21	86.6
Heritage House	17	80.9	18	83.1
Royal Oak Manor	65	80.9	27	85.1
Sunrise Encore Olds	39	80.6		
Points West Living Stettler	45	77.7		
Chateau Three Hills	6	76.9	8	91.5
Clearwater Centre	20	74.5	13	75.9
Points West Living Century Park	20	74.2	24	82.1
	2016 Results		2013-14	Results
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average
Vilna Villa	6	100.0	7	83.4
Spruce View Lodge	6	97.1		
Ridgevalley Seniors Home	7	96.1		
Elk Point Heritage Lodge	9	94.3		
Smithfield Lodge	30	93.6		
Jasper Alpine Summit Seniors Lodge	9	92.9		
MacKenzie Place Supportive Living	19	90.1		
Points West Living Slave Lake	15	89.9		
North Zone facility average		88.2	-	
Pleasant View Lodge - Mayerthorpe	9	87.6		
Points West Living Grande Prairie	43	86.6	40	79.0
Heimstaed Lodge	25	86.2	39	79.5
Provincial facility average	86.0		-	
Grande Prairie Care Centre	43	84.6	26	73.8
Manoir du Lac	18	84.2	15	80.7
Stone Brook	33	83.3		
Points West Living Cold Lake	22	82.1		
Mountain View Centre	20	82.0	20	74.0
Points West Living Peace River	20	81.4		
Shepherd's Care Barrhead	14	76.4		



	2016 Results		2013-14 Results	
South (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average
Pleasant View Lodge - Bow Island	5	98.7	7	82.9
Leisure Way	5	97.7	7	94.4
Clearview Lodge	12	93.5	9	98.4
Good Samaritan Prairie Ridge	27	92.3	15	81.8
Piyami Place	6	91.7	6	77.3
Good Samaritan Garden Vista	15	91.3	14	79.2
Chinook Lodge	6	90.7	5	97.9
Orchard Manor	18	89.3	13	96.6
Cypress View	24	87.0	17	82.7
South Zone facility average		86.2	-	
Provincial facility average		86.0	-	
Extendicare Fairmont Park	80	85.8	77	83.6
Good Samaritan South Ridge Village	23	85.6		
Meadow Ridge Seniors Village	50	84.8		
Good Samaritan Linden View	49	84.8	46	86.5
Golden Acres	17	84.7	14	81.7
Legacy Lodge	60	84.5	61	77.4
The Wellington Retirement Residence	25	84.5	31	79.9
Sunrise Gardens	51	84.0	36	79.8
St. Michael's Health Centre	25	83.4		
Good Samaritan Park Meadows Village	58	83.2	62	81.9
Good Samaritan West Highlands	56	82.8	58	78.8
Good Samaritan Lee Crest	30	81.8	36	72.3
Good Samaritan Vista Village	43	80.4	35	89.3
Sunny South Lodge	24	80.3	18	85.6
St. Therese Villa	128	80.0		
Sunnyside Care Centre	14	79.7	11	94.0
River Ridge Seniors Village	12	79.5		

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.7.2 Family member comments about Providing Information and Encouraging Family Involvement

Family members provided a response to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain," some of which related to the Dimension of Care: Providing Information and Encouraging Family Involvement. These comments were consistent with comments provided for the 2013-14 survey, and illustrate the challenges and successes family members experienced participating in resident care, and are summarized below.

Information and Involvement

"My long-distance interactions (telephone, email) with the institutional staff have been very positive. Their responses to any concerns have been prompt and more than satisfactory."

"It depends on the problem we are having, but there have been times and with some people, all the time, that we are not able to talk to them and get the information and move on. There's always a call back, or phone tag, or never receiving a call back."

While some family members talked about being involved in residents' care and expressed appreciation for regular updates from staff, others said they experienced barriers to their involvement. The survey did not ask whether a family member was legally entitled to receive certain information about the resident. Supportive living facilities protect residents' privacy and personal information by complying with Alberta privacy laws and have policies and procedures regarding the collection, use, and disclosure of residents' personal information.³³

Family members might have also been granted permission by residents, or had a legal right to attend an annual care conference on behalf of residents.³⁴ Family members said they appreciated the opportunity to participate in a care conference as this allowed them to learn about residents' progress, health status, care plan, and dietary needs, and to share opinions, suggestions, and concerns about resident care. When attending a conference, family members also said they felt it would be beneficial if all members of the resident's care team were present. These family members expressed concern that important information was missing when determining if changes should be made to the care plan or medications when the entire care team did not attend. A care conference involves a resident's interdisciplinary team, and these team members are determined by the resident's assessed healthcare needs.³⁵ Alternatively, some family members said when care staff were present, they were not always engaged in the care conference or knowledgeable about the resident.

Some family members said they were unable to attend a care conference because scheduling was inflexible, or they were not invited. Some family members also said they wished to be invited to a care conference within a few months of the resident moving to the facility, and for more frequent care conferences.

³³ Supportive Living Accommodation Standards and Checklist, standard 32: Privacy and personal information. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf

³⁴ Continuing Care Health Service Standards, standard 1.0: Standardized assessment and person-centered care planning. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

³⁵ Continuing Care Health Service Standards, definitions: Interdisciplinary Team. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf



Many family members said regardless of whether they were invited to a care conference, they were not kept informed about residents' overall health and well-being as often as they would have liked. These family members expressed interest in receiving regular reports, such as monthly or quarterly (e.g., by phone or email). In addition, many said they were not provided with follow-up information or responses to requests they had made for information about the resident.

Many family members said they were not kept informed about incidents concerning residents or about residents' immediate needs, including supplies. For example, there were family members who said they were not informed that their resident was ill, had experienced a fall or been injured in the facility, or had medications changed. Some talked about instances where they were not informed about changes at the facility and services. Due to the lack of information, some family members said they felt they were unable to participate in decision-making and to advocate on behalf of residents. Many family members also wanted staff to communicate more often with, and provide information directly to the residents, and in a language in which both residents and staff were proficient.

Staff availability and responsiveness was another topic of discussion. While some family members said staff was always available, many said it was difficult to locate staff at a facility or to contact them. In particular when: staff were in nursing stations or staff rooms; staff did not answer their phones; family members did not have staff's contact information; staff did not wear uniforms or nametags; or staff did not respond to messages left for them.

Effective communication between staff members was also a topic of discussion. Many family members said they did not think staff always communicated changes to residents' health or care plans, medications, or incidents involving residents (e.g., when a resident experienced a fall) to other staff, either at shift change or through charting. Many expressed concern that staff did not always take the time to become informed about the residents in their care at the start of their shift. As a result of communication breakdowns, many family members said they felt staff were not kept informed of residents' needs, which contributed to errors or delays in resident care. Similarly, some family members said they did not think staff communicated well with management level staff so that important resident information could be passed on to a resident's family.

Expressing concerns

"While everything isn't perfect I feel my opinions are much more welcome, considered and responded to."

"[The resident] says everyone complains about the food, but when they have meetings, the residents are all too scared to speak up for fear that they will be 'kicked out' of the facility."

In general, family members reported challenges with getting complaints and concerns resolved. Some said they felt staff could be defensive and avoidant, or unwilling to make changes. Also, some said they felt unheard, and lacked trust and confidence in staff and management when complaints remained unresolved. For other family members, their concerns were only temporarily addressed and improvements were made for a short time, but eventually the concern resurfaced.

Some family members said staff and management did not facilitate a safe environment in which they felt complaints and concerns could be brought forward without repercussions for residents or themselves. For example, some family members said they felt their resident was targeted by staff or told that the staff 'would not like it' if they raised concerns. Similarly, some family members reported that residents did not always voice their own concerns because they feared retaliation from staff, such as denial or



delay of care. Some family members expressed concern that this type of environment prevented serious allegations from being reported and might place residents and staff at risk of intentional and unintentional harm.

Currently, supportive living facilities are required to have a concerns resolution process implemented to provide a fair review of concerns and complaints. ^{36,37} Based on family members' comments alone, it is not possible to determine facility compliance or non-compliance with provincial standards without further review.

Family members' suggestions for improvement

Family members made the following recommendations for improvement regarding Providing Information and Encouraging Family Involvement:

Involving family in resident care

- Provide regular and timely information to family members; inform family about incidents concerning the resident immediately after they occur
- Increase family involvement in resident care; include family in decision-making concerning the resident and acknowledge family input before making changes to the resident's care plan
- Use technology such as email and teleconferencing to improve timely delivery of information
- Provide family members with updated staff contact information; when it is not possible to speak with staff in person or by phone, ensure a response within 24 hours
- Have uniforms and/or nametags for staff members so they are easily identified by visitors and family members
- Ensure efficient flow of information between staff (e.g., by recording incoming information, reviewing resident charts at shift change, introducing a checklist outlining each resident's care needs in residents' rooms to ensure staff complete all tasks in resident's care plan daily, and holding staff meetings)

Expressing complaints and concerns

- Ensure staff and management are receptive to complaints and concerns
- Provide follow-up to family explaining how staff plan to resolve a complaint or concern
- Resolve complaints and concerns in a timely manner and seek permanent resolutions
- Provide a comments box to express good things about the facility and the staff

³⁶ Continuing Care Health Service Standards, standard 18.0: Concerns resolution on health care and forming a council. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

³⁷ Supportive Living Accommodation Standards and Checklist, standard 24: Concerns and complaints. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



5.8 Dimension of Care: Meeting Basic Needs

"The care [my resident receives] is great. We all work together to ensure that [the resident] is getting everything they need." Family members were asked to reflect on their experiences with whether or not residents' needs were met in supportive living, and the ways family members help to meet resident needs. The following survey questions were asked, in the order of how strongly each influences this

dimension from strongest to weakest:

- (Q15 and Q16) Family members helped because staff didn't help or resident waited too long for help with eating?
- (Q17 and Q18) Family members helped because staff didn't help or resident waited too long for help with drinking?
- (Q19 and Q20) Family members helped because staff didn't help or resident waited too long for help with toileting?
- (Q67) Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain.

What is in this section?

- Section 5.8.1 summarizes facility averages for Meeting Basic Needs for participating facilities in 2016 and 2013-14.
- Section 5.8.2 summarizes family members' comments about Meeting Basic Needs in 2016, and includes topics about residents' ability to receive help and supervision with meeting their basic needs; hygiene and grooming needs; healthcare needs; medication; and what family members do to assist residents. Comments are presented verbatim except where the HQCA has removed identifiable information, indicated by brackets [].

Findings at a glance

■ In 2016, the provincial average for Meeting Basic Needs was 95.1 out of 100.

"Residents often wait too long for assistance."

• Family members commented residents were not always able to receive timely help with meeting basic needs such as with toileting, bathing, and transferring, because there were not always enough staff available to help. A top recommendation for improvement voiced by family members was for resident's to receive more, and timelier help with meeting basic needs.



5.8.1 Facility averages for Meeting Basic Needs

In 2016, the provincial facility average for the Dimension of Care: Meeting Basic Needs was 95.1 out of 100. Table 10 summarizes facility scores for participating facilities in 2016 by AHS zone, and where applicable, the facility's 2013-14 result.

Table 10: Summary of facility averages for Meeting Basic Needs by AHS zone (N = 146 facilities)

	2016 F	Results	2013-14	Results
Calgary Zone (N = 25 facilities)	Respondents (N)	Average	Respondents (N)	Average
Prince of Peace Harbour	21	100.0		-
Chartwell Eau Claire Retirement Residence	29	99.3	40	95.9
Revera Heartland	24	99.2		-
Wing Kei Greenview	55	98.5		-
Edgemont Retirement Residence	12	98.4		
AgeCare Seton	156	98.0		-
AgeCare Sagewood	74	97.8	33	95.7
Silver Willow Lodge	18	97.8	26	96.1
Wentworth Manor	35	97.7	23	99.1
Monterey Place	41	97.5	55	97.0
Prince of Peace Manor	13	97.0	18	98.9
McKenzie Towne Retirement Residence	19	96.6	17	96.5
AgeCare Walden Heights	104	96.3	50	95.5
Whitehorn Village Retirement Community	24	95.8	18	100.0
St. Marguerite Manor	59	95.5		ı
Tudor Manor	96	95.4		
Provincial facility average		95.1	-	-
Sunrise Village High River	57	95.0		
Calgary Zone facility average		94.7	-	-
Aspen Ridge Lodge	18	94.1	19	99.0
Scenic Acres Retirement Residence	13	93.9	6	96.7
Evanston Grand Village	51	93.1		
Millrise Place	21	91.3	18	100.0
Bethany Didsbury	58	89.9		
Holy Cross Manor	57	89.2		-
Carewest Colonel Belcher	14	88.6	19	96.9
Rocky Ridge Retirement Community	17	71.4		



	2016 R	Results	2013-14	Results
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
West Country Hearth	16	100.0	10	94.0
Shepherd's Care Greenfield	12	100.0	11	100.0
Garneau Hall	20	100.0	10	96.0
Good Samaritan Stony Plain Care Centre	19	100.0		-
Chartwell Country Cottage Retirement Residence	17	100.0	8	100.0
Grand Manor	14	100.0	11	100.0
CapitalCare McConnell Place North	23	99.1		
Sprucewood Place	25	99.1		-
Good Samaritan Spruce Grove Centre	22	99.1	14	100.0
Rosedale Estates	20	99.0	17	100.0
Shepherd's Care Kensington	41	98.9	22	98.2
Good Samaritan George Hennig Place	18	98.9	15	100.0
Chateau Vitaline	17	98.8	16	98.8
Good Samaritan Wedman House	17	98.8	30	98.6
Rosedale at Griesbach	42	98.6	42	98.1
Tuoi Hac - Golden Age Manor	38	98.4	32	95.0
Villa Marguerite	110	97.4	98	97.3
Lifestyle Options - Terra Losa	38	97.3	18	98.9
Rutherford Heights Retirement Residence	46	97.0	40	88.4
Chartwell Wild Rose Retirement Residence	12	96.6	13	98.5
Edmonton Chinatown Care Centre	10	96.0		-
Excel Society - Balwin Villa	25	96.0	30	90.5
Aspen House	42	95.8	41	95.2
Emmanuel Home	9	95.6	8	100.0
Saint Thomas Assisted Living Centre	63	95.2	31	98.1
Provincial facility average		95.1		
Edmonton Zone facility averag	е	95.0	-	
Shepherd's Care Vanguard	47	94.9	37	98.4
Shepherd's Garden	20	94.7	23	100.0
Citadel Mews West	34	94.7	29	98.6
Lifestyle Options - Leduc	18	93.9	31	96.0
Salvation Army Grace Manor	30	93.9	30	91.0
Lifestyle Options Whitemud	33	93.7		
Rosedale St. Albert	40	93.4	40	97.0
Summerwood Village Retirement Residence	55	92.3	46	94.7
Wedman Village Homes	15	91.9		
Copper Sky Lodge	62	91.5		



	2016 F	Results	2013-14	Results
Edmonton Zone (N = 43 facilities)	Respondents (N)	Average	Respondents (N)	Average
CapitalCare Laurier House Strathcona	23	91.2	50	91.4
Glastonbury Village	25	89.1	23	96.4
CapitalCare Laurier House Lynnwood	45	88.8	56	79.5
Riverbend Retirement Residence	21	87.5	15	94.7
CapitalCare McConnell Place West	26	87.2		
Lewis Estates Retirement Residence	41	86.9		
Laurel Heights	34	82.2		
Churchill Retirement Community	10	82.1	19	88.4
	2016 F	Results	2013-14	Results
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average
Sunrise Village Drayton Valley	5	100.0		
Islay Assisted Living	12	100.0	10	100.0
Serenity House	8	100.0	6	100.0
Coronation Hospital and Care Centre	14	100.0	8	100.0
Wetaskiwin Meadows	11	100.0		
Sunrise Village Wetaskiwin	8	100.0	7	100.0
Providence Place	9	100.0	5	100.0
Bashaw Meadows	15	100.0		
Vermilion Valley Lodge	19	100.0	15	100.0
Sunrise Village Olds	9	100.0	9	97.8
Pines Lodge	12	100.0	8	100.0
Faith House	13	100.0	13	100.0
Points West Living Lloydminster	37	100.0	33	97.6
Chateau Three Hills	6	100.0	8	95.0
Vegreville Manor	6	100.0		
Hillview Lodge	16	98.8	19	97.9
West Park Lodge	24	98.4	21	98.1
Eckville Manor House	7	97.2	5	100.0
Central Zone facility average		96.0	-	-
Memory Lane	15	96.0		
Points West Living Wainwright	33	96.0	33	95.7
Sunrise Village Camrose	45	95.9	52	90.3
Heritage House	17	95.2	18	98.9
Bethany Sylvan Lake	13	95.1	12	98.3
Provincial facility average		95.1	-	-



	2016 F	Results	2013-14	Results	
Central Zone (N = 34 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Points West Living Century Park	19	94.8	24	95.0	
Bethany Meadows	20	94.0	21	96.2	
Sunset Manor	65	93.8	64	93.7	
Sunrise Encore Olds	39	91.2			
Extendicare Michener Hill	37	90.3	40	90.9	
Royal Oak Manor	65	90.1	27	99.3	
Villa Marie	52	90.0			
Sunrise Village Ponoka	10	89.9	11	90.9	
Good Samaritan Good Shepherd Lutheran Home	37	87.2	34	97.6	
Clearwater Centre	20	86.2	13	77.0	
Points West Living Stettler	45	84.0		-	
	2016 F	Results	2013-14	Results	
North Zone (N = 18 facilities)	Respondents (N)	Average	Respondents (N)	Average	
Elk Point Heritage Lodge	9	100.0			
Ridgevalley Seniors Home	7	100.0			
Jasper Alpine Summit Seniors Lodge	9	100.0			
Spruce View Lodge	6	100.0			
Pleasant View Lodge - Mayerthorpe	9	100.0		-	
Vilna Villa	6	100.0	7	100.0	
Manoir du Lac	18	97.7	15	98.7	
Smithfield Lodge	29	97.0			
MacKenzie Place Supportive Living	19	96.8			
Heimstaed Lodge	25	96.5	39	90.7	
Points West Living Peace River	20	96.0			
North Zone facility average		95.5	-	-	
Provincial facility average		95.1	-	-	
Shepherd's Care Barrhead	15	94.4		-	
Points West Living Grande Prairie	42	94.2	40	93.2	
Stone Brook	33	92.4			
Mountain View Centre	20	92.0	20	93.9	
Points West Living Slave Lake	15	89.1			
Points West Living Cold Lake	22	87.2			
Grande Prairie Care Centre	43	86.5	26 74.7		



	2016 R	lesults	2013-14	Results
South Zone (N = 26 facilities)	Respondents (N)	Average	Respondents (N)	Average
Pleasant View Lodge - Bow Island	5	100.0	7	100.0
Clearview Lodge	12	100.0	9	97.8
Chinook Lodge	6	100.0	5	100.0
Leisure Way	5	100.0	7	91.5
Cypress View	24	100.0	17	93.0
Orchard Manor	18	100.0	13	100.0
Piyami Place	6	100.0	6	96.7
River Ridge Seniors Village	12	100.0		
Good Samaritan Prairie Ridge	27	99.3	15	93.4
The Wellington Retirement Residence	25	97.6	31	94.8
Good Samaritan Garden Vista	15	97.4	14	88.1
Golden Acres	17	96.5	14	98.6
Provincial facility average		95.1		
Good Samaritan Linden View	50	94.7	45	92.2
Good Samaritan South Ridge Village	23	94.6		
South Zone facility average		94.1		
Good Samaritan Park Meadows Village	58	92.8	62	91.5
Extendicare Fairmont Park	80	91.6	77	92.5
Good Samaritan Vista Village	43	91.6	35	97.0
Sunnyside Care Centre	14	91.2	11	98.2
Good Samaritan West Highlands	56	91.2	58	95.3
Good Samaritan Lee Crest	30	89.1	37	95.0
Legacy Lodge	60	88.9	61	85.2
Sunny South Lodge	23	88.8	18	93.3
Meadow Ridge Seniors Village	50	87.4		
St. Therese Villa	128	86.8		
Sunrise Gardens	51	85.1	36	86.1

Note: Categorical decision rules based on the average extend beyond the first decimal place. In the event of a tie, facilities are presented by their Global Overall Care Ratings from highest to lowest.



5.8.2 Family member comments about Meeting Basic Needs

Family members provided a response to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain," some of which related to the Dimension of Care: Meeting Basic Needs. These comments covered a range of topics that were consistent with comments provided for the 2013-14 survey, and included residents' ability to receive help and supervision with meeting their basic needs, hygiene and grooming needs, healthcare needs, medication, and what family members do to assist residents. These comments provide insight into what residents' basic daily needs are and whether or not these needs are being addressed.

Help and supervision with basic needs

"The staff who take care of my [resident]...are miracle workers! They get [the resident] to cooperate when we could never. We feel they truly care about [the resident] and we are so very lucky to have [the resident] at [the facility]. Love them! They are truly fabulous!"

"Getting to the bathroom faster when called. This is a big problem. They should go to the room right away when called."

Family members talked about residents' ability to receive timely help with basic needs, including with toileting, transferring, portering, drinking fluids, dressing, eating, and hygiene tasks such as brushing teeth or bathing. The majority said residents experienced long wait times, were unable to receive help at all, or staff were inattentive when providing help. Further, they said residents were not regularly monitored or supervised to prevent falls, injury, inappropriate behaviour, or to observe changes in health. Overall, family members said they felt response times could be improved.

In general, family members said they felt these occurrences were often a result of low staffing levels, inappropriate staff scheduling (e.g., scheduling breaks during resident high-needs times), inability to locate or alert staff to needs (e.g., when resident call bells were not functioning properly or were out of reach), complex care needs of residents, and facility policies. Family members recognized staff were limited in what they were able to do for residents given the number of staff available, and that staff were doing their best to fulfill resident care needs. Overall, they said they felt this was unreasonable for both residents and staff.

When residents experienced long wait times, or help was not provided, family members said they felt residents were negatively impacted. For example, they noted instances where:

- Residents' dignity was compromised (such as when residents were left in soiled clothing when they did not receive timely assistance to the bathroom)
- Residents were more likely to attempt to take care of their needs on their own, which placed them at risk of falling and injuring themselves
- Health complications were a risk such as development of urinary tract infections and skin rashes
 due to incontinence, or weight loss when residents were not assisted with eating or encouraged
 to eat (sometimes due to the inability to cut their own food)
- Residents were uncomfortable asking for help to avoid burdening staff
- Assistance in the case of a medical emergency was not timely



- Resident autonomy was compromised such as when residents were capable of making their own choices but had to wait for staff assistance that might or might not be available
- Residents felt unsafe and ignored

In addition to discussing delays to care or care that was not provided, family members commented on the speed of care delivery. Specifically, some said staff provided care too quickly. These family members expressed concern that when staff had to rush to fulfill residents' basic care needs, a culture of task-completion took over as opposed to providing personal, safe, and quality care.

Healthcare needs

"I want to acknowledge the fact that they are looking at both mental and physical care of the residents. This includes an excellent recreational program, changing practices during quarantine, and bringing in community resources. I feel that a more holistic approach to care is being implemented and that subtle changes are now becoming more visible to families."

"At [age], [the resident] finds it extremely difficult to leave the facility for medical appointments. There is a doctor that does rounds once per month but obviously has no time to personally examine each resident."

Overall, family members who provided a comment about healthcare services suggested the quality and number of healthcare services offered to residents could be improved. Specifically, many family members said residents did not have enough access to therapeutic services such as physiotherapy and occupational therapy to maintain mobility, but were offered mobility aids like wheelchairs. Family members expressed concern that these residents were at increased risk of weight gain, becoming immobile, losing independence, and falling.

Some family members also said health services were at times limited such as psychological and mental health services, oral health, hearing, and vision services. To ensure residents had access to these services, some family members booked appointments and transportation, and accompanied residents to these appointments. An additional challenge occurred when residents were immobile and could not be easily transported.

Some family members talked about difficulties with accessing physician services at the facility. Overall, family members said they did not think physicians were available often enough to monitor, assess, and manage residents' health. As a result, some spoke of delays in resolving residents' health concerns.

Similarly, some family members said residents experienced delays or errors in assessment, treatment, and monitoring because they felt staff were not always knowledgeable, skilled, trained appropriately, or experienced enough to address residents' healthcare needs or to implement residents' care plans. According to these family members, consequences of this were inconsistent care delivery, or inability to distinguish when residents were in medical distress. Some said staff did not always recognize when it was appropriate to send residents to hospital or when it was acceptable to treat residents in-house.

Many family members talked about maintenance of residents' health equipment such as hearing aids, eye-glasses, oxygen tanks, and catheters. Specifically, they said staff were not always knowledgeable about how to use these items and/or did not always ensure residents had use of these items when needed. Currently, an operator must ensure that a resident is provided with any assistive equipment, technology or medical/surgical supplies that the resident has been assessed as requiring; or referred to



a service which can provide the assistive equipment, technology, or medical/surgical supplies.³⁸ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards.

Resident hygiene and grooming

"There are some staff that go above and beyond in the care of [the resident] which is so appreciated. I.e., did [the resident's] hair, wash [the resident's] hands and mouth after meals, groom [the resident], clean under [the resident's] nails, etc."

"A care plan is established and often/regularly it is not followed so bathing and grooming is missed. Dirty or soiled clothing is re-worn."

Many family members' commented resident hygiene and grooming was an area for improvement. Specifically, family members did not think residents were bathed frequently enough, and some said residents who were able to bathe themselves were not permitted to do so by the facility. Currently, supportive living facilities must provide residents with the opportunity for bathing at a minimum of twice a week by the method of resident's preference, and more frequently based on the resident's unmet healthcare need.³⁹ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards. Family members expressed concern that when residents were not bathed frequently enough, resident dignity was compromised. Several recognized, however, that low staffing levels and lack of additional funding prevented more frequent bathing.

Many family members reported that other hygiene and grooming practices, such as shaving, hair brushing, and oral care were not always provided to residents. Some family members said their residents' clothing was not changed daily or when dirty. Personal care services considered important to some family members, such as hairstyling and haircuts, were not always available or affordable. Some family members also felt that cleaning of health equipment such as wheelchairs, walkers, and eyeglasses was not done frequently enough.

In general, family members reported that grooming was an essential part of residents' personal and medical care (e.g., foot and nail care for diabetics). While they acknowledged that these tasks could be time consuming, they said these services were important to resident dignity and self-esteem. Supportive living facilities might provide personal services like manicures, hairdressing and barbering, but it is not a requirement.⁴⁰ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards.

³⁸ Continuing Care Health Service Standards, standard 6.0: Assistive equipment, technology and medical/surgical supplies. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

³⁹ Continuing Care Health Service Standards, standard 14.0: Oral care assistance and bathing frequency in publicly funded supportive living and long-term care facilities. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf

⁴⁰ Supportive Living Accommodation Standards and Checklist, standard 9: Personal choice services. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



Family members assisting residents with daily tasks

"I helped [the resident] cut meat - encouraged [the resident to eat more]."

"Family members and residents should have representation on the Quality Improvement teams at the facility."

Family members described how they assisted residents with various day-to-day tasks. In some cases family members helped residents because they wanted to and because they enjoyed doing things for residents. Others said they provided help because they felt it was their role as a family member and/or legal guardian. Some family members said they helped residents to fill gaps they perceived in the care provided, because tasks were not being completed by staff or were not completed to a standard the family felt was acceptable. There were multiple ways in which family members said they helped residents, such as:

- Assisting residents with basic needs such as eating and drinking, toileting, and bathing
- Cleaning residents' rooms and common areas and performing building maintenance, such as by changing a lightbulb in their resident's room
- Taking residents out for appointments or arranging for transportation
- Doing residents' laundry
- Following up on resident care; ensuring residents received the care they needed (e.g., checking that they received their medications and dietary plans were followed)
- Monitoring, assessing, and reporting on residents' health (e.g., checking for infection)
- Getting resident supplies, clothing, and medical equipment (e.g., disposable underwear)

Family members performed multiple roles in resident care, including advocate, educator, decision-maker, caregiver, handyperson, emotional and physical supporter, and loved one. In general, family members expressed their willingness to step in to ensure resident needs were met.

Medications

"There should be a more concerted effort to monitor need for medications. The routines, once established, seem to become ingrained. Appears that the job of administering medications is quite efficient but no one seems to be addressing whether or not the resident is still needing the medication."

"Distribution of medicine at a consistent time. [The resident] has [their] pills before supper so it does not upset [their] stomach. [I have] been there many times when pills [were] given at various times."

Family members commented on the provision and use of medications. The most prevalent issue was medication errors, including giving a resident the wrong medication, the wrong dosage of medication, or not giving medication on time. Some expressed concern that staff were not always adequately trained to know about medication interaction and contraindication, side effects, and the clinical details of what the medication was for and how it was to be administered. Also, some said they felt there was a lack of communication about medication changes and medication cost. Supportive living facilities are required



to ensure policies and processes are in place to ensure safe medication management.⁴¹ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards.

Family members' suggestions for improvement

Below are family members' suggestions to improve Meeting Basic Needs:

Help and supervision

- Provide timely help and if requests cannot be responded to immediately, acknowledge requests have been heard
- Ensure staff are visible, available, and supervising residents
- Routinely check on residents to see if they are okay, and proactively provide help
- Ensure call bells are within reach, working, and residents know how to operate them

Healthcare needs

- Accommodate on-site healthcare services as much as possible (e.g., dental/oral healthcare and diagnostic tests such as blood tests and x-ray)
- Provide necessary mental health/psychological services, as well as other therapies such as physical and occupational therapy
- Ensure physicians are available to make regular and unscheduled visits as needed
- Ensure facility staff are knowledgeable and skilled in assessing and treating residents' health concerns
- Ensure residents have use of working medical equipment

Hygiene

- Ensure the bathing standard is enforced and that residents are provided with their preferred bath (e.g., tub bath, shower, or bed bath) a minimum of two times per week
- Provide residents with daily personal hygiene services (e.g., dressing and brushing teeth)
- Ensure residents able to bathe themselves do so, if safe to do so, as frequently as they wish

Medications

- Ensure staff are adequately trained in the clinical details of providing medication and medication interactions
- Ensure the correct medications are administered to the correct resident at the correct time

⁴¹ Continuing Care Health Service Standards, standard 12.0: Medication management. More information can be found here: http://www.health.alberta.ca/documents/Continuing-Care-Standards-2016.pdf



5.9 Additional care questions

The following questions were not originally included by CAHPS in the validated questions that make up each Dimension of Care but provide important additional information about care and services.

Therefore, these questions were added to the survey and are presented here separately.

Because these questions do not represent a Dimension of Care, facilities cannot be ranked by the results of these questions collectively. Therefore, results are ordered by the Global Overall Care Rating by AHS zone (as per Table 4). The order these questions are presented is based on how strongly each question influences the Global Overall Care Rating provincially, from strongest to weakest.

Note that given the number of questions, the results are separated into three tables.⁴²

The additional care questions that most strongly influence the Global Overall Care Rating are listed in Table 11 and include:

- Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?
- Q24: In the last 6 months, how often did the nurses and aides treat you with courtesy and respect?
- *Q42: In your opinion, is the overall cost of living at this facility reasonable?*
- Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?
- Q54: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?
- *Q61: In the last 6 months, how often were the people in charge available to talk with you?*

Questions 50, 30, and 61 were new additions to the 2016 survey and were not asked in 2013-14, therefore year-to-year comparisons are not available.

Table 12 presents the next six questions most related to the Global Overall Care Rating:

- Q34: In the last 6 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing or in a public area?
- Q32: In the last 6 months, how often were you able to find places to talk to your family member in private?
- *Q60: Does your family member's facility have a resident and family council?*
- Q38: At any time in the last 6 months, were you ever unhappy with the care your family member received at the supportive living facility?
- Q40: In the last 6 months, how often were you satisfied with the way the supportive living facility staff handled these problems?
- Q29: In the last 6 months, how often is your family member cared for by the same team of staff?

⁴² Note: Q52 was excluded from this analysis as feedback from facility operators indicated ambiguity of this question. The question level results for this question can still be found in Appendix VII.



Question 60 was a new addition to the 2016 survey and was not asked in 2013-14, therefore year-to-year comparisons are not available.

Table 13 presents the following questions that influence the Global Overall Care Rating the least:

Q55: In the last 6 months, how often did you have concerns about your family member's medication?

Q57: In the last 6 months, how often were your concerns about your family member's medication resolved?

Q45: In the last 12 months, have you been part of a care conference, either in person or by phone?

Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?

Q51: In the last 6 months, did you help with the care of your family member when you visited?

Facilities are grouped by AHS zone to facilitate comparisons at the zone and provincial level. For ease of interpretation, responses were collapsed into two categories and only the most positive response for each question is presented.⁴³

⁴³ The four response options for questions 24, 29, 32, 40, 50, 54, 55, 57, and 61 were *Never, Sometimes, Usually, Always*, which were subsequently collapsed into *% Never/Sometimes/Usually* and *% Always*. Response options for questions 34, 38, 45, 46, 51, and 60 were *Yes/No*. Non-relevant responses *I Don't Know*, and *I did not need this* were recoded to missing. The response options for question 42 were *Yes, No, Don't know*, and *Not applicable*, which were subsequently collapsed into *% Yes* and *% No/Don't know/Not applicable*. The unreported relevant response category can be determined by subtracting the reported result from 100.



Table 11: Summary of facility averages for additional care questions: Q50, Q24, Q42, Q30, Q54, and Q61 by AHS zone (N = 146)

Calgary Zone (N = 25 facilities)	Respondents (N)		Respondents your family member		months, I did nurses treat w courte	months, how often did nurses and aides			Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	Q54: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?		Q61: In the last 6 months, how often were the people in charge available to talk with you?
		1	% Always		ways		Yes	% Always		ways	% Always	
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	
Whitehorn Village Retirement Community	25	18	83	92	100	91	72	70	79	65	41	
Prince of Peace Manor	14	19	86	77	83	92	78	43	57	67	33	
Aspen Ridge Lodge	18	19	76	89	74	53	89	78	88	78	38	
Silver Willow Lodge	18	27	76	100	77	94	77	39	65	56	35	
AgeCare Seton	157		77	88		80		53	60		43	
McKenzie Towne Retirement Residence	20	19	79	89	94	71	76	47	68	65	46	
Edgemont Retirement Residence	12		83	100		83		75	83		55	
Prince of Peace Harbour	22		76	100		85		71	76		70	
Wing Kei Greenview	55		72	72		70		52	57		47	
Wentworth Manor	35	24	77	88	74	71	78	57	62	57	48	
Tudor Manor	97		76	86		71		48	64		51	
AgeCare Sagewood	78	33	65	91	76	68	67	49	62	53	41	
Chartwell Eau Claire Retirement Residence	30	41	69	90	73	69	74	48	66	65	50	
St. Marguerite Manor	59		69	79		70		43	59		45	
Revera Heartland	24		67	83		71		26	50		45	
Millrise Place	22	18	48	75	94	75	89	33	52	72	45	
Bethany Didsbury	62		58	76		65		39	45		30	
AgeCare Walden Heights	105	52	69	79	80	80	70	43	59	63	38	



Calgary Zone (N = 25 facilities)	Respondents (N)		Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 how often and aides vith you sy and sect?	opinior overall co at this	In your n, is the st of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he servic treatme	the last 6 how often ir family receive all ealthcare es and ints they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% Al	ways	%`	Yes	% Always	% AI	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
Scenic Acres Retirement Residence	13	6	62	83	83	92	50	31	38	33	55
Holy Cross Manor	60		67	82		73		42	51		49
Monterey Place	42	56	71	68	67	68	67	42	63	56	25
Sunrise Village High River	59		66	83		65		39	61		40
Evanston Grand Village	51		57	82		71		26	58		22
Carewest Colonel Belcher	14	19	79	86	74	86	74	31	50	47	0
Rocky Ridge Retirement Community	19		38	41		69		13	38		29
Edmonton Zone (N = 43 facilities)	Respondents (N)		Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 how often and aides with you sy and pect?	opinior overall co at this	In your n, is the st of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he servic treatme	the last 6 how often or family receive all ealthcare es and onts they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% Al	ways	%`	Yes	% Always	% AI	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
CapitalCare McConnell Place North	24		78	91		71		61	74		58
West Country Hearth	17	10	88	100	90	100	80	81	69	40	43
Lifestyle Options - Terra Losa	38	20	71	89	89	73	82	74	62	65	55
Good Samaritan George Hennig Place	18	16	89	83	93	76	69	56	67	71	50
CapitalCare McConnell Place West	29		70	89		78		70	63		60
Aspen House	47	42	88	83	70	78	98	60	69	63	61
Lifestyle Options Whitemud	36		84	94		58		73	77		55
Shepherd's Care Greenfield	12	13	67	92	91	64	80	64	75	82	73



Edmonton Zone (N = 43 facilities)	•	Respondents vour family member is safe at the courtesy and at the courtesy and at the courtesy and courtesy are courtesy and courtesy and courtesy and courtesy and courtesy a		opinior overall co at this	In your n, is the st of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	Q54: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?		Q61: In the last 6 months, how often were the people in charge available to talk with you?		
			% Always	% Al	ways	% Yes		% Always	% Al	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
Garneau Hall	21	11	80	100	80	90	70	55	80	44	61
Good Samaritan Stony Plain Care Centre	19		56	94		50		61	50		46
Wedman Village Homes	16		87	86		80		71	47		18
Rosedale at Griesbach	44	44	63	95	88	75	57	60	71	54	51
Good Samaritan Spruce Grove Centre	22	15	85	81	79	73	77	59	76	79	56
Emmanuel Home	9	8	67	89	88	56	75	67	67	88	57
Salvation Army Grace Manor	37	36	73	87	87	73	74	53	44	48	39
Citadel Mews West	35	30	82	79	86	68	48	62	73	66	39
Chartwell Country Cottage Retirement Residence	17	8	71	94	100	50	43	44	47	88	47
Rosedale St. Albert	41	40	51	85	78	63	77	41	58	68	39
Lifestyle Options - Leduc	18	33	67	89	80	61	83	56	44	63	41
Rosedale Estates	22	19	80	85	82	65	50	45	40	50	33
Chartwell Wild Rose Retirement Residence	12	14	55	67	69	42	50	8	27	31	50
Shepherd's Care Kensington	42	22	67	78	86	55	71	51	33	57	16
Shepherd's Care Vanguard	51	37	59	80	86	70	72	42	60	47	20
Copper Sky Lodge	63		53	82		72		47	52		41
Shepherd's Garden	20	23	70	85	91	47	57	60	70	45	47
Chateau Vitaline	18	16	65	76	100	75	100	50	53	69	44
CapitalCare Laurier House Lynnwood	45	56	73	80	77	88	81	26	62	47	32
CapitalCare Laurier House Strathcona	24	51	78	74	78	65	82	39	36	46	27
Good Samaritan Wedman House	20	32	76	65	87	75	70	41	47	67	25



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Edmonton Zone (N = 43 facilities)			Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 how often and aides vith you sy and pect?	Q42: In your opinion, is the overall cost of living		Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he servic treatme	the last 6 how often ir family receive all ealthcare es and ents they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% AI	ways	%	Yes	% Always	% AI	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
Rutherford Heights Retirement Residence	47	40	67	89	66	73	63	41	47	48	39
Laurel Heights	35		45	76		52		34	42		38
Villa Marguerite	116	109	60	75	76	58	61	38	57	51	45
Grand Manor	17	11	64	86	73	62	55	36	57	36	57
Glastonbury Village	28	23	52	76	87	56	65	33	52	67	29
Tuoi Hac - Golden Age Manor	39	33	58	68	53	51	50	38	50	38	26
Lewis Estates Retirement Residence	41		56	76		73		25	36		18
Riverbend Retirement Residence	21	16	52	81	80	62	64	25	45	44	50
Summerwood Village Retirement Residence	56	46	49	75	78	67	63	36	47	50	33
Edmonton Chinatown Care Centre	10		80	80		70		60	80		44
Saint Thomas Assisted Living Centre	66	32	45	78	77	60	67	30	44	48	23
Excel Society - Balwin Villa	25	32	36	72	77	35	37	28	48	57	30
Sprucewood Place	33		38	62		52		30	48		23
Churchill Retirement Community	11	19	30	80	89	60	84	10	20	47	11



Central Zone (N = 34 facilities)	Respondents (N)		Respondents yo		Respondents Months, now often did you feel like your family member treat with you feel at the courtesy and sides over		Q42: In your opinion, is the overall cost of living at this facility reasonable?		Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	Q54: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?		Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% AI	ways	% Yes		% Always	% Al	ways	% Always	
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	
Sunrise Village Drayton Valley	5		80	100		0		60	60		0	
Islay Assisted Living	12	10	83	92	90	64	70	83	82	100	60	
Serenity House	8	6	100	100	100	100	100	88	100	100	83	
Coronation Hospital and Care Centre	15	8	86	100	100	64	63	79	93	100	45	
Wetaskiwin Meadows	12		55	91		55		90	73		50	
Sunrise Village Wetaskiwin	9	7	88	100	100	75	57	71	83	100	57	
Providence Place	9	6	67	78	100	63	80	67	78	80	75	
Bashaw Meadows	15		80	93		87		38	60		53	
Vermilion Valley Lodge	20	15	78	84	100	100	93	74	74	73	56	
West Park Lodge	24	22	91	96	95	79	95	83	74	90	64	
Points West Living Wainwright	35	33	72	91	79	57	53	48	70	52	67	
Hillview Lodge	17	19	80	88	95	93	82	80	80	79	60	
Sunrise Village Olds	9	9	89	89	100	75	56	67	75	67	29	
Eckville Manor House	7	6	86	71	100	67	100	57	71	60	40	
Pines Lodge	13	8	83	92	75	75	88	42	67	50	56	
Faith House	13	14	92	100	100	62	75	54	62	62	60	
Points West Living Lloydminster	37	34	54	92	97	56	77	51	49	73	35	
Sunrise Village Ponoka	11	11	100	100	91	78	90	50	67	100	30	
Memory Lane	16		64	73		54		71	57		33	
Sunset Manor	66	65	62	79	83	61	60	39	66	57	51	
Bethany Sylvan Lake	13	13	62	77	75	85	75	38	54	50	33	
Extendicare Michener Hill	40	41	64	84	78	61	65	37	43	45	47	



Central Zone (N = 34 facilities)	Respondents (N)		•		Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 now often and aides vith you sy and ect?	opinior overall co at this	In your n, is the st of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he service treatme	the last 6 how often ir family receive all ealthcare es and ents they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% Al	ways	%`	Yes	% Always	% Al	ways	% Always		
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016		
Bethany Meadows	20	21	70	80	86	55	53	44	58	71	44		
Villa Marie	52		59	83		75		26	50		34		
Sunrise Encore Olds	39		59	79		62		31	38		38		
Points West Living Century Park	20	24	65	75	83	47	52	45	40	73	13		
Sunrise Village Camrose	48	54	73	80	77	64	67	31	60	57	37		
Royal Oak Manor	65	27	57	78	81	65	84	31	33	52	25		
Points West Living Stettler	47		70	78		54		18	42		19		
Good Samaritan Good Shepherd Lutheran Home	38	36	56	83	73	56	63	43	50	61	41		
Clearwater Centre	21	13	55	75	77	37	50	42	40	38	28		
Chateau Three Hills	6	8	67	50	100	33	33	40	50	50	17		
Vegreville Manor	6		83	60		33		33	33		25		
Heritage House	18	18	60	59	72	50	44	35	25	61	19		
North Zone (N = 18 facilities)	•	ndents N)	Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 now often and aides with you sy and sect?	opinior overall co at this	In your n, is the est of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he service treatme	the last 6 how often ur family receive all ealthcare es and ents they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?		
			% Always	% Al	ways	%`	Yes	% Always	% Al	ways	% Always		
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016		
Elk Point Heritage Lodge	9		100	100		67		67	100		63		
Ridgevalley Seniors Home	7		86	71		100		71	71		50		
Jasper Alpine Summit Seniors Lodge	9		89	88		100		78	56		63		



North Zone (N = 18 facilities)			Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	w often months, how often el like did nurses and aides member treat with you courtesy and courte		oninion is the		Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he servic treatme	the last 6 how often ir family receive all ealthcare es and ints they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% AI	ways	%`	Yes	% Always	% AI	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
MacKenzie Place Supportive Living	19		79	79		72		42	47		53
Smithfield Lodge	30		75	80		67		60	64		69
Spruce View Lodge	7		100	100		50		67	83		67
Heimstaed Lodge	26	40	75	80	70	73	47	48	57	37	58
Points West Living Slave Lake	15		73	87		73		60	53		50
Manoir du Lac	19	19	44	78	67	47	54	18	44	47	33
Pleasant View Lodge – Mayerthorpe	9		89	78		100		50	44		11
Vilna Villa	8	7	100	100	86	100	100	100	83	71	83
Grande Prairie Care Centre	44	27	49	84	65	57	52	53	60	28	39
Stone Brook	33		58	73		48		36	44		34
Points West Living Grande Prairie	45	41	54	84	60	51	55	37	48	29	44
Points West Living Peace River	20		55	70		45		25	55		45
Points West Living Cold Lake	22		52	82		50		23	57		38
Mountain View Centre	20	21	50	75	70	65	47	40	50	32	44
Shepherd's Care Barrhead	15		43	53		43		20	36		8



South Zone (N = 26 facilities)	•	ndents N)	Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, I did nurses treat w courte	the last 6 now often and aides rith you sy and rect?	opinior overall co at this	In your n, is the st of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, did you member of the he service treatme	the last 6 how often ir family receive all ealthcare es and ents they ded?	Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% Al	ways	%`	Yes	% Always	% Al	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
Pleasant View Lodge - Bow Island	5	7	100	100	100	80	86	80	100	71	100
Clearview Lodge	13	9	75	100	100	91	100	83	67	78	55
Chinook Lodge	7	5	67	100	100	83	60	67	67	60	67
Leisure Way	8	7	100	100	100	75	43	100	100	100	60
Good Samaritan Prairie Ridge	27	15	65	96	67	58	67	67	78	53	76
Good Samaritan Garden Vista	16	15	73	87	71	80	62	73	67	57	75
Cypress View	24	18	75	83	65	91	65	54	55	65	41
Good Samaritan South Ridge Village	23		70	91		65		50	70		68
Sunnyside Care Centre	18	11	64	85	100	86	82	50	57	73	57
Orchard Manor	19	13	50	83	100	50	92	50	78	85	44
Piyami Place	6	6	83	83	60	83	50	67	83	83	40
Golden Acres	19	14	76	76	77	71	64	38	71	71	50
Legacy Lodge	61	62	64	73	63	75	78	33	48	44	50
Good Samaritan Vista Village	43	36	63	74	80	60	74	53	60	76	51
Meadow Ridge Seniors Village	51		71	84		53		47	53		48
Good Samaritan Park Meadows Village	63	66	61	84	71	54	67	44	53	55	56
Good Samaritan Linden View	51	49	76	80	76	58	67	51	73	59	39
Extendicare Fairmont Park	81	81	58	66	78	68	71	23	48	57	48
Good Samaritan West Highlands	58	62	61	80	72	64	67	40	62	51	56
St. Michael's Health Centre	25		52	72		57		36	48		43
River Ridge Seniors Village	12		58	64		82		50	25		50
Sunrise Gardens	54	37	41	70	67	61	78	34	50	44	39
St. Therese Villa	130		64	66		68		28	49		33



South Zone (N = 26 facilities)	•	ndents N)	Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	months, l did nurses treat w courte	the last 6 now often and aides with you sy and eect?	opinior overall co at this	In your n, is the est of living facility nable?	Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?	months, I did you member I of the he service treatme		Q61: In the last 6 months, how often were the people in charge available to talk with you?
			% Always	% AI	ways	%`	Yes	% Always	% Al	ways	% Always
	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016
The Wellington Retirement Residence	26 33	56	92	87	48	70	36	68	55	43	
Sunny South Lodge	24 18	63	73	72	62	61	26	46	61	19	
Good Samaritan Lee Crest	30	37	48	55	74	45	69	23	30	43	27



Table 12: Summary of facility averages for additional care questions: Q34, Q32, Q60, Q38, Q40, and Q29 by AHS zone (N = 146)

Calgary Zone (N = 25 facilities)	•	ondents (N)	months ever see and aid prote resident' while the was dr showering	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, iblic area?	months, I were you a places to t family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last 6 were you unhappy care you member r the suppo	iny time in a months, ou ever with the ur family eceived at rive living lity?	months, were you with the support facility sta	the last 6 how often a satisfied way the ivve living aff handled oblems?	months, is you member by the sa	the last 6 how often ir family cared for ame team staff?
			%`	Yes	% Al	ways	% Yes	%`	Yes	% AI	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Whitehorn Village Retirement Community	25	18	100	100	96	83	75	92	100	0		48	33
Prince of Peace Manor	14	19	100	100	79	89	100	62	88	0	0	33	11
Aspen Ridge Lodge	18	19	100	100	100	94	100	78	79	25	33	18	33
Silver Willow Lodge	18	27	100	100	89	76	88	83	77	50	0	17	8
AgeCare Seton	157		99		94		73	79		16		14	
McKenzie Towne Retirement Residence	20	19	100	94	79	88	100	68	82	17	0	26	18
Edgemont Retirement Residence	12		100		92		100	83		0		8	
Prince of Peace Harbour	22		100		100		100	90		100		14	
Wing Kei Greenview	55		96		80		94	83		13		37	
Wentworth Manor	35	24	97	96	94	91	90	71	55	20	20	28	15
Tudor Manor	97		98		90		94	77		11		16	
AgeCare Sagewood	78	33	99	97	89	91	93	77	76	13	29	18	16
Chartwell Eau Claire Retirement Residence	30	41	96	100	83	83	79	83	73	0	27	11	14
St. Marguerite Manor	59		100		86		91	64		16		19	
Revera Heartland	24		100		92		83	92		0		5	
Millrise Place	22	18	100	94	76	89	100	67	89	14	0	17	17
Bethany Didsbury	62		96		84		82	68		17		9	
AgeCare Walden Heights	105	52	99	100	91	88	100	72	74	12	9	15	9



Calgary Zone (N = 25 facilities)	•	ondents N)	months, ever see t and aide protec resident	he nurses es fail to ct any s privacy resident essing, g, bathing,	months, were you a places to the family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last 6 were younhappy care you member r the suppo	iny time in a months, ou ever with the ur family eceived at irtive living lity?	months, were you with the support facility sta	the last 6 how often I satisfied way the ive living Iff handled roblems?	months, is you member by the sa	the last 6 how often r family cared for ame team staff?
			% \	res .	% AI	ways	% Yes	%`	Yes	% AI	ways	% Al	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Scenic Acres Retirement Residence	13	6	100	80	77	60	100	62	50	20	33	0	17
Holy Cross Manor	60		95		75		94	65		16		9	
Monterey Place	42	56	95	98	77	91	82	78	52	0	16	13	6
Sunrise Village High River	59		100		89		69	63		24		15	
Evanston Grand Village	51		94		80		50	70		21		10	
Carewest Colonel Belcher	14	19	100	100	85	79	0	69	84	0	0	7	18
Rocky Ridge Retirement Community	19		94		65		33	41		10		7	
Edmonton Zone (N = 43 facilities)	•	ondents (N)	resident'	did you he nurses es fail to ct any s privacy resident essing, g, bathing,	months, were you a places to the family m	the last 6 how often able to find alk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last 6 were younhappy care younhember rethe support	iny time in in in months, ou ever with the ur family eceived at the intive living lity?	months, were you with the support facility sta	the last 6 how often I satisfied way the live living Iff handled oblems?	months, is you member by the sa	the last 6 how often r family cared for ame team staff?
			% \	res es	% AI	ways	% Yes	%`	Yes	% AI	ways	% Al	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
CapitalCare McConnell Place North	24		100		83		88	78		50		27	
West Country Hearth	17	10	100	100	81	90	75	88	80	50	0	19	10
Lifestyle Options - Terra Losa	38	20	100	100	82	72	100	87	94	25	0	46	50
Good Samaritan George Hennig Place	18	16	100	100	78	100	75	83	93	0	0	56	33



Edmonton Zone (N = 43 facilities)	•	ondents N)	months ever see and aid prote resident while the was di showerin	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, ablic area?	months, were you places to family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last (were y unhappy care yo member i the suppo	any time in 6 months, ou ever / with the ur family received at ortive living lity?	months, were you with the support facility sta	the last 6 how often u satisfied way the ive living iff handled roblems?	months, is you member by the sa	the last 6 how often r family cared for ame team staff?
			%	Yes	% AI	ways	% Yes	%	Yes	% Al	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
CapitalCare McConnell Place West	29		100		96		95	81		40		19	
Aspen House	47	42	98	98	93	95	80	83	74	17	0	12	15
Lifestyle Options Whitemud	36		100		81		92	91		0		22	
Shepherd's Care Greenfield	12	13	100	100	82	82	75	91	91	100	0	25	73
Garneau Hall	21	11	95	100	100	90	50	84	90	0	0	30	20
Good Samaritan Stony Plain Care Centre	19		100		84		67	94		0		22	
Wedman Village Homes	16		100		73			73		0		36	
Rosedale at Griesbach	44	44	98	100	95	90	100	88	69	50	9	28	16
Good Samaritan Spruce Grove Centre	22	15	100	100	95	100	92	86	79	0	0	33	64
Emmanuel Home	9	8	100	86	100	100	0	78	88	0	0	38	43
Salvation Army Grace Manor	37	36	97	97	90	87	91	79	77	0	14	15	27
Citadel Mews West	35	30	100	100	88	90	100	85	79	0	0	29	24
Chartwell Country Cottage Retirement Residence	17	8	100	100	67	88	100	82	88	67		13	50
Rosedale St. Albert	41	40	95	97	76	88	50	69	85	27	0	15	33
Lifestyle Options - Leduc	18	33	100	97	88	90	78	69	73	0	13	13	17
Rosedale Estates	22	19	95	100	95	94	100	70	88	0	0	15	19
Chartwell Wild Rose Retirement Residence	12	14	100	100	100	75	50	67	62	0	0	17	8
Shepherd's Care Kensington	42	22	97	100	78	86	83	80	76	13	0	16	5
Shepherd's Care Vanguard	51	37	96	100	80	86	93	74	81	20	0	13	6



Edmonton Zone (N = 43 facilities)	•	ndents N)	months ever see and aid prote resident while the was dr showering	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, iblic area?	months, were you places to family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last (were y unhappy care yo member i the suppo	any time in 6 months, ou ever y with the ur family eceived at ortive living ility?	months, were you with the support facility sta	the last 6 how often u satisfied way the ive living aff handled roblems?	months, is you member by the s	the last 6 how often ir family cared for ame team staff?
			%	Yes	% AI	ways	% Yes	%	Yes	% A	lways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Copper Sky Lodge	63		90		93		97	59		21		15	
Shepherd's Garden	20	23	100	100	90	96	75	70	87	0	67	30	32
Chateau Vitaline	18	16	100	100	88	88	100	69	88	20	50	38	13
CapitalCare Laurier House Lynnwood	45	56	98	96	100	95	80	46	40	11	11	5	4
CapitalCare Laurier House Strathcona	24	51	100	98	78	88	88	64	57	0	11	10	4
Good Samaritan Wedman House	20	32	100	97	100	87	80	65	77	33	14	18	7
Rutherford Heights Retirement Residence	47	40	98	95	89	78	94	60	45	17	0	18	18
Laurel Heights	35		100		91		75	62		18		3	
Villa Marguerite	116	109	99	99	86	86	60	77	71	5	20	8	5
Grand Manor	17	11	100	100	85	64	100	71	55	0	20	18	9
Glastonbury Village	28	23	100	100	84	96	60	68	59	17	17	5	42
Tuoi Hac - Golden Age Manor	39	33	95	97	79	81	83	72	68	29	0	24	13
Lewis Estates Retirement Residence	41		88		90		100	55		6		5	
Riverbend Retirement Residence	21	16	95	88	80	75	50	65	63	0	0	11	23
Summerwood Village Retirement Residence	56	46	98	98	80	82	86	56	53	9	5	8	11
Edmonton Chinatown Care Centre	10		90		100		50	90		0		10	
Saint Thomas Assisted Living Centre	66	32	97	100	76	93	80	68	67	10	0	10	18
Excel Society - Balwin Villa	25	32	96	97	72	87	60	64	60	0	0	13	10
Sprucewood Place	33	21	100	95	71	95	100	56	58	0	0	26	13
Churchill Retirement Community	11	19	90	100	50	79	60	40	42	0	0	10	6



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Central Zone (N = 34 facilities)	•	ndents N)	months ever see and aid prote resident while the was dr showerin	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, ablic area?	months, were you places to family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last (were y unhappy care yo member i the suppo	any time in 6 months, ou ever / with the ur family eceived at ortive living lity?	months, were you with the support facility sta	the last 6 how often u satisfied way the ive living aff handled roblems?	months, is you member by the sa	the last 6 how often ir family cared for ame team staff?
			%	Yes	% AI	ways	% Yes	%	Yes	% AI	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Sunrise Village Drayton Valley	5		100		100		0	100				40	
Islay Assisted Living	12	10	100	100	92	100	100	92	100	100		42	60
Serenity House	8	6	100	100	88	83	0	100	83	0	100	50	33
Coronation Hospital and Care Centre	15	8	100	100	93	100	83	93	100	0		57	63
Wetaskiwin Meadows	12		100		91			91		0		80	
Sunrise Village Wetaskiwin	9	7	100	100	88	100	71	100	86		100	63	57
Providence Place	9	6	100	75	67	100	100	100	80		0	50	60
Bashaw Meadows	15		100		87		100	73		33		31	
Vermilion Valley Lodge	20	15	100	100	84	93	0	79	73	25	33	21	47
West Park Lodge	24	22	100	100	83	95	100	92	95		0	39	32
Points West Living Wainwright	35	33	97	97	94	94	100	88	69	25	11	26	19
Hillview Lodge	17	19	94	100	94	95	50	88	89	0	0	33	59
Sunrise Village Olds	9	9	100	100	89	78	50	88	89	0	0	33	50
Eckville Manor House	7	6	83	100	71	80	100	71	100	0		0	25
Pines Lodge	13	8	100	100	83	88	100	92	75	0	0	42	25
Faith House	13	14	100	100	100	100	50	85	100	0		15	27
Points West Living Lloydminster	37	34	100	97	89	97	50	78	81	0	20	6	9
Sunrise Village Ponoka	11	11	100	100	100	91	67	70	100	33		0	30
Memory Lane	16		100		73		100	93		0		7	
Sunset Manor	66	65	98	95	85	89	80	72	81	12	10	11	14
Bethany Sylvan Lake	13	13	100	100	85	92	100	75	100	25		8	0



Central Zone (N = 34 facilities)	•	ndents N)	months ever see and aid prote resident' while the was dr showering		months, were you a places to the family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family	the last (were y unhappy care yo member i the suppo	any time in 6 months, ou ever with the ur family eceived at ortive living lity?	months, were you with the supporti facility sta	the last 6 how often u satisfied way the ive living aff handled coblems?	months, is you member by the sa	the last 6 how often r family cared for ame team staff?
			%`	Yes	% AI	ways	% Yes	%	Yes	% AI	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Extendicare Michener Hill	40	41	88	95	97	87	89	62	54	38	6	9	8
Bethany Meadows	20	21	100	100	90	85	80	80	85	0	0	24	28
Villa Marie	52		98		82		88	60		11		2	
Sunrise Encore Olds	39		86		76		76	68		0		32	
Points West Living Century Park	20	24	95	100	95	91	60	85	75	0	20	15	14
Sunrise Village Camrose	48	54	96	98	91	79	71	61	54	18	19	9	4
Royal Oak Manor	65	27	93	100	86	89	27	56	64	8	0	5	4
Points West Living Stettler	47		98		86		91	56		6		5	
Good Samaritan Good Shepherd Lutheran Home	38	36	100	100	89	94	80	50	73	36	25	9	13
Clearwater Centre	21	13	100	92	80	92	71	70	38	17	0	11	8
Chateau Three Hills	6	8	100	100	100	100	0	80	63	0	0	50	14
Vegreville Manor	6		100		83		0	50		0		0	
Heritage House	18	18	94	100	82	94	90	65	67	0	0	13	13



North Zone (N = 18 facilities)	•	ndents N)	months ever see and aid prote resident' while the was dr showering	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, ablic area?	months, were you places to family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last 6 were y unhappy care yo member r the suppo	any time in 6 months, ou ever with the ur family eceived at ortive living lity?	months, were you with the support facility sta	the last 6 how often u satisfied way the ive living aff handled roblems?	months, is you member by the sa	the last 6 how often r family cared for ame team staff?
			%`	Yes	% AI	ways	% Yes	%`	Yes	% AI	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Elk Point Heritage Lodge	9		100		100		67	100				38	
Ridgevalley Seniors Home	7		86		71		50	71		0		43	
Jasper Alpine Summit Seniors Lodge	9		100		78		50	67		0		63	
MacKenzie Place Supportive Living	19		95		79		100	74		25		16	
Smithfield Lodge	30		100		93		100	80		0		30	
Spruce View Lodge	7		100		83		50	83				33	
Heimstaed Lodge	26	40	92	97	88	89	17	88	72	33	25	29	25
Points West Living Slave Lake	15		100		87		25	73		25		29	
Manoir du Lac	19	19	94	93	72	87	89	82	77	0	0	25	15
Pleasant View Lodge - Mayerthorpe	9		100		100		100	56		0		13	
Vilna Villa	8	7	100	100	100	86	50	100	100			100	29
Grande Prairie Care Centre	44	27	98	79	81	80	100	74	48	20	8	17	4
Stone Brook	33		97		82		89	53		18		14	
Points West Living Grande Prairie	45	41	98	98	79	87	82	72	50	10	12	24	15
Points West Living Peace River	20		100		80		86	70		0		6	
Points West Living Cold Lake	22		91		86		80	55		25		14	
Mountain View Centre	20	21	90	95	95	79	93	40	42	9	10	10	5
Shepherd's Care Barrhead	15		93		71		25	36		0		7	



South Zone (N = 26 facilities)	•	ndents N)	months ever see and aid prote resident while the was dr showering	the last 6, did you the nurses es fail to ct any 's privacy e resident ressing, g, bathing, ablic area?	months, were you places to family m	the last 6 how often able to find talk to your ember in ate?	Q60: Does your family member's facility have a resident and family council?	the last 6 were y unhappy care yo member r the suppo	any time in 6 months, ou ever with the ur family eceived at ortive living lity?	months, were you with the support facility sta	the last 6 how often I satisfied way the ive living Iff handled roblems?	months, is you member by the sa	the last 6 how often ir family cared for ame team staff?
			%	Yes	% AI	ways	% Yes	%	Yes	% AI	ways	% A	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Pleasant View Lodge - Bow Island	5	7	100	100	100	86	0	100	57		67	50	43
Clearview Lodge	13	9	100	100	100	100	100	92	100	0		30	33
Chinook Lodge	7	5	100	100	100	100	67	100	80		100	50	20
Leisure Way	8	7	100	100	100	86		100	86		100	40	29
Good Samaritan Prairie Ridge	27	15	96	93	100	93	100	89	47	0	38	26	17
Good Samaritan Garden Vista	16	15	100	100	93	100	86	93	79	0	0	14	21
Cypress View	24	18	96	94	92	88	100	92	76	0	0	9	29
Good Samaritan South Ridge Village	23		100		87		85	83		0		43	
Sunnyside Care Centre	18	11	92	91	93	91	100	57	91	17	100	33	40
Orchard Manor	19	13	100	100	89	100	75	72	100	0		39	46
Piyami Place	6	6	100	83	83	100	67	83	50	0	33	17	17
Golden Acres	19	14	100	100	76	92	75	65	71	0	50	41	18
Legacy Lodge	61	62	98	100	87	88	95	60	60	23	5	13	4
Good Samaritan Vista Village	43	36	100	94	74	86	92	56	86	25	0	21	43
Meadow Ridge Seniors Village	51		98		90		54	61		6		24	
Good Samaritan Park Meadows Village	63	66	98	93	75	68	90	65	60	6	23	7	18
Good Samaritan Linden View	51	49	98	93	90	84	91	73	67	17	17	13	16
Extendicare Fairmont Park	81	81	99	97	79	80	93	64	65	4	16	7	4
Good Samaritan West Highlands	58	62	100	95	85	88	77	62	67	30	0	8	9
St. Michael's Health Centre	25		91		79		100	52		0		4	
River Ridge Seniors Village	12		100		50			75		0		0	



South Zone (N = 26 facilities)	•	ndents N)	months ever see and aid prote resident while the was dr showering		months, were you a places to t family m priv	the last 6 how often able to find talk to your lember in ate?	Q60: Does your family member's facility have a	the last (were y unhappy care yo member r the suppo	any time in 5 months, ou ever with the ur family eceived at ortive living lity?	months, were you with the support facility sta	the last 6 how often a satisfied way the ivve living aff handled roblems?	months, is you	the last 6 how often r family cared for ame team staff?
			%	Yes	% AI	ways	% Yes	%`	Yes	% AI	ways	% AI	lways
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2016	2013-14	2016	2013-14	2016	2013-14
Sunrise Gardens	54	37	100	89	78	81	96	68	58	8	0	20	18
St. Therese Villa	130		96		84		97	59		4		7	
The Wellington Retirement Residence	26	33	100	94	84	94	83	64	67	40	20	25	29
Sunny South Lodge	24	18	91	94	96	83	11	62	78	25	0	14	17
Good Samaritan Lee Crest	30	37	86	97	82	78	92	52	51	0	7	7	13



Table 13: Summary of facility averages for additional care questions: Q55, Q57, Q45, Q46, and Q51 by AHS zone (N= 146)

Calgary Zone (N = 25 facilities)	•	ndents N)	months, ho you have co your family	ncerns about	months, how your conc your family	the last 6 w often were erns about w member's n resolved?	Q45: In the months, have part of conference person or	ve you been a care e, either in	opportunity a care confe last 12 mor	you given the to be part of erence in the other in by phone?	months, d with the c family me	the last 6 id you help are of your mber when isited?
(11 20 140 1111 100)			% Al	ways	% AI	ways	% \	res .	%`	Yes	%	No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Whitehorn Village Retirement Community	25	18	54	56	67	83	71	72	20	0	52	53
Prince of Peace Manor	14	19	50	72	0	75	46	71	14	0	36	61
Aspen Ridge Lodge	18	19	41	47	60	78	83	83	0	25	35	67
Silver Willow Lodge	18	27	47	60	50	63	72	69	50	14	41	42
AgeCare Seton	157		59		55		61		19		38	
McKenzie Towne Retirement Residence	20	19	71	76	40	0	89	88	0	50	37	35
Edgemont Retirement Residence	12		83		50		67		25		25	
Prince of Peace Harbour	22		62		63		95		100		43	
Wing Kei Greenview	55		55		22		70		36		33	
Wentworth Manor	35	24	79	43	33	45	85	91	50	50	48	59
Tudor Manor	97		52		56		91		56		26	
AgeCare Sagewood	78	33	54	55	66	67	82	82	45	50	38	42
Chartwell Eau Claire Retirement Residence	30	41	68	45	22	58	93	88	0	33	17	54
St. Marguerite Manor	59		62		56		57		25		33	
Revera Heartland	24		63		89		54		10		25	
Millrise Place	22	18	67	67	50	50	48	94	9	0	33	44
Bethany Didsbury	62		46		22		71		13		32	
AgeCare Walden Heights	105	52	54	53	60	64	90	71	38	8	36	40
Scenic Acres Retirement Residence	13	6	54	67	50	0	92	100	0		38	33
Holy Cross Manor	60		51		63		75		50		21	



Calgary Zone (N = 25 facilities)	Respondents (N)		Q55: In the last 6 months, how often did you have concerns about your family member's medication?						Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? % Yes		Q51: In the last 6 months, did you help with the care of your family member when you visited? % No	
(iii 20 iusiiiiiss)												
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Monterey Place	42	56	44	45	56	44	90	85	67	88	44	39
Sunrise Village High River	59		52		50		58		18		40	
Evanston Grand Village	51		45		35		76		8		24	
Carewest Colonel Belcher	14	19	57	53	100	38	50	74	43	40	36	44
Rocky Ridge Retirement Community	19		50		25		100				13	
Edmonton Zone (N = 43 facilities)	Respondents (N)		Q55: In the last 6 months, how often did you have concerns about your family member's medication?						Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
			% Always		% Always		% Yes		% Yes		% No	
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
CapitalCare McConnell Place North	24		48		58		95		0		36	
West Country Hearth	17	10	38	70	50	33	63	70	17	67	13	20
Lifestyle Options - Terra Losa	38	20	64	56	77	50	55	81	12	50	50	44
Good Samaritan George Hennig Place	18	16	39	67	36	25	100	77		33	50	33
CapitalCare McConnell Place West	29		19		65		93		100		22	
Aspen House	47	42	67	55	57	50	76	44	22	5	43	25
Lifestyle Options Whitemud	36		50		67		91		0		31	
Shepherd's Care Greenfield	12	13	50	64	20	50	58	73	75	0	58	27
Garneau Hall	21	11	55	70	75	100	75	60	25	0	50	50
Good Samaritan Stony Plain Care Centre	19		61		43		67		20		29	
Wedman Village Homes	16		53		29		60		20		53	
Rosedale at Griesbach	44	44	66	41	38	63	55	50	0	14	49	44



Edmonton Zone (N = 43 facilities)	Edmonton Zone (N) (N = 43 facilities)		months, ho you have con your family	Q55: In the last 6 months, how often did r you have concerns about your family member's medication?		the last 6 w often were erns about member's resolved?			Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? % Yes		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
(it 40 idollitios)			% Always		% Always							
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Good Samaritan Spruce Grove Centre	22	15	81	69	67	0	95	71	0	25	29	31
Emmanuel Home	9	8	75	63	50	67	56	50	25	50	33	25
Salvation Army Grace Manor	37	36	45	55	75	45	63	80	10	80	37	43
Citadel Mews West	35	30	48	48	44	62	79	66	0	50	21	45
Chartwell Country Cottage Retirement Residence	17	8	44	38	44	60	69	75	0	0	41	63
Rosedale St. Albert	41	40	46	63	55	46	73	55	10	6	26	43
Lifestyle Options - Leduc	18	33	56	58	57	56	71	37	60	11	56	48
Rosedale Estates	22	19	50	53	11	33	47	59	0	29	50	44
Chartwell Wild Rose Retirement Residence	12	14	36	46	33	20	58	42	0	29	45	31
Shepherd's Care Kensington	42	22	58	52	31	78	76	86	10	0	33	57
Shepherd's Care Vanguard	51	37	49	46	32	56	82	59	13	7	38	42
Copper Sky Lodge	63		47		52		85		13		26	
Shepherd's Garden	20	23	60	48	33	56	75	48	0	33	26	48
Chateau Vitaline	18	16	41	69	33	60	65	75	17	0	24	44
CapitalCare Laurier House Lynnwood	45	56	53	36	53	32	91	89	50	50	24	17
CapitalCare Laurier House Strathcona	24	51	50	39	42	48	78	82	80	67	35	16
Good Samaritan Wedman House	20	32	47	64	67	63	82	67	33	10	18	37
Rutherford Heights Retirement Residence	47	40	46	48	57	33	87	75	40	70	22	28
Laurel Heights	35		38		21		56		29		27	
Villa Marguerite	116	109	65	50	45	46	69	65	7	9	46	41
Grand Manor	17	11	21	55	67	40	71	100	25		57	64
Glastonbury Village	28	23	60	52	63	71	80	70	0	0	28	26



Edmonton Zone (N = 43 facilities)		ndents N)	months, ho you have co your family	you have concerns about your family member's		the last 6 w often were erns about member's resolved?	months, ha part of conference		Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
(it 40 idollitios)			% AI			% Always		% Yes		% Yes		% No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Tuoi Hac - Golden Age Manor	39	33	39	34	24	21	66	66	9	30	18	44
Lewis Estates Retirement Residence	41		43		14		73		0		24	
Riverbend Retirement Residence	21	16	40	44	55	33	52	56	0	40	40	25
Summerwood Village Retirement Residence	56	46	45	39	38	62	75	85	27	33	21	17
Edmonton Chinatown Care Centre	10		60		75		40		0		30	
Saint Thomas Assisted Living Centre	66	32	50	57	41	18	65	80	33	0	29	37
Excel Society - Balwin Villa	25	32	48	52	25	15	100	90	0	33	54	30
Sprucewood Place	33		39		63		32		20		45	
Churchill Retirement Community	11	19	60	63	0	57	60	74	25	0	20	16
Central Zone (N = 34 facilities)	•	ndents N)	months, ho you have co your family	the last 6 ow often did ncerns about member's cation?	months, how your conc your family	the last 6 w often were erns about w member's n resolved?	months, ha part of conference	he last 12 ve you been f a care e, either in by phone?	opportunity a care confe last 12 mor	you given the to be part of erence in the other in by phone?	months, d with the c family me	the last 6 id you help are of your mber when isited?
(it or identifies)			% AI	ways	% AI	ways	%	Yes	%`	Yes	%	No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Sunrise Village Drayton Valley	5		60		50		40		33		0	
Islay Assisted Living	12	10	67	78	50	100	58	40	60	40	42	90
Serenity House	8	6	57	50	67	67	38	83	0	0	14	67
Coronation Hospital and Care Centre	15	8	57	88	75	100	64	63	20	0	71	75
Wetaskiwin Meadows	12		64		0		45		25		64	
Sunrise Village Wetaskiwin	9	7	86	43	100	100	57	57	50	0	38	14
Providence Place	9	6	67	60	0	50	100	80		0	33	0
Bashaw Meadows	15		53		29		93		100		40	
Vermilion Valley Lodge	20	15	47	67	89	60	61	33	0	22	58	53



Central Zone (N = 34 facilities)	•	Respondents yo		you have concerns about your family member's y		the last 6 w often were erns about w member's n resolved?			Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? % Yes		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
(1. 0.1.13			% Always		% Always							
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
West Park Lodge	24	22	70	71	83	60	54	33	11	8	39	43
Points West Living Wainwright	35	33	48	47	56	38	70	76	0	43	39	34
Hillview Lodge	17	19	71	58	50	83	19	42	23	10	47	42
Sunrise Village Olds	9	9	89	78	100	0	50	78	0		44	44
Eckville Manor House	7	6	43	60	25	0	29	60	25	0	57	80
Pines Lodge	13	8	55	38	80	100	83	88	0	0	45	38
Faith House	13	14	69	75	75	67	58	42	25	33	31	45
Points West Living Lloydminster	37	34	68	55	30	67	86	28	0	6	50	52
Sunrise Village Ponoka	11	11	67	91	67	100	56	91	0	0	22	36
Memory Lane	16		64		67		93		100		50	
Sunset Manor	66	65	58	39	56	50	84	52	11	7	42	34
Bethany Sylvan Lake	13	13	46	42	57	67	62	33	20	33	31	33
Extendicare Michener Hill	40	41	50	51	56	35	89	59	33	13	44	43
Bethany Meadows	20	21	47	57	60	50	60	80	14	25	53	67
Villa Marie	52		50		39		80		33		32	
Sunrise Encore Olds	39		36		24		49		24		36	
Points West Living Century Park	20	24	58	46	63	9	68	42	20	8	50	71
Sunrise Village Camrose	48	54	48	47	55	72	84	90	0	40	18	35
Royal Oak Manor	65	27	42	44	44	36	81	42	0	7	25	26
Points West Living Stettler	47		35		37		58		25		36	
Good Samaritan Good Shepherd Lutheran Home	38	36	44	44	37	39	81	97	33	0	31	32
Clearwater Centre	21	13	25	17	43	10	90	92	50	0	35	15
Chateau Three Hills	6	8	67	25	0	80	33	38	0	0	33	0



Central Zone (N) (N = 34 facilities)		months, ho you have con your family	you have concerns about your family member's		Q57: In the last 6 months, how often were your concerns about your family member's medication resolved?				you given the to be part of erence in the other in by phone?	Q51: In the last 6 months, did you help with the care of your family member when you visited?		
(11 0 1 140 1140 1140 1140 1140 1140 114				% Always		% Always		Yes	%`	Yes	% No	
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Vegreville Manor	6		67		50		17		0		33	
Heritage House	18	18	50	53	38	50	76	67	0	0	38	39
North Zone (N = 18 facilities)	•	ondents N)	months, ho you have con your family	ou have concerns about your family member's		your concerns about your family member's				Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		the last 6 id you help are of your nber when sited?
,			% AI	ways	% Al	ways	%`	Yes	%`	Yes	%	No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Elk Point Heritage Lodge	9		67		33		33		17		22	
Ridgevalley Seniors Home	7		83				86		0		43	
Jasper Alpine Summit Seniors Lodge	9		56		50		78		100		22	
MacKenzie Place Supportive Living	19		58		43		89		100		26	
Smithfield Lodge	30		44		53		70		29		56	
Spruce View Lodge	7		17		40		83		0		50	
Heimstaed Lodge	26	40	54	49	63	60	55	63	70	30	22	38
Points West Living Slave Lake	15		47		57		53		0		33	
Manoir du Lac	19	19	44	47	25	25	82	93	33	0	41	14
Pleasant View Lodge - Mayerthorpe	9		33		50		78		50		25	
Vilna Villa	8	7	100	57		50	83	43	0	0	67	71
Grande Prairie Care Centre	44	27	47	39	32	38	78	39	38	15	42	15
Stone Brook	33		66		44		39		40		34	
Points West Living Grande Prairie	45	41	46	38	50	42	85	59	33	36	19	30
Points West Living Peace River	20		45		44		90		50		40	
Points West Living Cold Lake	22		57		22		55		0		43	
Mountain View Centre	20	21	35	58	54	75	85	58	67	25	20	22



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North Zone (N = 18 facilities) Respondents (N)		nuents	months, ho you have co your family	ou have concerns about your family member's medication?		the last 6 w often were erns about member's resolved?	months, have you been part of a care conference, either in person or by phone?		Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
			% Al	ways	% Al	ways	% \	Yes .	%`	Yes	% No	
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Shepherd's Care Barrhead	15		36		56		57		17		43	
South Zone (N = 26 facilities)	•	ondents N)	months, ho you have co your family	the last 6 bw often did ncerns about member's ation?	your family member's		months, have you been		Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		months, d with the ca family men	the last 6 id you help are of your mber when isited?
(*		ı		ways		ways		Yes	,,	Yes		No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Pleasant View Lodge - Bow Island	5	7	60	43	100	75	100	43		25	20	14
Clearview Lodge	13	9	50	89	60	100	83	78	100	50	67	78
Chinook Lodge	7	5	50	80	33	0	100	80			83	80
Leisure Way	8	7	60	43	100	50	80	100	0		60	29
Good Samaritan Prairie Ridge	27	15	56	46	70	17	78	80	0	0	46	33
Good Samaritan Garden Vista	16	15	67	54	60	67	100	93		100	47	15
Cypress View	24	18	39	65	42	50	78	35	50	56	39	35
Good Samaritan South Ridge Village	23		57		57		96		0		39	
Sunnyside Care Centre	18	11	64	64	60	67	86	55	100	0	36	55
Orchard Manor	19	13	44	77	63	100	83	100	67		33	62
Piyami Place	6	6	50	50	0	33	67	50	100	0	33	17
Golden Acres	19	14	75	43	33	67	71	57	60	0	59	50
Legacy Lodge	61	62	48	39	29	48	61	65	23	0	29	32
Good Samaritan Vista Village	43	36	53	52	58	71	93	86	0	50	30	24
Meadow Ridge Seniors Village	51		31		47		47		36		35	
Good Samaritan Park Meadows Village	63	66	55	43	57	55	79	89	33	57	35	42
Good Samaritan Linden View	51	49	63	57	39	53	92	70	0	15	41	24
Extendicare Fairmont Park	81	81	52	51	43	48	73	72	47	72	32	28



South Zone (N = 26 facilities) Respondents (N)		months, ho you have con your family	ou have concerns about your family member's medication?		Q57: In the last 6 months, how often were r your concerns about your family member's medication resolved?				Q46: Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone?		Q51: In the last 6 months, did you help with the care of your family member when you visited?	
,			% Al	ways	% AI	ways	%`	Yes	% `	Yes	%	No
	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14	2016	2013-14
Good Samaritan West Highlands	58	62	52	44	43	36	95	86	33	0	41	24
St. Michael's Health Centre	25		50		36		64		22		28	
River Ridge Seniors Village	12		58		0		73		0		58	
Sunrise Gardens	54	37	51	31	45	38	76	94	36	100	43	31
St. Therese Villa	130		52		42		66		25		33	
The Wellington Retirement Residence	26	33	67	41	83	44	72	83	0	20	32	27
Sunny South Lodge	24	18	38	61	43	43	65	50	25	22	25	22
Good Samaritan Lee Crest	30	37	22	28	57	36	83	92	0	33	10	14



5.10 Family member comments: Additional topics

"Our family feels [the resident] is in a very nice and safe environment."

Responses to Question 67: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain." were not always relevant to a Dimension of Care or to food, and were themed into one of the following additional topic areas:

Safety and security, and 'other.' These are summarized below.

What is in this section?

- Section 5.10.1 summarizes family members' comments about the topic of Safety and Security, and includes topics about family members' perceptions of the degree to which residents are secure and safe living in supportive living.
- Section 5.10.2 summarizes family members' comments about 'other' topics and includes topics related to activities, financial concerns and affordability, and care transitions.

Findings at a glance

- Family members commented on the degree to which they felt facilities were secure and residents were safe. In general, family members did not provide many comments about safety, and comments mostly concerned facility security measures, such as evacuation policies and supervision to prevent resident falls.
- Regarding 'other' topics, family members most frequently commented that the number and variety of activities could be improved to engage residents socially and cognitively. Indeed, this

"[I] would recommend a wider range of extracurricular activities."

was the fifth most recommended topic for improvement. Also, family members frequently commented that cost of accommodation fees could be expensive and unaffordable.



5.10.1 Safety and Security

Comments about safety and security include how safe family members said they felt residents were in the facility in general, as well as specific and general risks to their safety. They are summarized below.

Safety and Security

"Our family feels [the resident] is in a very nice and safe environment."

"Evening and night staff should not be working alone. [The facility] is unsafe for residents and staff when the door is unlocked."

Family members commented on the degree to which they felt facilities were secure and residents were safe, with some families complimenting the efforts of staff and management to ensure resident safety. There were, however, concerns expressed for residents' safety. Specifically, some family members expressed concern when there were not enough staff available to monitor residents to prevent resident conflict, for example, residents wandering into each other's rooms uninvited, which in turn resulted in an altercation. Similarly, family members expressed concern for the safe evacuation of residents when there were limited numbers of staff. Family members also commented that they were uncertain about whether or not facilities had an evacuation procedure in the event of an emergency.

Some family members commented about situations where they felt residents experienced physical harm, neglect, or emotional abuse. These comments were few in number and do not reflect the experience of the majority of family members. The majority of comments about harm were about resident falls. In some instances, family members said they felt staff did not adequately monitor or supervise residents to prevent them from falling, and as a result, residents had broken or fractured bones or had bruising. Others said they felt the way resident rooms and the facility were designed contributed to resident falls. For example, in some cases family members said they thought the call button was too far from the bed, or light switches were inaccessible from the height of a wheelchair. Some family members also said it took a long time before staff realized residents had fallen and required help, which resulted in delays in getting residents treated for injuries. A few family members expressed concern that proactive measures were not always taken to reduce risk of harm to residents. For example, family members said they did not think staff were always adequately trained to operate equipment (e.g., lifts) safely to prevent resident injury.

Some family members also expressed concern that adequate security measures were not in place to ensure visitors and residents were accounted for. In particular, some said staff, such as reception staff, were not always available to sign visitors in and out, or to ensure residents did not wander from the facility or leave with someone other than a trusted person known to family members. In one example, a resident was able to leave the facility and receive transportation from a stranger to a hospital to visit a family member. Indeed, facilities are required to promote the safety and security of residents, including processes that account for all residents on a daily basis, and ensure that monitoring mechanisms or personnel are in place on a round-the-clock basis.⁴⁴ In addition, facility operators are required to create and maintain policies and procedures related to the safety and security of residents, and ensure

⁴⁴ Supportive Living Accommodation Standards and Checklist, standard 18: Resident safety and security. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



employees are aware of, have access to, and follow these policies and procedures.⁴⁵ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards.

Family members' suggestions for improvement

Family members provided the following recommendations to improve resident safety and security:

- Install security cameras to monitor doors (to prevent elopement) and common areas
- Secure wandering residents in locked units if their behaviour becomes a risk to other residents or to themselves
- Have enough staff on duty to be able to monitor resident interactions and to assist residents who are at risk of falling
- If residents fall or are injured, ensure they are assessed and injuries are treated immediately
- Ensure the front desk is staffed at all times to monitor visitors and prevent wanderers from exiting the facility; or install a coded door system to prevent residents from leaving without staff's knowledge
- Develop a fire evacuation plan and/or communicate this plan to residents, family, and staff

5.10.2 Other

Family members provided comments that were not relevant to any of the previous topics in response to Q65: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain." These 'other' comments included concerns about activities, finances, and care transitions. Family member comments that fell into the 'other' category are summarized below.

Activities

"I'm very happy with the facility and [the resident] seems to be content. Everyone is friendly and there's lots of activities for all. Is nice to have the common coffee area where the tenants can socialize. [The resident] enjoys that."

"Although the LPN and aides are doing their jobs well, it would be an improvement if my [resident] could have more exercise and entertainment."

The majority of family members who provided a comment about activities said they felt there were not enough of them. Similarly, they felt that the type of activities offered were not diverse enough and did not account for different cognitive and physical capabilities, interests, gender, or age. Some said they felt staff did not always make an effort to ensure all residents were engaged in activities. For example, activities calendars were considered helpful only for those residents without visual or cognitive impairment. Many family members reflected that low resident participation or lack of staff engagement and encouragement to attend activities may be a result of barriers like low staffing levels, lack of dedicated recreation staff, lack of funding for activities, or challenges associated with transporting immobile residents around the facility. Some family members also expressed frustration when they had asked to volunteer to provide activities but were not permitted to do so.

⁴⁵ Supportive Living Accommodation Standards and Checklist, standard 28: Policies respecting safety and security. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



When residents did not participate in activities, many family members expressed concern that residents were isolated, had no sense of purpose, were bored, or were not physically and mentally stimulated, which contributed to health deterioration. Some family members expressed concern for residents who were physically impaired, but cognitively well and found few other residents to interact with.

Supportive living facilities are not required to provide activities to residents. However, where an operator provides social or leisure activities, supportive living facilities shall provide activities that address the needs and preferences of residents.⁴⁶ Family member comments provide one perspective, and do not reflect compliance or non-compliance with standards.

Financial concerns and affordability

"Although I feel the cost is okay, we keep having to supply more things for [the resident] e.g. garbage bags, light bulbs, toilet paper, etc. Each time the rent increases we find it harder to make their money go farther. [The resident] only receives CPP and OAS and my late [family member's] CPP so we rely on subsidies to make ends meet."

"Staff in dementia areas working days should be paid a higher wage."

In general, family members expressed appreciation for supportive living services in Alberta, and talked about the importance of receiving quality care and services at a reasonable cost. However, the majority of family members who commented on this topic said accommodation fees could be unaffordable for seniors, with several saying they supplemented their resident's income so they could afford accommodation fees and other associated costs (i.e., prescriptions, supplies such as toilet paper, and gloves for staff). Some said they did not feel residents always received value for the price they paid in accommodation fees each month.

Many family members spoke of incurring other additional expenses such as nail care and hair care because these services were not included in accommodation fees. Some family members also reported paying for parking at facilities when visiting with residents, because their resident's facility did not provide public parking. Overall, they expressed concern for rate increases and loss of funding.

Some family members also perceived a direct link between government funding of supportive living in Alberta, and the quality of care residents received. These family members said they felt that when government funding was cut or insufficient, the quality of resident care was negatively impacted in the following ways:

- not enough staff, which delayed or prevented residents from receiving timely help
- not enough services provided, such as number of baths per week, and activities
- staff with less training and experience were hired
- increased staff turnover because staff were expected to take on more roles and duties, and were not compensated appropriately

⁴⁶ Supportive Living Accommodation Standards and Checklist, standard 12: Social or leisure activities. More information can be found here: http://www.health.alberta.ca/documents/CC-Supportive-Living-Standards-2010.pdf



Care transitions

"We are saddened that [resident] will have to leave [the facility] - [resident]'s decline in health leaves no option. I was there very regularly, and will miss the staff and residents. They were like extended family!"

"However, sharing a room and especially the toilet would cause a lot of inconvenience. It would be nice if the old folks can have their own room and it can be small in size."

Family members commented on their ability to make choices about where residents lived. When family members were dissatisfied, they spoke of engaging in processes to move residents elsewhere. However, in some instances family members said they felt there was no good choice, and sometimes felt pressured by staff to make a decision quickly that they felt was uninformed. Alternatively, they also expressed appreciation for residents' ability to age in place when possible, but were equally frustrated when residents were not able to age in place due to capacity issues at facilities.

Some families commented about residents' transition into supportive living. When staff provided an admission orientation, were available for questions, and were kind and understanding, family members said they felt transition experiences were positive. Some family members said they felt care transitions were disrupted when there was a lack of communication with family and residents. For instance, some family members said staff were not always knowledgeable about, or prepared to handle, resident care needs when residents moved in.

An additional factor family members described as having an impact on the transition experience was the resident population at a facility. Some family members said they did not think enough thought was given to how residents were placed within the facility. Specifically, some said residents were not always matched to peers with similar cognitive and physical ability, or by age. These family members expressed concern that this reduced residents' opportunity to engage in activities and conversation with peers, and said they felt residents were lonely as a result. Some family members also felt that many of the residents in the facility would be more appropriately cared for in long-term care, and that this negatively impacted the care and attention other residents would receive.

Family member suggestions for improvement

Family members provided the following recommendations for improvement for activities, financial concerns, and care transitions.

Activities

- When developing activities, staff should keep in mind the diverse needs and interests of residents in their facility, including diversity in age, gender, and resident capabilities.
- Increase the number and type of activities offered to encourage resident involvement; a sample of family members' suggestions included:

o Gardening o Outdoor activities

o Outings o Exercise

Live entertainment (e.g., music)
 Pets or animal therapy



- Involve and engage all residents in activities; provide resources and services to include all
 residents (e.g., ensuring that all residents know when and where activities will be held,
 regardless of visual or other impairment).
- Assist residents to get to activities if assistance is needed and residents wish to attend.

Financial concerns

- Cost of facility accommodation fees should be affordable.
- Improve compensation to attract and retain exemplary staff.

Transitions in care and location

- Facilities should be prepared to care for residents' needs upon admission; for residents with unusual or complex care needs, facilities should ensure they have the resources and staff necessary prior to move-in.
- Provide residents and family with an orientation to introduce them to staff, and provide information about services available.



6.0 FACILITY CHARACTERISTICS

This section presents results on the influence of level of care, geography, facility size, and ownership type on the Global Overall Care Rating, Propensity to Recommend, Dimensions of Care, and Food Rating Scale.

6.1 Level of care: SL3 versus SL4 (and SL4D)

For the purposes of analyses and to simplify reporting, SL4 and SL4D facilities were collapsed into a single group (referred to as SL4) as initial analyses did not show substantial differences between the two groups among the Global Overall Care Rating, Propensity to Recommend, the Food Rating Scale, or Dimension of Care measures. In total, there were 27 SL3 facilities, 103 SL4 facilities, and 16 facilities that had both SL3 and SL4 residents.

Generally, SL3 facilities on average tend to have higher scores than the other types of facilities (Table 14).

Table 14: Level of Care: SL3 versus SL4 (N = 146 facilities)

Measure	SL3 (N = 27 facilities)	SL4 (N = 103 facilities)	Both SL3 and SL4 facilities (N = 16 facilities)	Statistical Significance
Global Overall Care Rating (0-10)	8.9	8.3	8.1	SL3>SL4 & SL3/SL4
Propensity to Recommend (%)	98	93	92	SL3> SL4
	Dimensions (of Care (0 to 100)		
Measure	SL3 (N = 27 facilities)	SL4 (N = 103 facilities)	Both SL3 and SL4 facilities (N = 16 facilities)	Statistical Significance
Staffing, Care of Belonging, and Environment	86	77	74	SL3>SL4 & SL3/SL4
Kindness and Respect	91	87	86	No
Food Rating Scale	75	71	69	No
Providing Information and Encouraging Family Involvement	92	85	84	SL3>SL4 & SL3/SL4
Meeting Basic Needs	99	94	93	SL3> SL3/SL4

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6.2 Facility size: Number of supportive living beds

Facility size was measured by the number of supportive living beds at each facility.⁴⁷ This data was collected from AHS at the time of survey rollout. The 146 facilities eligible for facility-level analyses ranged from 10 to 252 supportive living beds.

While smaller facilities (50 beds or less) consistently had higher scores than larger facilities (51 beds or more), this difference was statistically significant only for the Dimension of Care: Staffing, Care of Belongings, and Environment. In general, the characteristics of smaller facilities need to be further explored as they appear to have a positive effect on resident experience.

Table 15: Number of supportive living beds (N = 146 facilities)

Measure	50 beds or less (N = 83 facilities)	51-100 beds (N = 43 facilities)	100 beds or more (N = 20 facilities)	Statistical Significance
Global Overall Care Rating (0-10)	8.5	8.2	8.2	No
Propensity to Recommend (%)	95	92	92	No
	Dimensions of C	are (0 to 100)		
Measure	50 beds or less (N = 83 facilities)	51-100 beds (N = 43 facilities)	100 beds or more (N = 20 facilities)	Statistical Significance
Staffing, Care of Belongings, and Environment	81	75	75	50 beds or less > 51-100 beds
Kindness and Respect	89	86	86	No
Food Rating Scale	73	70	68	No
Providing Information and Encouraging Family Involvement	87	84	84	No
Meeting Basic Needs	96	93	94	No

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⁴⁷ Data was obtained from AHS's bi-annual bed survey. Facilities included in the HQCA's analyses (N = 146) ranged in bed numbers from 10 to 252.



6.3 Geography: Urban versus rural

Geography was based on the facility's postal code, and defined as:

- Urban areas:
 - o Cities of Calgary and Edmonton proper and surrounding commuter communities.
 - o Major urban centres with populations greater than 25,000 and their surrounding commuter communities.
- Rural areas: Populations less than 25,000 and/or greater than 200 kilometres away from an urban centre.

Of the 146 facilities eligible for facility-level analyses, 58 were classified as rural, and 88 were classified as urban. Though rural facilities had higher scores than urban facilities, the differences were small and not statistically significant.

Table 16: Urban versus rural (N = 146 facilities)

Measure	Urban (N = 88 facilities)	Rural (N = 58 facilities)	Statistical Significance
Global Overall Care Rating (0-10)	8.3	8.5	No
Propensity to Recommend (%)	93	94	No
Dimension	s of Care (0 to 100)		
Measure	Urban (N = 88 facilities)	Rural (N = 58 facilities)	Statistical Significance
Staffing, Care of Belonging, and Environment	77	79	No
Kindness and Respect	87	89	No
Food Rating Scale	71	71	No
Providing Information and Encouraging Family Involvement	85	88	No
Meeting Basic Needs	95	96	No

6.4 Ownership type

Three AHS-defined ownership models were examined to determine their impact on family members' experiences of care and services provided.⁴⁸ These three ownership models are:

- AHS (public) operated by or wholly owned subsidiary of AHS.
- Private owned by a private for-profit organization.
- Voluntary owned by a not-for-profit or faith-based organization.

Overall the differences in scores between ownership types were small and not statistically significant. Therefore, no one ownership type is better or worse than others across key measures of family experience in the survey.

Table 17: Ownership type (N = 146 facilities)

Measure	AHS (N = 13 facilities)	Private (N = 73 facilities)	Voluntary (N = 60 facilities)	Statistical Significance
Global Overall Care Rating (0-10)	8.7	8.3	8.4	No
Propensity to Recommend (%)	98	93	93	No
	Dimensions of	Care (0 to 100)		
Measure	AHS (N = 13 facilities)	Private (N = 73 facilities)	Voluntary (N = 60 facilities)	Statistical Significance
Staffing, Care of Belonging, and Environment	79	78	79	No
Kindness and Respect	90	87	88	No
Food Rating Scale	71	71	72	No
Providing Information and Encouraging Family Involvement	90	85	86	No
Meeting Basic Needs	94	95	96	No

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⁴⁸ It is recognized there may be other ownership models than the three reported above (for example, private not-for-profit housing bodies); however, the choice was made to use ownership models defined and categorized by AHS.



7.0 LIMITATIONS

In interpreting results, there are several important limitations to consider:

- 1. **The effect of sample size.** Results become increasingly unreliable as the sample size (i.e., the number of respondents) decreases in relation to the overall population. When giving weight to findings, in particular facility-to-facility comparisons, readers must consider sample size. To mitigate this, the analyses were limited to facilities with reliable sample sizes (146 of 168 facilities; see Section 3.4 and Appendix IV), which are defined as those facilities for which respondents reliably represent the facility within a predefined margin of error. The criteria for reliability was two-fold: (1) a facility with a margin of error of equal to or less than 10 per cent, and (2) a response rate of greater than 50 per cent (for more details, see Appendix IV).
- 2. **The effect of services provided.** Given that facilities differ in many ways, the survey and its components must also be evaluated relative to the activities and services provided by each facility. For example, laundry services may not be a service offered by all facilities, or used by all residents within each facility. This limits the applicability of questions related to laundry for these facilities and/or residents.
- 3. **Survey protocol and questionnaire changes.** A number of changes were made for the current iteration of the survey in terms of survey protocol and survey questionnaire to improve the survey process and reliability of the data. While these changes do not impact current findings, caution must be employed in interpreting significant differences between survey cycles. The following changes were made:
 - a) **Repeat participants.** In some cases, a respondent may have participated in both the 2013-14 and the 2016 cycles. Statistical tests require an assumption that each respondent's result is present only in 2016 or 2013-14, but not both (independence assumption). To mitigate this, we chose a more conservative criterion for significant differences at $p \le 0.01$ rather than the more conventional $p \le 0.05$. In addition, the statistical difference must also persist after conducting the same statistical test limiting the sample to those with a length of stay three years or less (the approximate length between surveys), which eliminates the chance that a family member participated in both survey cycles.
 - b) **Questionnaire changes.** The core questions remained identical from the previous iteration of the survey. However, a few questions were added or removed, and are listed in Table 18 in Appendix II. This was done in order to improve the relevance and utility of the survey tool for supportive living stakeholders. While these changes do not impact current findings, caution must be employed in interpreting significant differences between survey cycles.
- 4. **Survey reporting changes.** To improve comprehension and the usability of the reports, two projects were undertaken: (1) an evaluation of current reporting styles to evaluate what is working and what is not, and (2) a usability testing project that explored how stakeholders interpreted and used the content of the report, and evaluated new design strategies as a result of feedback. Some examples of the changes implemented include:
 - a) Removal of quartiles as it was of minimal use.
 - b) Removal of decimal places to simplify reporting (with exception to places where facilities are rank ordered using a single score).

LIMITATIONS 121



c) Rank order criteria. Previously, the overall rank applied to each facility by AHS zone reflected the frequency of below-average performance relative to zone and provincial averages. A new approach was implemented for this iteration of the survey which used a facility's overall performance amongst all Dimensions of Care relative to each zone. Specifically, an average facility rank across Dimensions of Care was computed, weighted by how strongly each of those measures relates to the Global Overall Care Rating. As a result, facilities that consistently have higher ranks across Dimensions of Care as compared to other facilities in their own zone will in turn have a higher overall rank. For more details see Section 4.7. Please note that it is inappropriate to compare facility ranks from year to year as facility participation within each zone varies across survey years. In 2013-14, 107 facilities were ranked, whereas in 2016, 146 facilities were ranked.

LIMITATIONS 122



APPENDICES



APPENDIX I: SURVEY TOOL



THE RESIDENT 1. Who is the person named on the cover letter? 1	4. In total, about how long has your family member lived in this supportive living facility? 1 Less than 1 month 2 1 month to almost 3 months 3 3 months to almost 6 months 4 6 months to almost 12 months 5 12 months or longer 5. Do you expect your family member to live in this supportive living facility permanently? 1 Yes 2 No
For this survey, the phrase "family member" refers to the person named in the cover letter.	 No 3 □ Don't know 6. In the last 6 months, has your family
2. Is your family member now living in the supportive living facility listed in the cover letter? 1 Yes → if Yes, go to question 4 2 No 3. Was your family member discharged from this facility, moved to another facility or are they deceased? 1 Discharged If your family member was discharged or moved to another home please stop and return this survey in the postage-paid envelope.	member ever shared a room with another person at this supportive living facility? 1 Yes 2 No 7. In the last 6 months, how often was your family member capable of making decisions about his or her own daily life, such as when to get up, what clothes to wear, and which activities to do? 1 Never 2 Sometimes 3 Usually 4 Always
If your family member is deceased, we understand that you may not want to fill out a survey at this time. Please check the box indicating that your family member is deceased and return the survey in the enclosed envelope. If you would like to do the rest of the survey, we would be very grateful for your feedback. Please answer the questions about your family member's last six months at the supportive livingfacility. Thank you for your help.	

Page 1 000001





YOUR VISITS

13. In the last 6 months, how often did you feel that the nurses and aides really Please answer the following questions for cared about your family member? only yourself. Do not include the Never experiences of other family members. Sometimes 3 Usually 8. In the last 6 months, about how many ⁴ ☐ Always times did you visit your family member in the supportive living facility? 14. In the last 6 months, did you ever see any nurses or aides be rude to your 1 ○ 0 - 1 times in the last 6 months → go to family member or any other resident? question 62 on page 7 1 Yes ² 2 - 5 times in the last 6 months ² No 3 6 - 10 times in the last 6 months 4☐ 11 - 20 times in the last 6 months 15. In the last 6 months, during any of your ⁵ More than 20 times in the last 6 months visits, did you help your family member 9. In the last 6 months, during any of your with eating? visits, did you try to find a nurse or aide for any reason? 2 No → if No, go to question 17 1□ Yes ² No → if No, go to question 11 16. Did you help your family member with eating because the nurses or aides either didn't help or made him or her wait too 10. In the last 6 months, how often were you long? able to find a nurse or aide when you wanted one? ¹□ Yes ²□ No 1 Never 2 ☐ Sometimes 3 Usually 17. In the last 6 months, during any of your visits, did you help your family member 4 Always with drinking? 11. In the last 6 months, how often did you see the nurses and aides treat your ² No → if No, go to question 19 family member with courtesy and respect? 18. Did you help your family member with ¹
☐ Never drinking because the nurses or aides 2 Sometimes either didn't help or made him or her wait 3 Usually too long? 4☐ Always 1 Yes 2 No 12. In the last 6 months, how often did you see the nurses and aides treat your family member with kindness? 1 Never 2 Sometimes ³ Usually 4☐ Always Page 2 000001





19. "Help toileting" means helping someone YOUR EXPERIENCE WITH get on and off the toilet, or helping to **NURSES AND AIDES** change disposable briefs or pads. 24. In the last 6 months, how often did the nurses and aides treat you with courtesy In the last 6 months, during any of your and respect? visits to the supportive living facility, did ¹□ Never you help your family member with toileting? 2☐ Sometimes Usually ⁴ ☐ Always 2 No → if No, go to question 21 25. In the last 6 months, did you want to get 20. Did you help your family member with information about your family member toileting because the nurses or aides from a nurse or an aide? either didn't help or made him or her wait too long? ² No → if No, go to question 27 1 ☐ Yes 2 □ No 26. In the last 6 months, how often did you get this information as soon as you 21. In the last 6 months, how often did your wanted? family member look and smell clean? ¹□ Never ¹

☐ Never 2□ Sometimes 2 Sometimes 3 Usually 3☐ Usually 4☐ Always ⁴☐ Always 27. In the last 6 months, how often did the 22. Sometimes residents make it hard for nurses and aides explain things in a way nurses and aides to provide care by doing that was easy for you to understand? things like yelling, pushing or hitting. In Never the last 6 months, did you see any 2 Sometimes resident, including your family member, ³☐ Usually behave in a way that made it hard for ⁴ ☐ Always nurses or aides to provide care? ¹☐ Yes 28. In the last 6 months, did the nurses and 2 No → if No, go to question 24 aides ever try to discourage you from asking questions about your family 23. In the last 6 months, how often did the member? nurses and aides handle this situation in Yes a way that you felt was appropriate? No ¹

☐ Never 2 Sometimes 29. In the last 6 months, how often is your ³ ☐ Usually family member cared for by the same ⁴☐ Always team of staff? 1 ☐ Never Sometimes Usually Always Page 3 000001





30. In the last 6 months, how often did you feel confident that employees knew how to do their jobs? 1 Never 2 Sometimes 3 Usually 4 Always	35. Personal medical belongings are things like hearing aids, eye-glasses, and dentures. In the last 6 months, how often were your family member's personal medical belongings damaged or lost? 1 Never 2 Once 3 Two or more times
THE SUPPORTIVE LIVING FACILITY 31. In the last 6 months, how often did your family member's room look and smell clean? Never	36. In the last 6 months, did your family member use the supportive living facility's laundry services for his or her clothes? 1
	Page 4 000001





41. In the last 6 months, did you ever stop yourself from talking to any supportive living facility staff about your concerns because you thought they would take it out on your family member? 1 Yes 2 No 42. In your opinion, is the overall cost of living at this facility reasonable? (By cost of living we mean accommodation cost, meals, housekeeping, and other services paid by you or your family member) 1 Yes 2 No 3 Don't know 4 Not applicable		46. Were you given the opportunity to be part of a care conference in the last 12 months either in person or by phone? 1 Yes 2 No OVERALL RATINGS 47. Using any number from 0 to 10 where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate the care at the supportive living facility? 1 0 Worst Care Possible 2 1 3 2 4 3 5 4 6 5 7 6
43. In the last 6 months, have you been involved in decisions about your family member's care? 1 ✓ Yes		8 7 9 8 10 9 11 10 Best Care Possible
 No → if No, go to question 45 44. In the last 6 months, how often were you involved as much as you wanted to be in the decisions about your family member's care? Never Sometimes Usually Always 45. A care conference is a formal meeting about care planning and health progress between a care team and a resident and his or her family. 		48. If someone needed supportive living facility care, would you recommend this supportive living facility to them? 1 Probably no 2 Definitely no 3 Probably yes 4 Definitely yes 49. In the last 6 months, how often did you feel that there were enough nurses and aides in the supportive living facility? 1 Never 2 Sometimes 3 Usually 4 Always
In the last 12 months, have you been part of a care conference, either in person or by phone? 1 Yes → if Yes, go to question 47 No		
	Page 5	000001



54. In the last 6 months, how often did your

000001

family member receive all of the



OTHER ISSUES

Please remember the questions in this survey are about your experiences. Do not include the experiences of other family members.	healthcare services and treatments they needed? 1 Never 2 Sometimes
50. In the last 6 months, how often did you feel like your family member is safe at the facility? 1 Never 2 Sometimes 3 Usually 4 Always 51. In the last 6 months, did you help with	3 Usually 4 Always 55. In the last 6 months, how often did you have concerns about your family member's medication? 1 Never → if Never, go to question 58 2 Sometimes 3 Usually 4 Always
the care of your family member when you visited?	56. Did you talk with any supportive living facility staff about these medication concerns? 1 Yes
52. Do you feel that supportive living facility staff expect you to help with the care of your family member when you visit? 1 Yes 2 No	 No → if No, go to question 58 57. In the last 6 months, how often were your concerns about your family member's medication resolved? Never
53. Using any number from 0 to 10 where 0 is the worst food possible and 10 is the best food possible, what number would you use to rate the food at this	² Sometimes ³ Usually ⁴ Always
supportive living facility? 1 0 Worst Food Possible 2 1 3 2 4 3 5 4	58. In the last 6 months, did you ask the supportive living facility for information about payments or expenses? 1 Yes 2 No → if No, go to question 60
6 5 7 6 8 7 9 8 10 9 11 10 Best Food Possible	59.In the last 6 months, how often did you get all the information you wanted about payments or expenses? 1 Never 2 Sometimes 3 Usually 4 Always
	•

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Page 6





60. Does your family member's facility have a resident and family council? 1 Yes 2 No 3 I don't know 61. In the last 6 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration) Never Sometimes Usually Always I did not need this		66. Considering all of the people who visit your family member in the supportive living facility, are you the person who has the most experience with his/her care? 1 Yes 2 No 3 Don't know 67. Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain. Feel free to use the back page or attach an extra page if necessary
YOU AND YOUR ROLE	_	
62. What is your age? 1		
² ☐ Female		
64. What is the highest grade or level of school that you have completed? 1 Grade school or some high school 2 Completed high school 3 Post-secondary technical school 4 Some university or college 5 Completed college diploma 6 Completed university degree 7 Postgrad degree (Master's or Ph.D.) 65. What language do you mainly speak at home? 1 English 2 French 3 Other		Thank you for completing this survey. Your opinions are important to us. Please return the competed survey in the postage-paid envelope.
	Page	7 000001



APPENDIX II: SURVEY PROCESS AND METHODOLOGY

Privacy, confidentiality, and ethical considerations

In accordance with the requirements of the *Health Information Act of Alberta* (HIA), an amendment to the HQCA privacy impact assessment for patient experience surveys was submitted to, and accepted by, the Office of the Information and Privacy Commissioner of Alberta specifically for the *Supportive Living Family Experience Survey*.

As a provincial custodian, the HQCA follows the HIA to ensure the security of the health information it collects. Potential respondents were informed of the survey's purpose and process, that participation was voluntary, and that their information would be kept confidential. Those respondents who declined to participate were removed from the survey process. Families were informed about the survey through posters and pamphlets. A contact number was provided for those who had questions.

Alberta Supportive Living Family Experience Survey

The survey instrument (Appendix I)

The main body of questions in the *Supportive Living Family Experience Survey* was adapted from the *CAHPS® Nursing Home Survey: Family Member Instrument*. This instrument was used in the previous iteration of the HQCA's supportive living survey with minimal changes.

The survey is a 67-question self-reported assessment that includes a family member's overall experience (i.e., Global Overall Care Rating) with the facility and was used with the permission of the Agency for Healthcare Research and Quality.

The questionnaire was delivered to, and answered by, family members (respondents).

Survey dimensions

The CAHPS® survey comprises four subscales (i.e., Dimensions of Care):

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Providing Information and Encouraging Family Involvement
- 4. Meeting Basic Needs

Each Dimension of Care comprises multiple questions that share a similar conceptual theme and a dimension summary score is produced for each dimension. For a list of these questions, see Appendix VII.

Supplementary / additional survey questions

In addition to the above, the *CAHPS® Nursing Home Survey: Family Member Instrument* also comprises questions that address the following topics:

- Suggestions on how care and services provided at the supportive living facility could be improved (open-ended question).
- Family member rating of facility food (Food Rating Scale).



- Willingness to recommend the supportive living facility (Propensity to Recommend).
- Resident and respondent (family member) characteristics (Appendix V).
- Questions related to medications.

Changes to the questionnaire

The core questions remained identical from the previous iteration of the survey. However, a few questions were added or removed, and are listed in Table 18.

Table 18: Added and removed questions

Question	Change	Reason
Does your family member have serious memory problems because of Alzheimer's disease, dementia, stroke, accident, or something else?	Removed question	Cognition or dementia diagnosis can be obtained from administrative data. Relevance of memory issue due to anything at all unclear.
In the last six months, how often was the noise level around your family member's room acceptable to you?	Removed question	Already being asked in the resident survey and may be more relevant to the resident.
Q54: In the last 6 months, how often did your family member receive all of the medical services and treatments they needed?	Modified question	Replace "medical" with "healthcare" to be more inclusive.
Q60: Does your family member's facility have a resident and family council? Yes, No, or I don't know?	Added question	Discussion with facilities show this is a primary avenue for communication of information to residents and families but not mandatory for facilities.
Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs? Never, Sometimes, Usually, or Always?	Added question	Training and competency of staff currently not a topic in the survey. Importance identified through family member comments provided in the supportive living and long-term care surveys.
Q61: In the last 6 months, how often were the people in charge available to talk with you? (Such as managers, supervisors, administration) Never, Sometimes, Usually, Always, or I did not need this?	Added question	Survey did not discuss communication with management. This question was already asked in the resident survey and so it was appropriate to also ask of family members.
Q50: In the last 6 months, how often did you feel like your family member is safe at the facility?	Added question	Survey did not discuss safety. Identified through family member comments from the supportive living and long-term care surveys. Already asked in the resident survey.



Survey response options

Each survey question was typically followed by a two-option *Yes or No* response or a four-option response:

- Always
- Usually
- Sometimes
- Never

Survey scoring

The typical method for scoring the survey is to transform each response to a scaled measure between 0.0-100.0, as shown in Table 19, where higher scores represent more positive experiences and lower scores represent more negative experiences. Negatively framed questions such as Question 14: "In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?" were reverse coded, where No responses were coded as 100.0 and Yes responses were coded as 0.0.

Table 19: Survey scale conversion

Four response options		Two response options	
Answer choice	Converted scaled value	Answer choice	Converted scaled value
Always	100.0	Yes	100.0
Usually	66.67	165	
Sometimes	33.33	No	0.0
Never	0.0		

The scoring methodology involves the calculation of a summary score for each Dimension of Care using an average of the scaled and weighted response scores within each Dimension of Care:

- 1. A Dimension of Care score was generated for respondents who answered at least one question within the associated Dimension of Care. ⁴⁹ Respondents who met this minimum criterion had missing values (if any) replaced by the facility average for that question.
- 2. Average scores for each Dimension of Care were calculated by scaling the survey questions to a 0.0-to-100.0 scale, where 0.0 was the least positive outcome/response and 100.0 was the most positive outcome/response.
- 3. The scaled scores were then weighted based on how strongly each question related to the Dimension of Care, relative to all other questions within the Dimension. For example, questions

⁴⁹ Among respondents (N = 4,629), the percentage who gave no response to any question within each Dimension of Care was low: 3 per cent for Staffing, Care of Belongings, and Environment, 5 per cent for Kindness and Respect; 3 per cent for Providing Information and Encouraging Family Involvement, and 4 per cent for Meeting Basic Needs.



- that relate more strongly to a Dimension of Care would be weighted slightly more heavily than the other questions within the same Dimension.⁵⁰
- 4. Dimension scores were then calculated by summing individual scaled and weighted survey items and dividing the total score by the number of items within each Dimension of Care (creating an average score).

NOTE: For the Meeting Basic Needs Dimension of Care, the average required a combination of two questions for each sub-dimension (i.e., eating, drinking, and toileting). A score of 100.0 was assigned to each set of questions if the respondent indicated that they: (1) Had not helped their family member with that basic need OR (2) Had helped their family member because they chose to help and not because nurses or aides either didn't help or made the family member wait too long. A score of 0.0 was assigned to each set of questions (eating, drinking, and toileting) if the respondent indicated that they: Had helped their family member AND that they did this because nurses or aides either didn't help or made the family member wait too long.

Testing significant differences and identifying opportunities for improvement

All statistical tests were tested at a significance of $p \le 0.01$. In all instances the higher the score, the more positive the experience. Therefore, an increase in score would represent a positive result and a decrease would represent a negative result. While statistical significance may help facilities identify potential improvement opportunities, there are many factors that influence statistical significance. Areas of care and services that did not show any statistically significant change or difference may still be important.

- 1. Comparisons between independent means and proportions (e.g., 2016 vs. 2013-14 results): To meet the criteria of statistically significant difference, the following criteria must be met:
 - a) For a comparison of means
 - i. Statistically significant using a one-sample t-test.
 - ii. Statistically significant using a non-parametric test.
 - iii. Statistically significant using a one-sample t-test with a condensed sample of those who have a length of stay of three years or less.
 - b) For a comparison of proportions
 - i. Statistically significant using a chi² test.
 - ii. Statistically significant using a chi² test with a condensed sample of those who have a length of stay of three years or less.

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⁵⁰ The same weight was not used across survey cycles. It was thought that the most appropriate weight, i.e., relative importance of each question, should be determined by the population of each survey year.



Survey sampling design and recruitment

The survey was conducted as a census of all eligible participants for whom contact data was available. Given the small size of supportive living facilities, random sampling techniques were not required and would have added little value at the expense of increased complexity for a few larger facilities where random selection might have been justified.

Facility recruitment and facility inclusion criteria

Personal care homes (SL1); group or family care homes or lodges (SL2); and special care homes (including mental health support homes and LTC-only facilities) were excluded from participation, as were facilities with language barriers (i.e., English was not the first language of most or all residents at the facility).

Eligible respondents (family members) were identified with assistance from supportive living facility liaisons, who were asked to provide contact information of the most involved family member or person of a resident. Exclusion criteria included:

- Contacts of new (< 1 month) or transitional residents.
- Residents who had no contact person (family member), or whose contact person resided outside of Canada.
- Contacts of deceased residents or residents no longer living at the facility.
- Contacts of residents who were listed as a public guardian.

Family members of residents who were deceased after the survey rollout were given the option to complete the survey and to provide responses that reflected the last six months the resident lived in the facility.

The 2016 survey employed a continuous recruitment strategy and mailings were sent from May 2016 to September 2016.

The data collection for the 2013-14 survey cycle spanned from October 2013 to January 2014.

The following three-stage mailing protocol was used to ensure maximum participation rates:

- Initial mailing of questionnaire packages.
- Postcard reminders to all non-respondents.
- Mailing of questionnaire package with modified cover letter to all non-respondents.



Response rates

To reduce the potential for "non-response bias," it is desirable to achieve a high response rate. Table 20 shows the overall response rate by survey method.

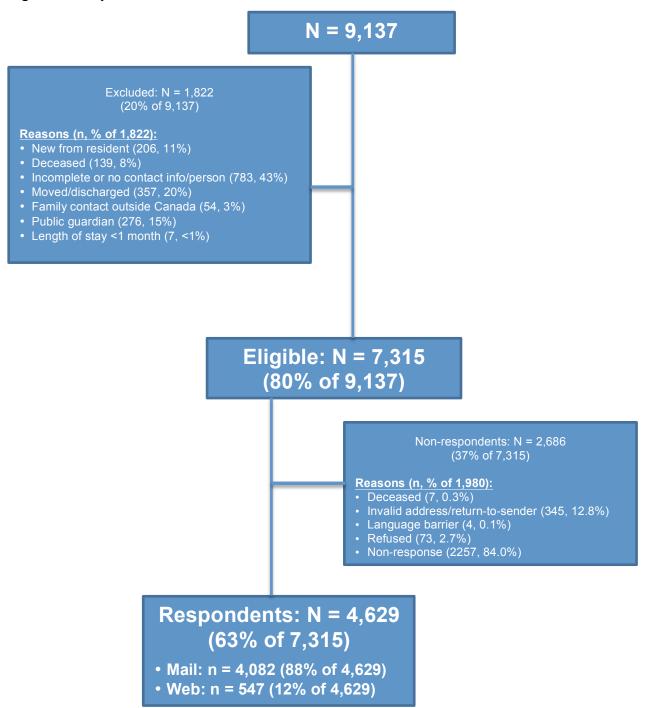
Table 20: Response rate

Description	Count (N)	Response proportion (%)
Total sample (original)	9,137	
Proportion eligible	7,315	100
Total paper survey responses	4,082	56
Total web surveys	547	7
Total responses	4,629	63

Of the 9,137 family member contacts obtained from facilities, 7,315 (80 per cent) were deemed eligible to participate (after exclusion criteria were applied). A total of 4,629 family members returned a paper survey or completed a web survey and were considered *respondents* (63 per cent). The main mode of participation was paper survey (N = 4,082), which constituted 88 per cent of all completed surveys.



Figure 2: Study flowchart



Incomplete or no contact info includes:

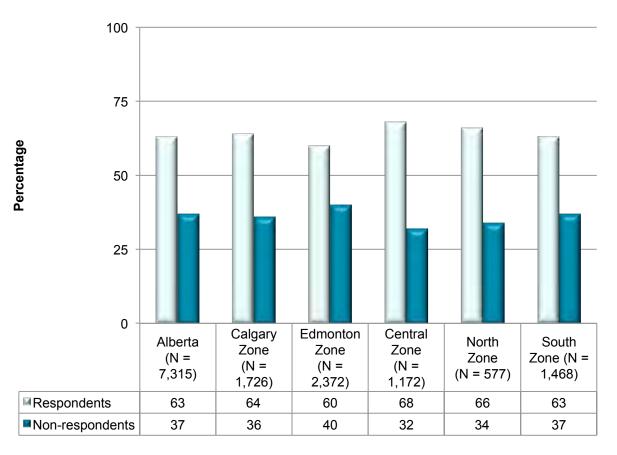
- Residents whose family contact is themselves.
- Family member reported they do not have contact with the resident.
- Family member contact lives at the same facility as the resident.
- Facility stated the resident has no involved family members.

 $New\ from\ resident\ -\ These\ were\ residents\ added\ to\ the\ survey\ after\ the\ collection\ of\ family\ contact\ information\ was\ completed.$



Response rates by AHS zone⁵¹

Figure 3: Survey response rates by AHS zone and province



Note: Percentages may not always add to $100\ per\ cent$ due to rounding.

⁵¹ When results refer to AHS zone comparisons, these results refer to zones in which the respondent's family member (resident) resides. In other words, it is the zone in which the facility referenced is located.



Comments Analysis - Detailed methodology

Family members were asked one open-ended question: "Do you have any suggestions how care and services at this supportive living facility could be improved? If so, please explain." In 2016, 2,805 family members provided a comment in response to this question, in comparison to 1,736 in 2013-14.

The initial analysis of the comments determined that themes or patterns in the comments provided by family members were consistent with those identified in the 2013-14 *Supportive Living Family Experience Survey*. Based on themes and subthemes previously identified, a codebook was designed to guide analysis and to maintain coding consistency. Any additional themes identified were also included in the codebook (see Table 21 for coding by Dimensions of Care and additional themes).

Themes were categorized within one of the four Dimensions of Care: (1) Staffing, Care of Belongings, and Environment, (2) Kindness and Respect, (3) Providing Information and Encouraging Family Involvement, and (4) Meeting Basic Needs. In addition, two categories: Food and Safety, and Security were highlighted for their importance to the respondents. When a theme could not be categorized into one of the Dimensions of Care, Food, or Safety and Security, this "emergent" theme was retained and categorized as 'Other.' Three 'Other' themes were identified and included (1) activities, (2) financial concerns and affordability, and (3) care transitions.

Further comments were classified as being a recommendation for improvement when family members clearly conveyed they were dissatisfied with the care provided to a resident, indicating room for improvement. Additionally, these comments were classified as such if family members expressed a desire for change or improvement and/or provided a suggestion for how care and services could be improved or changed.

Before the start of analysis, coding consistency was tested using the codebook as a guide. Each analyst checked a sample of 100 comments. Coding agreement was reached and analysis began. Responses were analyzed using NVivo version 10. NVivo 10 is a qualitative data analysis software package. To further ensure coding consistency, each analyst reviewed the other's coding. These checks ensured high coding agreement. Analysis was deemed 'complete' when comment coding was complete.



 Table 21: Guidelines used to code comments by Dimension of Care and additional themes

	ion of Care: Staffing, Care of Belongings, and Er		
• {	Staffing levels	•	Quality of staff
- /	Additional training and continuous education for staff	-	Leadership, administration, and supervision of sta
	Staff accountability to resident care	•	Cleanliness and condition of resident's room and common areas
• F	Resident's ability to be cared for by same staff		Work roles and responsibilities
	Resident's belongings		Transportation of residents
	Laundry services		Noise levels
	Volunteering	•	Temperature and air quality
	Smoking	•	Teamwork between staff
mens	ion of Care: Kindness and Respect		
•	nterpersonal relations including kindness, respect,	•	Privacy
	courtesy and concern for resident's well-being		•
	Respect between residents	•	Dignity
od			
- (Quality, variety, taste, nutrition value, and temperature	•	Dietary restrictions and meal plans
mens	ion of Care: Providing Information and Encourag	jing Fa	amily Involvement
•	nvolving family in resident care and providing information		How concerns are handled
• L	Language barriers between staff and the family	•	Communication between staff
•	nformation about payments or expenses	•	Staff's availability to answer questions
• (General quality of communication	•	Staff identification
	Care plans and care conferences		
nens	ion of Care: Meeting Basic Needs		
	Help and supervision with basic needs including help with eating, drinking and toileting	•	Consistent delivery of resident care plans
	General quality of care		Hygiene and grooming
• (Work family members do to help the resident		Healthcare needs
			nealincare needs
• \	Medications		nealtricare needs
- /		-	nealtricare needs
• \ • • • • • • • • • • • • • • • • • •	Medications	•	Perception of security within facility
fety a	Medications and Security	•	
fety a	Medications and Security	•	
fety a	Medications and Security Safety and security measures in the facility		Perception of security within facility
fety a	Medications and Security Safety and security measures in the facility Activities		Perception of security within facility Access to the facility Scheduling of resident's day
fety a her	Medications and Security Safety and security measures in the facility Activities Provision of resources Financial concerns	•	Perception of security within facility Access to the facility Scheduling of resident's day Resident's experience transitioning into the facility
•	Medications and Security Safety and security measures in the facility Activities Provision of resources Financial concerns Maintaining documents and records		Perception of security within facility Access to the facility Scheduling of resident's day Resident's experience transitioning into the facility Facility policies and procedures
	Medications and Security Safety and security measures in the facility Activities Provision of resources Financial concerns Maintaining documents and records General quality of facility		Perception of security within facility Access to the facility Scheduling of resident's day Resident's experience transitioning into the facility Facility policies and procedures Resident's ability to have choice
	Medications and Security Safety and security measures in the facility Activities Provision of resources Financial concerns Maintaining documents and records		Perception of security within facility Access to the facility Scheduling of resident's day Resident's experience transitioning into the facility Facility policies and procedures



APPENDIX III: DIFFERENCES BETWEEN 2016 SURVEY AND 2013-14 SURVEY

- 1. Survey reporting changes. In an effort to improve comprehension and usability of the reports, two projects were undertaken with survey stakeholders: (1) an evaluation of current reporting styles to evaluate what is working and what is not, and (2) a usability testing project that explored how stakeholders interpreted and used the content of the report, and evaluated new design strategies as a result of feedback. Some examples of the changes implemented include:
 - a) Removal of quartiles, as it was of minimal use.
 - b) Removal of decimal places to simplify reporting (with exception to places where facilities are rank ordered using a single score).
- **2. Changes to the survey tool.** The core questions that make up each Dimension of Care were not changed. However, some questions were added and other non-core questions were removed. For a list of these changes, see Appendix II, Table 18.
- 3. Rank order criteria. Previously, the overall rank applied to each facility by AHS zone and reflected the frequency of below-average performance relative to zone and provincial averages. A new approach was implemented for this iteration of the survey which used a facility's overall performance amongst all Dimensions of Care relative to each zone. Specifically, an average facility rank across Dimensions of Care was computed, weighted by how strongly each of those measures relates to the Global Overall Care Rating. As a result, facilities that consistently have higher ranks across Dimensions of Care as compared to other facilities in their own zone will in turn have a higher overall rank. For more details see Section 4.7. Please note that it is inappropriate to compare facility ranks from year to year as facility participation within each zone varies across survey years. In 2013-14, 107 facilities were ranked, whereas in 2016, 146 facilities were ranked.



APPENDIX IV: CRITERIA FOR FACILITY INCLUSION IN 2016

Criteria:

- 1. Confidentiality: five or more respondents per facility⁵²
- 2. \leq 10 per cent margin of error (with finite population correction).
- 3. Response rate of > 50 per cent.

Of 175 supportive living facilities, 7 facilities were not surveyed for the following reasons (Table 22).

Table 22: Facilities not surveyed and reason for exclusion

AHS Zone	Facility name	Reason for exclusion
Calgary	Providence Care Centre	New facility; opened 2016
South	St. Joseph's Home	No DSL beds at the time of data collection
South	Prairie Rose Lodge	Under construction during data collection, all residents transferred to other facilities
South	Macleod Pioneer Lodge	Facility under transition, all residents transferred to other facilities
Edmonton	Salvation Army Stepping Stone Supportive Residence	Site Liaison said nearly all residents have no family member involved in care
Edmonton	Shepherd's Care Ashbourne	No DSL beds at the time of data collection
Edmonton	St. Albert Retirement Residence	New facility; opened 2016

Of the 168 surveyed facilities, 152 facilities had at least five surveys collected (90.5 per cent of 168 facilities; Table 22). Of those 152 facilities:

- 127 met both the margin of error and response rate criteria **labelled in green**.
- 19 met EITHER the margin of error criterion OR response rate criterion labelled in yellow.
- 6 did not meet either criterion labelled in red (may still receive a facility report).

Facilities that met the margin of error criterion, response rate criterion, or both, accounted for 146 of 168 facilities, or 86.9 per cent of facilities (labelled in green and yellow). These facilities also accounted for 97.4 per cent of all respondents (4,510 of 4,629) and 96.1 per cent of all eligible respondents (7,031 of 7,315). Facilities with small sample sizes (i.e., small facilities) will inherently have more difficulty meeting confidentiality, response rate and margin of error criteria. The resident profile of a facility must also be considered as these criteria may influence the number of resident's family members who were ultimately eligible for a survey, and in turn could influence the number considered for confidentiality reasons, response rate, and the margin of error calculation. For example, the smaller the facility, the more difficult to meet the confidentiality criterion of five respondents, and similarly the margin of error calculation depends on sample size.

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⁵² Facility-level reporting with very few respondents runs the risk of direct or indirect disclosure.



Facilities that were excluded from facility-level reporting (22 facilities) in this report may still receive an individual facility-level report.

Table 23: Facility inclusion criteria – Included facilities

AHS zone	Facility name	Margin of error (%)	Response rate (%)
Calgary	Prince of Peace Manor	9.6	56.0
Calgary	AgeCare Sagewood	3.0	66.1
Calgary	Holy Cross Manor	3.3	67.4
Calgary	Revera Heartland	3.7	77.4
Calgary	Monterey Place	5.8	52.5
Calgary	Tudor Manor	2.0	75.2
Calgary	Rocky Ridge Retirement Community	5.5	70.4
Calgary	McKenzie Towne Retirement Residence	7.4	58.8
Calgary	Scenic Acres Retirement Residence	5.4	76.5
Calgary	Silver Willow Lodge	8.0	58.1
Calgary	Carewest Colonel Belcher	9.1	58.3
Calgary	St. Marguerite Manor	3.8	63.4
Calgary	Aspen Ridge Lodge	6.4	66.7
Calgary	Chartwell Eau Claire Retirement Residence	7.0	51.7
Calgary	Millrise Place	4.6	73.3
Calgary	Wentworth Manor	4.6	66.0
Calgary	AgeCare Walden Heights	3.2	58.0
Calgary	Bethany Didsbury	3.5	65.3
Calgary	Evanston Grand Village	2.7	76.1
Calgary	Wing Kei Greenview	4.2	61.1
Calgary	Prince of Peace Harbour	5.0	71.0
Calgary	Whitehorn Village Retirement Community	6.0	62.5
Calgary	Sunrise Village High River	3.2	68.6
Calgary	AgeCare Seton	2.1	66.8
Central	Good Samaritan Good Shepherd Lutheran Home	4.0	69.1
Central	Pines Lodge	5.4	76.5
Central	West Park Lodge	4.1	75.0
Central	Faith House	6.4	72.2
Central	Memory Lane	4.9	76.2
Central	Hillview Lodge	7.7	60.7
Central	Sunset Manor	2.8	71.0
Central	Extendicare Michener Hill	2.3	81.6
Central	Points West Living Lloydminster	4.5	66.1
Central	Wetaskiwin Meadows	4.8	80.0
Central	Heritage House	8.7	54.5
Central	Vermilion Valley Lodge	3.7	80.0



AHS zone	Facility name	Margin of error (%)	Response rate (%)
Central	Providence Place	8.7	69.2
Central	Royal Oak Manor	3.1	68.4
Central	Coronation Hospital and Care Centre	3.6	83.3
Central	Bethany Sylvan Lake	6.4	72.2
Central	Sunrise Village Ponoka	5.5	78.6
Central	Islay Assisted Living	3.5	85.7
Central	Bethany Meadows	5.6	69.0
Central	Chateau Three Hills	5.3	85.7
Central	Villa Marie	4.3	60.5
Central	Bashaw Meadows	8.9	57.7
Central	Clearwater Centre	6.1	65.6
Central	Eckville Manor House	0.0	100.0
Central	Sunrise Encore Olds	4.0	68.4
Central	Points West Living Wainwright	4.1	70.0
Central	Sunrise Village Camrose	4.3	62.3
Central	Points West Living Stettler	3.9	66.2
Central	Serenity House	8.3	72.7
Central	Points West Living Century Park	7.4	58.8
Edmonton	Copper Sky Lodge	3.6	63.6
Edmonton	Laurel Heights	5.2	61.4
Edmonton	Lifestyle Options Whitemud	6.4	51.4
Edmonton	Garneau Hall	5.3	70.0
Edmonton	CapitalCare McConnell Place North	4.8	70.6
Edmonton	Rosedale Estates	7.2	57.9
Edmonton	Tuoi Hac - Golden Age Manor	4.5	65.0
Edmonton	Citadel Mews West	5.3	60.3
Edmonton	Shepherd's Garden	8.8	51.3
Edmonton	Good Samaritan George Hennig Place	4.2	78.3
Edmonton	Edmonton Chinatown Care Centre	8.9	66.7
Edmonton	Good Samaritan Stony Plain Care Centre	5.5	70.4
Edmonton	West Country Hearth	7.7	60.7
Edmonton	Good Samaritan Wedman House	5.2	71.4
Edmonton	Saint Thomas Assisted Living Centre	4.1	57.4
Edmonton	Wedman Village Homes	7.8	61.5
Edmonton	Chartwell Country Cottage Retirement Residence	5.8	70.8
Edmonton	Rosedale St. Albert	4.1	67.2
Edmonton	Salvation Army Grace Manor	5.2	60.7
Edmonton	Good Samaritan Spruce Grove Centre	4.2	75.9
Edmonton	Glastonbury Village	5.3	65.1
Edmonton	Aspen House	3.7	68.1



AHS zone	Facility name	Margin of error (%)	Response rate (%)
Edmonton	Summerwood Village Retirement Residence	2.6	75.7
Edmonton	Churchill Retirement Community	6.8	73.3
Edmonton	Lifestyle Options - Terra Losa	4.7	63.3
Edmonton	Riverbend Retirement Residence	7.9	55.3
Edmonton	Lewis Estates Retirement Residence	5.9	52.6
Edmonton	Shepherd's Care Kensington	4.8	60.9
Edmonton	Rutherford Heights Retirement Residence	4.9	58.0
Edmonton	Emmanuel Home	5.2	81.8
Edmonton	CapitalCare McConnell Place West	2.6	82.9
Edmonton	CapitalCare Laurier House Strathcona	3.7	69.2
Edmonton	Grand Manor	9.2	53.1
Edmonton	Villa Marguerite	3.0	58.6
Edmonton	CapitalCare Laurier House Lynnwood	5.5	66.7
Edmonton	Shepherd's Care Vanguard	3.2	70.8
North	Points West Living Peace River	5.6	69.0
North	Stone Brook	4.5	67.3
North	Points West Living Slave Lake	6.1	71.4
North	Shepherd's Care Barrhead	7.9	62.5
North	Spruce View Lodge	4.2	87.5
North	Heimstaed Lodge	6.4	59.1
North	Ridgevalley Seniors Home	7.4	77.8
North	Smithfield Lodge	3.9	73.2
North	Elk Point Heritage Lodge	0.0	100.0
North	MacKenzie Place Supportive Living	3.3	82.6
North	Manoir du Lac	8.2	55.9
North	Points West Living Cold Lake	5.4	68.8
North	Mountain View Centre	7.7	57.1
North	Grande Prairie Care Centre	2.9	75.9
North	Points West Living Grande Prairie	4.9	58.4
North	Pleasant View Lodge	2.9	90.0
South	St. Therese Villa	2.4	65.7
South	Good Samaritan Garden Vista	6.8	66.7
South	Sunnyside Care Centre	4.8	75.0
South	Sunny South Lodge	7.2	55.8
South	Sunrise Gardens	2.9	73.0
South	Meadow Ridge Seniors Village	2.9	73.9
South	Good Samaritan South Ridge Village	7.6	54.8
South	Clearview Lodge	1.7	92.9
South	Good Samaritan West Highlands	3.6	65.2
South	Good Samaritan Park Meadows Village	4.0	60.0



AHS zone	Facility name	Margin of error (%)	Response rate (%)
South	Golden Acres	7.5	59.4
South	Good Samaritan Linden View	4.1	63.0
South	The Wellington Retirement Residence	5.0	68.4
South	Cypress View	5.8	64.9
South	Extendicare Fairmont Park	3.4	61.8
South	Good Samaritan Prairie Ridge	6.0	61.4
South	St. Michael's Health Centre	5.5	65.8
South	Good Samaritan Vista Village	4.2	65.2
South	Orchard Manor	3.3	82.6
South	Legacy Lodge	3.8	62.9
South	Leisure Way	8.3	72.7
Calgary	Edgemont Retirement Residence	10.8	54.5
Central	Sunrise Village Wetaskiwin	10.1	64.3
Central	Vegreville Manor	14.2	60.0
Central	Sunrise Village Olds	11.2	60.0
Central	Sunrise Village Drayton Valley	17.5	55.6
Edmonton	Chateau Vitaline	9.8	48.6
Edmonton	Rosedale at Griesbach	6.1	48.9
Edmonton	Chartwell Wild Rose Retirement Residence	11.3	52.2
Edmonton	Lifestyle Options - Leduc	9.8	48.6
Edmonton	Shepherd's Care Greenfield	11.3	52.2
Edmonton	Sprucewood Place	7.5	45.8
Edmonton	Excel Society - Balwin Villa	8.8	44.6
North	Jasper Alpine Summit Seniors Lodge	10.1	64.3
North	Vilna Villa	10.1	66.7
South	Pleasant View Lodge – Bow Island	11.7	71.4
South	River Ridge Seniors Village	10.2	57.1
South	Chinook Lodge	14.8	53.8
South	Piyami Place	16.0	54.5
South	Good Samaritan Lee Crest	8.5	41.7
	Facilities who did not meet margin of error or	r response rate criteri	a
AHS zone	Facility name	Margin of error (%)	Response rate (%)
Central	Viewpoint	16.9	42.1
Edmonton	Our Parents' Home	10.3	44.2
Edmonton	Devonshire Village	10.9	40.4
Edmonton	Edmonton People In Need #4 - Batoma House	17.0	37.5
North	Chateau Lac St. Anne	20.6	40.0
South	Columbia Assisted Living	10.8	42.9



Facilities with less than 5 respondents (excluded from facility-level analyses, but included in all other aggregate-level reporting)					
AHS zone	Facility name	Number of respondents			
Edmonton	Lifestyle Options - Riverbend	3			
North	Vanderwell Heritage Place	3			
North	Parkland Lodge	3			
South	Meadow Lands	2			
South	The Valleyview	2			
South	Piyami Lodge	4			
Calgary	Carewest Nickle House	2			
Central	Eagle View Lodge	2			
Edmonton	Kipohtakawmik Elders Lodge	2			
Edmonton	CapitalCare Dickinsfield Duplexes	3			
Edmonton	Edmonton People in Need #2	1			
North	The Gardens at Emerald Park	3			
North	St. Paul Abilities Network (S.P.A.N.)	3			
North	Whispering Pines Seniors Lodge	3			
South	York Creek Lodge	4			
Facilities with no respondents					
AHS zone	Facility name	Reason			
Calgary	Kingsland Terrace	4 eligible, 0 respondents			



APPENDIX V: 2016 RESPONDENT AND RESIDENT CHARACTERISTICS

Several questions about respondent (family member) and resident characteristics were included in the survey questionnaire. These were intended to:

- 1. Describe the respondent sample and the residents they represent.
- 2. Evaluate how these characteristics may have affected the results.

Respondent (i.e., family member) characteristics

Respondent characteristics were grouped into two categories:

- 1. Respondents' relationship and level of involvement with the resident
 - a) Respondent relationship to resident
 - b) Frequency of visits
 - c) Most experienced person with care
- 2. Socio-demographic profiles of respondents
 - a) Age
 - b) Gender
 - c) Education
 - d) Language most commonly spoken at home

Detailed results for each attribute are reported in the following pages. Percentages may not always add to 100 per cent due to rounding.



Respondent relationship to resident

Respondents were asked the following question (Q1): "Who is the person named on the cover letter?" The majority of respondents reported that they were representing their parents (66 per cent).

Table 24: Respondent relationship to resident by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,594)	(N = 1,109)	(N = 1,405)	(N = 789)	(N = 373)	(N = 918)
	%	%	%	%	%	%
My Spouse/Partner	10	9	8	11	12	13
My Parent	65	72	60	65	63	67
My Mother-in-law/Father-in-law	2	3	2	2	3	2
My Grandparent	≤1	≤1	1	1	1	≤1
My Aunt/Uncle	4	3	4	4	4	3
My Sister/Brother	7	4	12	6	5	6
My Child	5	5	6	5	8	3
My Friend	3	2	3	3	2	3
Other	3	2	4	3	3	2
Total	100	100	100	100	100	100

Frequency of visits

Respondents were asked the following question (Q8): "In the last 6 months, about how many times did you visit your family member in the supportive living facility?" Respondents who answered 0-1 time were instructed to skip to the demographic section of the questionnaire. Responses for those respondents who answered 0-1 time but continued to answer the survey questions were set to missing.

Some respondents did not provide a response to Q8, but did complete the rest of the questionnaire. Global Overall Care Ratings for this group did not differ significantly from those who provided a valid response (Table 25) so their responses to the rest of the questionnaire were retained.

Table 25: Missing responses to Q8 versus frequency of visits

Q8 response	Results
Missing	Referent group
0-1 time in the last 6 months	Not significant relative to referent group (p > 0.01)
2-5 times in the last 6 months	Not significant relative to referent group (p > 0.01)
6-10 times in the last 6 months	Not significant relative to referent group (p > 0.01)
11-20 times in the last 6 months	Not significant relative to referent group (p > 0.01)
More than 20 times in the last 6 months	Not significant relative to referent group (p > 0.01)



Most experienced person with resident care

Respondents were asked the following question (Q66): "Considering all of the people who visit your family member in the supportive living facility, are you the person who has the most experience with his/her care?"

Table 26: Most experienced person with resident care by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,401)	(N = 1,069)	(N = 1,353)	(N = 760)	(N = 356)	(N = 863)
	%	%	%	%	%	%
Yes	92	92	92	92	89	91
No	8	8	8	8	11	9
Total	100	100	100	100	100	100

Age

Respondents were asked the following question (Q62): "What is your age?"

Table 27: Respondent age (years) by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,552)	(N = 1,097)	(N = 1,394)	(N = 786)	(N = 374)	(N = 901)
	%	%	%	%	%	%
18 to 24	≤1	≤1	≤1	≤1	0	0
25 to 34	≤1	≤1	≤1	1	≤1	≤1
35 to 44	3	3	5	3	4	3
45 to 54	17	19	17	15	21	16
55 to 64	42	47	42	40	37	41
65 to 74	26	23	26	30	25	29
75 or older	10	8	10	12	13	12
Total	100	100	100	100	100	100



Gender

Respondents were asked the following question (Q63): "Are you male or female?"

Table 28: Respondent gender by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,551)	(N = 1,095)	(N = 1,397)	(N = 785)	(N = 374)	(N = 900)
	%	%	%	%	%	%
Male	34	35	34	33	31	35
Female	66	65	66	67	69	65
Total	100	100	100	100	100	100

Education

Respondents were asked the following question (Q64): "What is the highest grade or level of school that you have completed?"

Table 29: Respondent education level by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,360)	(N = 1,047)	(N = 1,345)	(N = 750)	(N = 352)	(N = 866)
	%	%	%	%	%	%
Grade school or some high school	8	6	6	11	18	8
Completed high school	22	18	22	25	27	23
Post-secondary technical school	15	14	16	16	15	13
Some university or college	13	15	12	12	9	14
Completed college diploma	18	18	17	19	16	21
Completed university degree	17	22	20	13	11	14
Postgrad degree (Master's or Ph.D.)	7	8	8	4	4	6
Total	100	100	100	100	100	100



Language

Respondents were asked the following question (Q65): "What language do you mainly speak at home?"

Table 30: Respondent language at home by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,553)	(N = 1,098)	(N = 1,396)	(N = 786)	(N = 373)	(N = 900)
	%	%	%	%	%	%
English	97	96	97	99	94	99
French	≤1	0	≤1	≤1	1	0
Other (please specify):	2	4	3	≤1	5	≤1
Total	100	100	100	100	100	100

Respondent characteristics and differences in Global Overall Care Ratings

Global Overall Care Ratings (a score from 0 to 10) were compared to variables considered under the section Respondent characteristics. Two-level categories such as gender (Male/Female) were assessed using t-tests. For simplicity in reporting, visit frequency, age, education, and language, were dichotomized into:

- Visit frequency: More than 20 times versus 0 to 20 times in the past 6 months.⁵³
- Age: 65 and over versus under 65 years of age.
- Education: High school or less versus more than high school.
- Language: English versus other.

Table 31: Respondent characteristics and differences in Global Overall Care Rating

Respondent characteristic and/or related questions	Comment: Significant difference in Global Overall Care Rating
Q8: In the last 6 months, about how many times did you visit your family member in the supportive living facility?	Not significant
Q66: Considering all of the people who visit your family member in the supportive living facility, are you the person who has the most experience with his/her care?	Not significant
Q62: What is your age?	Not significant
Q63: Are you male or female?	Female respondents had lower Global Overall Care Ratings than male respondents (8.2 versus 8.4, respectively, <i>p</i> < 0.01)
Q64: What is the highest grade or level of school that you have completed?	Respondents with a completed education of high school or less had higher Global Overall Care Ratings than respondents with education greater than high school (8.4 versus 8.2, respectively, $p < 0.01$)
Q65: What language do you normally speak at home?	Not significant

 $^{^{53}}$ Reported past 6-month visit frequencies of 2-5 times, 6-10 times and 11 - 20 times did not significantly differ from each other and therefore were collapsed.



Resident characteristics

The following *resident* demographic information was collected from both the survey and from administrative data:

- Amount of time resident lived in the supportive living facility.
- Expected permanency in the supportive living facility.
- Whether the resident lived in a shared room.
- Resident autonomy.
- Resident age.
- Resident gender.

Length of stay

Length of stay is defined as the amount of time in months a resident resided in a facility at the time of survey delivery. Admission dates (or months since admission to a facility) were captured from administrative data. The median length of stay was approximately 17 months for the residents included in this sample.

The association between length of stay and Global Overall Care Rating, Dimensions of Care, and Food Rating Scale were subsequently explored. Overall, respondents whose resident had resided in the facility less than 17 months had higher ratings compared to respondents of residents who had resided in their facility for longer than 17 months. However, this association was only significant for the Global Overall Care Rating; Staffing, Care of Belongings and Environment; and Kindness and Respect Dimensions of Care. These differences were small with correlations ranging from a low of -0.01 to a high of -0.09.54

Respondents were also asked the following question (Q4): "In total, about how long has your family member lived in this supportive living facility?" The majority of respondents (75 per cent) reported that their resident had lived at the supportive living facility for 12 months or longer.

Table 32: Resident length of stay in the facility by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,588)	(N = 1,107)	(N = 1,405)	(N = 786)	(N = 377)	(N = 913)
	%	%	%	%	%	%
12 months or longer	75	67	80	73	78	74
6 months to almost 12 months	17	22	14	17	13	16
3 months to almost 6 months	7	8	5	8	7	9
1 month to almost 3 months	2	2	1	2	2	1
Total	100	100	100	100	100	100

⁵⁴ Non-parametric Spearman's rank coefficients were similarly low, none of which were above 0.1.



Expected permanency

Respondents were asked the following question (Q5): "Do you expect your family member to live in this supportive living facility permanently?" Approximately 95 per cent of family members reported that they expected the resident to permanently live at that supportive living facility.

Table 33: Resident expected permanency by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 3,952)	(N = 987)	(N = 1,165)	(N = 664)	(N = 325)	(N = 811)
	%	%	%	%	%	%
Yes	94	97	93	92	94	96
No	6	3	7	8	6	4
Total	100	100	100	100	100	100

Shared room

Respondents were asked the following question (Q6): "In the last 6 months, has your family member ever shared a room with another person at this supportive living facility?" Approximately 95 per cent of residents did not share a room with another person.

Table 34: Resident in shared room by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,587)	(N = 1,102)	(N = 1,403)	(N = 790)	(N = 377)	(N = 915)
	%	%	%	%	%	%
Yes	5	5	4	4	7	7
No	95	95	96	96	93	93
Total	100	100	100	100	100	100



Resident autonomy

Respondents were asked the following question (Q7): "In the last 6 months, how often was your family member capable of making decisions about his or her own daily life, such as when to get up, what clothes to wear, and which activities to do?" Provincially, 29 per cent of respondents reported that their resident was *Always* capable of making decisions about his or her own daily life while 28 per cent reported their resident was *Usually* capable of making decisions.

Table 35: Resident autonomy by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,525)	(N = 1,096)	(N = 1,386)	(N = 774)	(N = 363)	(N = 906)
	%	%	%	%	%	%
Always	29	29	31	30	26	26
Usually	28	28	29	26	28	27
Sometimes	25	27	24	25	25	26
Never	18	16	17	18	22	21
Total	100	100	100	100	100	100

Resident age

Residents ranged from 26 to 109 years of age; the average age was 84 years.

Resident gender

The majority (72 per cent) of residents were female.

Table 36: Resident gender by AHS zone

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,438)	(N = 1,061)	(N = 1,385)	(N = 741)	(N = 353)	(N = 898)
	%	%	%	%	%	%
Male	29	27	29	27	34	29
Female	72	73	71	73	66	71
Total	100	100	100	100	100	100



Resident characteristics and differences in Global Overall Care Ratings

The Global Overall Care Rating (a score from 0 to 10) was compared to variables considered under the section Resident characteristics. In performing comparisons of the average, variables with more than two levels were assessed using a one-way analysis of variance, whereas two-level categories such as gender (Male/Female) were assessed using t-tests. For simplicity in reporting, length of stay (Q4) was dichotomized into:

- 1 to almost 6 months
- 6 months or longer⁵⁵

In addition, for simplicity in reporting, age was collapsed into a binary variable based on average age (84 years).

Table 37: Resident characteristics and differences in Global Overall Care Rating

Resident characteristic and/or related questions	Comment: Significant difference in Global Overall Care Rating
Q4: In total, about how long has your family member lived in this supportive living facility?	Not significant
Q5: Do you expect your family member to live in this supportive living facility permanently?	Respondents who reported Yes that they expected their family member to live at the facility permanently had significantly higher Global Overall Care Ratings than respondents who responded NO to Q5 (p < 0.001)
Q6: In the last 6 months, has your family member ever shared a room with another person at this supportive living facility?	Not significant
Q7: In the last 6 months, how often was your family member capable of making decisions about his or her own daily life, such as when to get up, what clothes to wear, and which activities to do?	Family members who responded Always to Q7 had significantly higher Global Overall Care Ratings than family members who responded Never, Sometimes, or Usually
Resident age	Not significant
Resident gender	Not significant

⁵⁵ For Q4, no significant differences were seen with response categories of 1 to almost 3 months versus 3 to almost 6 months and were therefore collapsed. Similarly no significant differences were seen with response categories of 6 months to almost 12 months versus 12 months or longer and were therefore collapsed.



APPENDIX VI: 2016 AND 2013-14 PROVINCIAL AND ZONE AGGREGATED RESULTS (RESPONDENT LEVEL RESULTS)

This appendix describes respondent-level data at the AHS zone and provincial level across survey years. Analyses in this section emphasize equal weight to each individual respondent within each zone (i.e., the denominator is the number of respondents), and does not provide equal weight by facilities (as was done in Section 5.0). Therefore, Dimension of Care average scores may differ between Appendix VI and Section 5.0.⁵⁶

For this section, 2016 results are compared with 2013-14 to identify any change in Global Overall Care Rating, the Dimensions of Care, the Food Rating Scale, and Propensity to Recommend. These comparisons are conducted at the provincial and zone level. Results presented in this section include all facilities and respondents within each survey year.

Facility participation within each zone varies slightly across survey years. In addition, participation within each facility may also vary across survey years. A bias is introduced as the presence or absence of significant differences between survey years may be attributable to: (a) a real difference, or (b) difference in samples. Although the sampling strategy was designed for representative zone-level analyses at all survey cycles (i.e., a census), not all facilities (and consequently not all zones) were adequately represented in the resulting sampling distribution in each survey cycle. Caution must be employed in interpreting these comparisons. To mitigate this, a difference between 2016 and 2013-14 was deemed statistically significant if the difference was:

- Statistically significant among respondents from all participating facilities in 2016 and/or 2013-14: AND
- Statistically significant among respondents residing in participating facilities in *both* the 2016 and 2013-14 surveys.
- Statistically significant using parametric and non-parametric tests.
- Statistically significant if we restrict the sample to a length of stay less than three years (approximate time between survey cycles).

The only statistically significant differences in results between years were in the North Zone:

The Global Overall Care Rating and scores for the Dimensions of Care: Staffing, Care of Belongings and Environment; Kindness and Respect; and Providing Information and Encouraging Family Involvement were statistically significantly higher in 2016 compared to 2013-14.

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⁵⁶ The denominator for Section 5.0 was facilities (N = 146 in 2016), whereas the denominator for Appendix VI was respondents (N = 4,629 in 2016).



Figure 4: Global Overall Care Rating by AHS zone

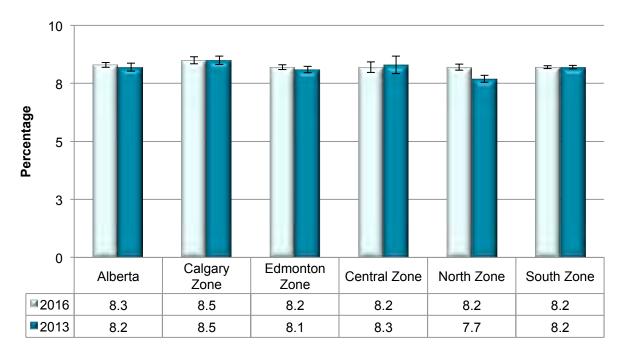


Figure 5: Propensity to Recommend by AHS zone

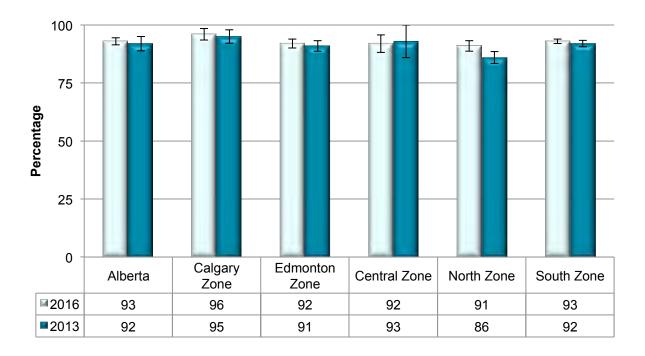




Figure 6: Staffing, Care of Belongings, and Environment by AHS zone

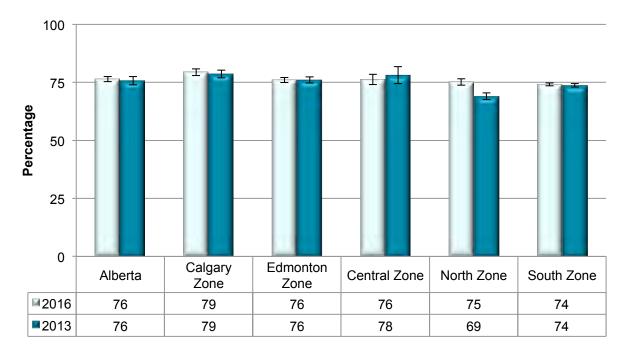


Figure 7: Kindness and Respect by AHS zone

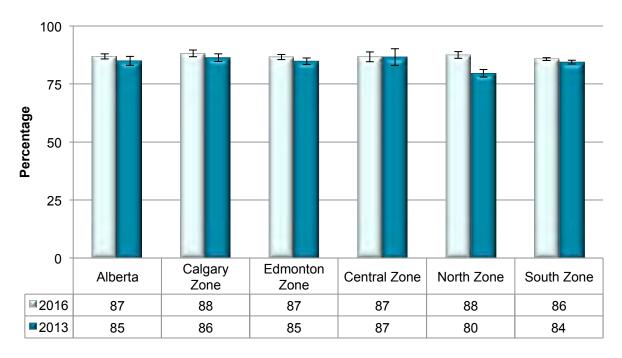




Figure 8: Food Rating Scale by AHS zone

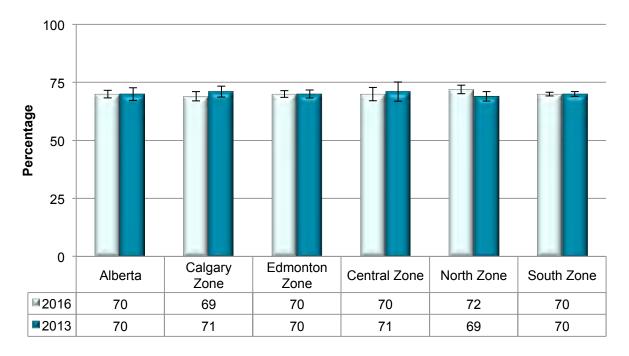


Figure 9: Providing Information and Encouraging Family Involvement by AHS zone

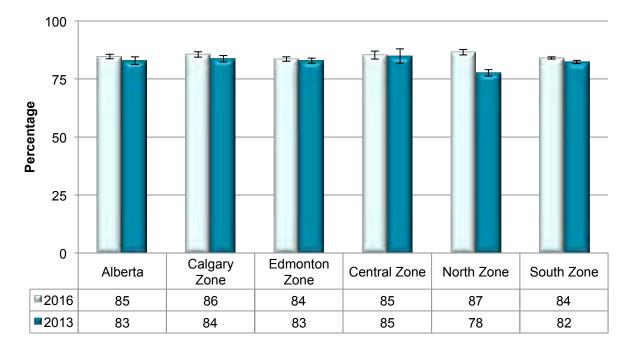
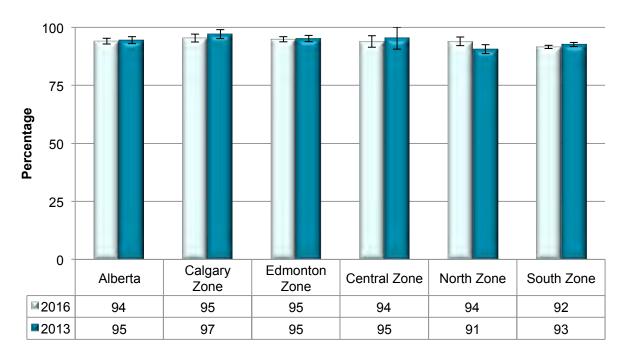




Figure 10: Meeting Basic Needs by AHS zone





APPENDIX VII: SUMMARY OF 2016 PROVINCIAL AND ZONE-LEVEL RESPONSES TO INDIVIDUAL SURVEY QUESTIONS

This section provides a detailed analysis of responses to individual survey questions and those that make up the Dimensions of Care.

Notes: Percentages may not always add to 100 per cent due to rounding. Responses "Don't Know" and "Not applicable" were coded as missing.

Table 38: Propensity to Recommend by AHS zone

Q48: If someone need to them?	Q48: If someone needed supportive living facility care, would you recommend this supportive living facility to them?										
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone					
	(N = 4,390)	(N = 1,076)	(N = 1,328)	(N = 751)	(N = 361)	(N = 874)					
	%	%	%	%	%	%					
Definitely yes	55	63	54	53	50	50					
Probably yes	39	33	38	40	42	43					
Definitely no	1	≤1	2	1	2	1					
Probably no	6	4	6	6	7	6					
Total	100	100	100	100	100	100					

Table 39: Dimension of Care: Staffing, Care of Belongings, and Environment: Question-level results by AHS zone

Q10: In the last 6 months, how often were you able to find a nurse or aide when you wanted one? (Among those who answered YES to Q9)										
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone				
	(N = 3,733)	(N = 938)	(N = 1,125)	(N = 629)	(N = 306)	(N = 735)				
	%	%	%	%	%	%				
Always	47	51	49	46	45	42				
Usually	41	38	40	41	43	45				
Sometimes	12	11	10	13	12	12				
Never	≤1	≤1	≤1	≤1	≤1	≤1				
Total	100	100	100	100	100	100				



Q21: In the last 6 months, how often did your family member look and smell clean?										
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone				
	(N = 4,418)	(N = 1,073)	(N = 1,336)	(N = 767)	(N = 365)	(N = 877)				
	%	%	%	%	%	%				
Always	43	47	41	48	41	41				
Usually	47	43	49	44	48	48				
Sometimes	9	9	9	8	8	10				
Never	1	1	1	≤1	2	≤1				
Total	100	100	100	100	100	100				
Q31: In the last 6 months, how often did your family member's room look and smell clean?										

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,417)	(N = 1,076)	(N = 1,336)	(N = 763)	(N = 364)	(N = 878)
	%	%	%	%	%	%
Always	43	49	39	44	40	40
Usually	45	42	47	41	45	47
Sometimes	11	8	12	13	13	12
Never	2	1	2	2	2	1
Total	100	100	100	100	100	100

Q33: In the last 6 months, how often did the public areas of the supportive living facility look and smell clean?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,423)	(N = 1,075)	(N = 1,334)	(N = 764)	(N = 368)	(N = 882)
	%	%	%	%	%	%
Always	73	79	70	73	67	71
Usually	24	19	26	24	30	26
Sometimes	3	1	4	2	3	3
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q35: In the last 6 months, how often were your family member's personal medical belongings (e.g., hearing aids, eye-glasses, dentures, etc.) damaged or lost?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,353)	(N = 1,061)	(N = 1,315)	(N = 752)	(N = 364)	(N = 861)
	%	%	%	%	%	%
Two or more times	11	10	12	10	10	12
Once	15	16	16	13	14	15
Never	74	74	72	76	76	73
Total	100	100	100	100	100	100



Q37: In the last 6 months, when your family member used the laundry service, how often were clothes damaged or lost? (Among those that answered Yes to Q36)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 2,795)	(N = 631)	(N = 863)	(N = 470)	(N = 254)	(N = 577)
	%	%	%	%	%	%
Three times or more	12	12	12	10	11	14
Once or Twice	30	27	31	29	29	32
Never	58	61	57	61	60	53
Total	100	100	100	100	100	100

Q49: In the last 6 months, how often did you feel that there were enough nurses and aides in the supportive living facility?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,385)	(N = 1,072)	(N = 1,320)	(N = 758)	(N = 361)	(N = 874)
	%	%	%	%	%	%
Always	24	31	24	20	25	18
Usually	50	54	51	48	41	47
Sometimes	17	11	17	21	21	22
Never	9	5	8	11	13	13
Total	100	100	100	100	100	100



Table 40: Dimension of Care: Kindness and Respect: Question-level results by AHS zone

Q11: In the last 6 months, how often did you see the nurses and aides treat your family member with courtesy and respect?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,381)	(N = 1,068)	(N = 1,324)	(N = 761)	(N = 362)	(N = 866)
	%	%	%	%	%	%
Always	74	78	75	73	73	71
Usually	22	18	21	23	23	26
Sometimes	3	3	3	3	4	3
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q12: In the last 6 months, how often did you see the nurses and aides treat your family member with kindness?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,378)	(N = 1,067)	(N = 1,323)	(N = 764)	(N = 361)	(N = 863)
	%	%	%	%	%	%
Always	71	74	70	70	71	70
Usually	25	22	26	26	26	26
Sometimes	3	3	3	4	2	3
Never	≤1	≤1	≤1	≤1	≤1	2
Total	100	100	100	100	100	100

Q13: In the last 6 months, how often did you feel that the nurses and aides really cared about your family member?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,359)	(N = 1,062)	(N = 1,320)	(N = 760)	(N = 357)	(N = 860)
	%	%	%	%	%	%
Always	53	54	52	55	54	49
Usually	37	38	38	35	36	39
Sometimes	9	8	9	10	10	10
Never	≤1	≤1	1	≤1	≤1	≤1
Total	100	100	100	100	100	100



Q14: In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,368)	(N = 1,065)	(N = 1,326)	(N = 758)	(N = 356)	(N = 863)
	%	%	%	%	%	%
Yes	8	6	9	7	6	10
No	92	94	91	93	94	90
Total	100	100	100	100	100	100

Q23: In the last 6 months, how often did the nurses and aides handle this situation in a way that you felt was appropriate? (Among those who answered YES to Q22)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,202)	(N = 290)	(N = 402)	(N = 171)	(N = 104)	(N = 235)
	%	%	%	%	%	%
Always	59	59	62	53	63	55
Usually	33	34	29	37	31	36
Sometimes	7	6	7	9	5	8
Never	≤1	1	≤1	0	2	≤1
Total	100	100	100	100	100	100



Table 41: Dimension of Care: Providing Information and Encouraging Family Involvement: Question-level results by AHS zone

Q26: In the last 6 months, how often did you get this information as soon as you wanted? (Among those who answered YES to Q25)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 3,752)	(N = 945)	(N = 1,135)	(N = 630)	(N = 309)	(N = 733)
	%	%	%	%	%	%
Always	48	50	44	49	52	47
Usually	40	38	41	40	40	40
Sometimes	12	11	13	11	7	12
Never	≤1	≤1	≤1	≤1	≤1	1
Total	100	100	100	100	100	100

Q27: In the last 6 months, how often did the nurses and aides explain things in a way that was easy for you to understand?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,359)	(N = 1,057)	(N = 1,309)	(N = 761)	(N = 363)	(N = 869)
	%	%	%	%	%	%
Always	65	65	62	67	69	67
Usually	28	29	30	25	27	26
Sometimes	5	5	6	6	3	6
Never	2	1	2	1	≤1	2
Total	100	100	100	100	100	100

Q28: In the last 6 months, did nurses and aides ever try to discourage you from asking questions about your family member?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,411)	(N = 1,073)	(N = 1,333)	(N = 762)	(N = 364)	(N = 879)
	%	%	%	%	%	%
Yes	2	2	2	1	3	2
No	98	98	98	99	97	98
Total	100	100	100	100	100	100

Q41: In the last 6 months, did you ever stop yourself from talking to any supportive living facility staff about your concerns because you thought they would take it out on your family member?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 2,056)	(N = 469)	(N = 603)	(N = 354)	(N = 177)	(N = 453)
	%	%	%	%	%	%
Yes	16	15	17	12	13	21
No	84	85	83	88	87	79
Total	100	100	100	100	100	100



Q44: In the last 6 months, how often were you involved as much as you wanted to be in the decisions about your family member's care? (Among those who answered YES to Q43)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 3,761)	(N = 940)	(N = 1,127)	(N = 633)	(N = 318)	(N = 743)
	%	%	%	%	%	%
Always	62	64	61	60	62	61
Usually	31	29	30	32	31	31
Sometimes	7	6	8	7	5	7
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q59: In the last 6 months, how often did you get all the information you wanted about payments or expenses? (Among those who answered YES to Q58)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,446)	(N = 385)	(N = 448)	(N = 220)	(N = 133)	(N = 260)
	%	%	%	%	%	%
Always	65	68	63	63	64	67
Usually	23	23	25	22	23	19
Sometimes	10	8	9	11	11	12
Never	2	1	3	4	2	2
Total	100	100	100	100	100	100



Table 42: Dimension of Care: Meeting Basic Needs: Question-level results by AHS zone

Q16: Did you help your family member with eating because nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q15)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 982)	(N = 210)	(N = 273)	(N = 158)	(N = 91)	(N = 250)
	%	%	%	%	%	%
Yes	24	21	21	28	22	27
No	76	79	79	72	78	73
Total	100	100	100	100	100	100

Q18: Did you help your family member with drinking because the nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q17)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 861)	(N = 178)	(N = 229)	(N = 134)	(N = 93)	(N = 227)
	%	%	%	%	%	%
Yes	25	22	22	25	25	30
No	75	78	78	75	75	70
Total	100	100	100	100	100	100

Q20: Did you help your family member with toileting because the nurses or aides either didn't help or made him or her wait too long? (Among those who answered YES to Q19)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,002)	(N = 233)	(N = 320)	(N = 180)	(N = 68)	(N = 201)
	%	%	%	%	%	%
Yes	38	31	38	40	31	46
No	62	69	62	60	69	54
Total	100	100	100	100	100	100



Additional care questions

Table 43: Additional care questions by AHS zone

Q24: In the last 6 months, how often did the nurses and aides treat you [the respondent] with courtesy and
respect?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,431)	(N = 1,079)	(N = 1,334)	(N = 769)	(N = 369)	(N = 880)
	%	%	%	%	%	%
Always	81	83	82	83	79	77
Usually	17	15	16	16	20	22
Sometimes	1	2	1	1	1	1
Never	≤1	≤1	≤1	0	≤1	≤1
Total	100	100	100	100	100	100

Q29: In the last 6 months, how often is your family member cared for by the same team of staff?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,219)	(N = 1,023)	(N = 1,278)	(N = 726)	(N = 346)	(N = 846)
	%	%	%	%	%	%
Always	17	17	18	18	23	15
Usually	67	69	68	65	64	65
Sometimes	15	13	14	16	13	19
Never	≤1	≤1	≤1	≤1	≤1	1
Total	100	100	100	100	100	100

Q30: In the last 6 months, how often did you feel confident that employees knew how to do their jobs?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,391)	(N = 1,071)	(N = 1,325)	(N = 752)	(N = 363)	(N = 880)
	%	%	%	%	%	%
Always	45	46	46	45	45	41
Usually	45	46	44	44	45	48
Sometimes	10	7	10	11	10	11
Never	≤1	≤1	1	≤1	≤1	≤1
Total	100	100	100	100	100	100



	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,403)	(N = 1,074)	(N = 1,326)	(N = 762)	(N = 367)	(N = 874)
	%	%	%	%	%	%
Always	86	87	85	87	84	84
Usually	12	12	12	11	14	13
Sometimes	1	1	2	1	1	2
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q34: In the last 6 months, did you ever see the nurses and aides fail to protect any resident's privacy while the resident was dressing, showering, bathing, or in a public area?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,341)	(N = 1,059)	(N = 1,313)	(N = 749)	(N = 364)	(N = 856)
	%	%	%	%	%	%
Yes	3	2	3	3	4	2
No	97	98	97	97	96	98
Total	100	100	100	100	100	100

Q38: At any time during the last six months, were you ever unhappy with the care your family member received at the supportive living facility?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,389)	(N = 1,073)	(N = 1,326)	(N = 756)	(N = 364)	(N = 870)
	%	%	%	%	%	%
Yes	29	26	28	28	30	34
No	71	74	72	72	70	66
Total	100	100	100	100	100	100

Q40: How often were you satisfied with the way the supportive living staff handled these problems? (Among those who answered YES to Q39)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,137)	(N = 260)	(N = 330)	(N = 188)	(N = 97)	(N = 262)
	%	%	%	%	%	%
Always	13	15	13	14	12	11
Usually	43	43	42	39	43	48
Sometimes	37	35	38	41	40	34
Never	6	7	7	5	4	6
Total	100	100	100	100	100	100



	• • •		g at this facility			
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,322)	(N = 1,060)	(N = 1,302)	(N = 742)	(N = 355)	(N = 863)
	%	%	%	%	%	%
Yes	67	74	66	63	61	65
No	33	26	34	37	39	35
Total	100	100	100	100	100	100
Q45: In the las	st 12 months, hav	e you been part	of a care confe	erence, either in	person or by pl	none?
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,412)	(N = 1,082)	(N = 1,339)	(N = 754)	(N = 358)	(N = 879)
	%	%	%	%	%	%
Yes	73	75	73	71	70	76
No	27	25	27	29	30	24
Total	100	100	100	100	100	100
or by phone?	u given the oppo	Calgary	Edmonton			-
	Alberta	Zone	Zone	Central Zone	North Zone	South Zone
	(N = 1,058)	(N = 247)	(N = 330)	(N = 193)	(N = 97)	(N = 191)
	%	%	%	%	%	%
Yes	23	26	17	19	33	29
No	77	74	83	81	67	71
Total	100	100	100	100	100	100
Q50: In the las	st 6 months, how	often did you fe	el like your fam	nily member is s	afe at the facilit	y?
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,409)	(N = 1,075)	(N = 1,336)	(N = 759)	(N = 361)	(N = 878)
	%	%	%	%	%	%
Always	66	70	64	68	64	63
Usually	30	27	32	29	30	33
Sometimes	3	2	4	3	5	4
Never	≤1	≤1	≤1	≤1	1	≤1
			100	100	100	100



Q51: In the last 6 months, did you help with the care of your family member when you visited?							
	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone	
	(N = 4,381)	(N = 1,069)	(N = 1,326)	(N = 754)	(N = 357)	(N = 875)	
	%	%	%	%	%	%	
Yes	65	66	66	62	66	64	
No	35	34	34	38	34	36	
Total	100	100	100	100	100	100	

Q52: Do you feel that supportive living staff expect you to help with the care of your family member when you visit?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,325)	(N = 1,059)	(N = 1,308)	(N = 745)	(N = 352)	(N = 861)
	%	%	%	%	%	%
Yes	13	12	12	11	15	14
No	87	88	88	89	85	86
Total	100	100	100	100	100	100

Q54: In the last 6 months, how often did your family member receive all of the healthcare services and treatments they needed?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,363)	(N = 1,069)	(N = 1,320)	(N = 752)	(N = 359)	(N = 863)
	%	%	%	%	%	%
Always	56	60	55	55	55	56
Usually	37	35	38	37	38	37
Sometimes	6	5	6	8	6	6
Never	≤1	≤1	≤1	≤1	≤1	≤1
Total	100	100	100	100	100	100

Q55: In the last 6 months, how often did you have concerns about your family member's medication?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 4,366)	(N = 1,063)	(N = 1,324)	(N = 752)	(N = 355)	(N = 872)
	%	%	%	%	%	%
Always	3	2	3	3	3	3
Usually	4	3	5	3	5	4
Sometimes	41	39	41	42	41	42
Never	52	55	51	52	50	51
Total	100	100	100	100	100	100



Q57: In the last 6 months, how often were your concerns about your family member's medication resolved?
(Among those who answered YES to Q56)

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,885)	(N = 428)	(N = 584)	(N = 330)	(N = 156)	(N = 387)
	%	%	%	%	%	%
Always	47	51	46	48	46	46
Usually	38	37	38	38	37	39
Sometimes	13	11	13	12	15	13
Never	2	≤1	3	3	3	2
Total	100	100	100	100	100	100

Q60: Does your family member's facility have a resident and family council?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 1,530)	(N = 345)	(N = 397)	(N = 230)	(N = 161)	(N = 397)
	%	%	%	%	%	%
Yes	84	88	82	78	79	89
No	16	12	18	22	21	11
Total	100	100	100	100	100	100

Q61: In the last 6 months, how often were the people in charge available to talk with you?

	Alberta	Calgary Zone	Edmonton Zone	Central Zone	North Zone	South Zone
	(N = 3,807)	(N = 912)	(N = 1,166)	(N = 662)	(N = 327)	(N = 740)
	%	%	%	%	%	%
Always	42	42	40	40	47	46
Usually	41	42	42	41	40	39
Sometimes	14	14	15	16	11	13
Never	2	2	3	2	2	2
Total	100	100	100	100	100	100



APPENDIX VIII: GLOBAL OVERALL CARE RATING REGRESSION MODELS

Model description – Dimension of Care variables

To simplify interpretation of the data, questions that measure a common attribute of care were combined into single variables called *Dimensions of Care*. These summary variables are the weighted average scores of all questions within each dimension.

In this section, a regression model was developed to identify Dimensions of Care with the strongest relationship to the Global Overall Care Rating. This provides a better understanding of which factors impact the Global Overall Care Rating and may provide useful information for quality improvement.

See Appendix II for more information on survey response scoring.

Regression models

A regression model was used to identify relationships with the Global Overall Care Rating. This model was calculated from 3,487 respondents and explains 61.5 per cent of the variance in the Global Overall Care Rating score.

The model included the following confounding variables: age of respondent, gender of respondent, expected permanency at the facility, ownership type, and peer group (based on geography and number of supportive living beds). The selection of confounding variables was initially based on variables described in resident and respondent characteristics (Appendix V). These variables were then analyzed according to the strength of their relationship to the Global Overall Care Rating based on *p*-values and standardized beta coefficients. Select variables were excluded from the model because these:

- were not significantly related to Global Overall Care Rating (p > 0.01) and had the smallest beta coefficients relative to other confounders
- did not substantially impact the variance explained upon their removal from the model (61.6 per cent when all confounders were included versus 61.5 per cent when limited to the final selection of confounders)

Confounders that were excluded were: family member education, family member language, experience with resident care, shared room, frequency of visits, resident age, resident gender, resident ability to make decisions, length of stay, and level of care.



The regression model (Table 44) offers evidence that respondents' scores on the Dimensions of Care and Food Rating Scale significantly predict Global Overall Care Rating, and are ordered below from strongest to weakest influence on the Global Overall Care Rating:

- 1. Staffing, Care of Belongings, and Environment
- 2. Kindness and Respect
- 3. Food Rating Scale
- 4. Providing Information and Encouraging Family Involvement
- 5. Meeting Basic Needs

Table 44: Regression model – Dimensions of Care versus Global Overall Care Rating adjusted for confounders

Dimension of Care and Food Rating Scale	Standardized beta coefficients				
Staffing, Care of Belongings, and Environment	0.339				
Kindness and Respect	0.238				
Food Rating Scale (0 to 100)	0.232				
Providing Information and Encouraging Family Involvement	0.162				
Meeting Basic Needs	0.061				
Other model characteristics					
Constant	0.491				
N	3,487				
R-Squared	0.615				
Adjusted R-Squared	0.614				
p-value	<0.0001				

Note: Confounding variables include: age of respondent, gender of respondent, expected permanency at the facility, ownership type, and peer group.



210, 811 – 14 Street NW Calgary, Alberta, Canada T2N 2A4 T: 403.297.8162 F: 403.297.8258 E: info@hqca.ca www.hqca.ca