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# Warehousing our seniors

"The bed spaces were smaller than what you would get in a hospital today. We tried to personalize the space, but it was impossible."

Morris said it's unethical for the government to force seniors into such crowded quarters.

A Ministry of Health statement reads in part: "The ministry understands single occupancy rooms are ideal and we are committed to creating a baseline inventory to track and monitor progress on the number of single occupancy rooms renovated and built."

Since 2000, all newly licensed residential care facilities under the Community Care and Assisted Living Act have been required to provide private bedrooms to residents, with the following caveat:

"New facilities licensed since that time have been permitted to house up to five per cent of residents in double occupancy rooms, as long as certain conditions are met. This helps to allow for flexibility, and also helps to accommodate couples, for example."

There are no immediate plans to upgrade Willingdon Care Centre, nor a fixed timeline to redevelop any of the 11 other facilities where three or more seniors share a room, said Tasleem Juma of Fraser Health.

Under the Hospital Act, facilities in 2000 were "grandfathered" to allow for multiple-occupancy rooms. In Fraser Health, for instance, Queens Park Care Centre has 32 rooms shared by three or more seniors while Willingdon Care Centre has 10.

All of our new residential care facilities, including the 403 beds scheduled to open this spring, follow the legislated guidelines related to (single-room) occupancy," Juma said.

Morris said it isn't right that older facilities are allowed to operate under different rules.

"It is amazing to me that we put frail seniors into such horrible environments that do not come close to meeting the standards



Marie Morris got her 94-year-old mother, Rosa Pellizzari, moved from a four-person room at Willingdon Care Centre in Burnaby, above, to a single room at Normanna Rest Home in Burnaby, pictured at right.

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**ISOBEL MACKENZIE**  
B.C. SENIORS ADVOCATE

outlined in the Residential Care Act," she said.

Morris said she considered Willingdon Care Centre "overcrowded" and witnessed plenty of frustration among its residents.

"I wonder if that is one of the causes of seniors lashing out against one another or against the care providers," she said.

Mackenzie said her office is conducting a systemic review of resident-on-resident aggression in B.C. nursing homes.

"I think that those of us who have worked in the field all know significant agitation can arise by sharing a room. It's common sense," Mackenzie said.

Last year, there were more than 1,000 resident-on-resident assaults in B.C. nursing homes. Approximately 550 resulted in a senior requiring first aid or hospitalization. There have also been 16 deaths of seniors — mostly caused by other seniors

with dementia — in the past four years in B.C.

"With a dementia population, certain triggers can ignite outbursts of aggression, and for those sharing a room there's no possibility to escape that," Mackenzie said. "To me one of the solutions is they get their own room and bathroom. That should be the base level."

Morris said as soon as her mother was placed at Willingdon, she lobbied to move her. After 10 days, Pellizzari was moved to a single room in Normanna Rest Home in Burnaby.

"The difference is like night and day."

The Office of the Seniors Advocate says there are 44 facilities in B.C. that have rooms with three to five people sharing the space.

The B.C. Care Providers Association agrees rooms for three to five seniors should be phased out but still see a role for some double rooms. The organization,



which represents care providers who supply more than 60 per cent of the publicly funded beds in B.C., believes it's financially unsustainable to have 95 per cent of all residents in single-occupancy rooms.

"A facility with 100 beds that must have at least 95 per cent of the rooms as single rooms would cost a minimum of \$24,500,000 to build. If, instead, 75 per cent of the beds were single rooms, a facility with 100 beds would cost \$22,250,000 to build. This is a savings of \$2,250,000 in construction costs per care home, or a savings of almost 10 per cent of current construction costs," the report states. "These substantially lower construction costs would make operating a private care home in B.C. more sustainable in the long-run."

The association's CEO, Daniel Fontaine, said the industry is moving away from homes that have quad rooms, and as older

nursing homes are replaced they are building facilities where most rooms are singles.

But, he added, many of his association's members, who represent 145 of the 331 long-term care facilities in the province, already have empty beds in single rooms that could accommodate seniors living in multiple-resident rooms now. Members in Fraser Health, for instance, have 1,000 beds set aside for private clients, but 100 of these stand empty.

"If the Ministry of Health has it as a priority (for seniors in nursing homes to be in single rooms) I'm willing to sit at a table tomorrow with them to discuss a plan," Fontaine said. "A lot of this comes down to dollars and secondly to logistics. It's not something we've had a large discussion with them about existing capacity within care."

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