

FACILITY NAME: Central Care Home
 ADDRESS: _____
 FACILITY NUMBER: _____
 INSPECTION DATE (DMY): 08/07/2006
 FACILITY PHONE: _____
 TIME OF VISIT: 11:30
 MANAGER: Tim Ort
 LICENSEE CONTACT: _____
 CONTACT PHONE: _____
 TIME SPENT (Hrs. - Request 1/4): 3:15

POSTED
 JUN 21 2008
 SS

- INITIAL INITIAL PLAYGROUND
 ROUTINE ROUTINE PLAYGROUND
 COMPLAINT COMPLAINT PLAYGROUND
 FOLLOW-UP FOLLOW-UP PLAYGROUND

SERVICE TYPE	1
IN CARE @ TIME OF INSP.	
ENROLLMENT	

of STAFF: _____ # of VOLUNTEERS: _____
 GPS COORDINATES
 LAT: _____ N
 LONG: _____ W
 ACC: _____ m
 DATUM: _____
3.75 hours

CRITICAL HAZARD

These items relate to critical Health Hazards and MUST RECEIVE IMMEDIATE ATTENTION

1 EMERGENCY MANAGEMENT

- 101 Policies and Procedures
- 102 Equipment
- 103 Staffing

2 200 BEHAVIORAL POLICIES & PROC.

3 ENVIRONMENTAL HAZARDS

- 301 Storage Practices
- 302 Equipment/Furnishings
- 303 Structural/Maintenance
- 304 Hazardous Practices

4 HEALTH

- 401 Hygiene
- 402 Food Service
- 403 Communicable Disease Control

5 500 MEDICATIONS

OPERATION & MAINTENANCE

These items must be corrected within a designated time period.

6 ADMINISTRATION

- 601 Policies and Procedures
- 602 Staffing
- 603 Incident Reporting
- 604 Licensing
- 605 Records

7 700 NUTRITION/FOOD SERVICE

8 MEDICATION

- 801 Storage
- 802 Administration
- 803 Review

9 PHYSICAL FACILITY

- 901 Equipment/Furnishings
- 902 Structure
- 903 Maintenance and Housekeeping

PLAYGROUND

- 1000 Surfacing Depth and Quantity
- 1100 Maintenance
- 1210 Entrapment
- 1220 Protrusions
- 1230 Entanglement
- 1240 Crush or Shear Points
- 1250 Suspended Hazards
- 1400 Surfacing PSZ and NEZ
- 1600 Other
- 1700 Stable, Sturdy, Safely Constructed
- 1710 Age Appropriate
- 1800 Manufacture's Instructions
- 1910 No Indoor Playground Equipment
- 1920 No Outdoor Playground Equipment

cc Dan Stamet

CODE	FINDINGS AND ACTIONS REQUIRED	Correction Date
------	-------------------------------	-----------------

	licensing Nutritionist, Maria van Gloom and Diabetic Intern met with facility dietitian nutrition manager Sandy Behn and our QI coordinator	
	The purpose of this report is to inform an account of this scheduled routine inspection of nutrition and food service. The lunch meal service was observed on 4th floor dining room. The people in case on 4th floor have varying degrees of dementia and many required thick modified diets and beverages. 5000 resident	

FAXED
 Date: 08/07/06

HEALTH & SAFETY HAZARD RATING HIGH MODERATE LOW Issue Permit Issue Licence Conditions

FOLLOW UP YES NO Date (DMY) 08/07/2006

Next Routine Inspection (DMY) _____

RECEIVED BY: _____ PRINT NAME: _____ LICENSING OFFICER: _____

REFERENCE # F1805

Central Care Home

June 8, 2006

NAME

DATE

CODE	REMARKS	CORRECTION DATE
cont.	<p>Care Attendants were observed assisting persons in care with eating. The level of assistance appeared sufficient for the number of persons in care present. usually one TRCA would assist 2 persons in care.</p>	
	<p>Following this observation the facility's audit program was presented and found to meet licensing expectations</p>	
	<p>The following documentation was provided:</p>	
	<p>Week 4 Spring Summer 2006 menu, Week 4 Lunch Production sheet, copy of Membership Card 2006-07</p>	
	<p>Please provide these documents to licensing by July 8, 2006:</p>	
	<p>a) summary re education on completeness and accuracy of monthly weight including monitoring process</p>	
	<p>b) Audit schedule for 2006 and Completed audits so far.</p>	

thank you for your time

PAGE: 2 OF: 2

Received By: SJ

Printed Name: _____

Inspected By: _____

Printed Name: Kiana van Stum

CCFL Inspection

Facility Info for CENTRAL CARE HOME			
Address:	844 Johnson Street	Licencee:	Baptist Housing Care Homes Society
Municipality:	Victoria	Manager:	
Facility Number:	64000673	Facility Phone:	(250) 384-1313
Facility Type:		Facility Officer:	
Months Open:	12	Facility Office:	Saanich Office

Inspection Information	
Inspection Date:	25-Jul-2006
Inspection Type:	Non-Visit Follow-up
Officer (Primary):	van Sloun, Maria
Officer (Secondary):	
Inspection Report #:	MSLN-6S2UE6

Violation Overview	
Number of Critical Violations:	0
Number of Non-Critical Violations:	0

Inspection Summary	
Hazard Rating:	Low
Follow-up Inspection Required:	No

Comments/Attachments
<p>Re: Routine Inspection of Nutrition and Food Service - Report F1805, dated June 8, 2006:</p> <p>Licensing received the following documentation on July 10, 2006:</p> <ol style="list-style-type: none"> 1. Schedule and summary of required nutrition and food service audits, 2. Copies of the 2006 audits completed to date, 3. Copies of the 2006 Spring and Summer menus for both Mount Edwards Court and Central Care Home, and 4. The project report regarding resident weights at CCH. <p>Upon review of the documents, the Licensing Nutritionist determined that the audit program for 2006 exceeded the requirements of Section 7.8 of the Adult Care Regulations and was therefore acceptable to Licensing (even though the CCH schedule was different from the recommended schedule in Audits and More).</p> <p>Licensing looks forward to receiving a copy of the resident/family satisfaction survey after completion in late fall.</p> <p>Maria van Sloun, R.D. Licensing Nutritionist</p>