

FACILITY NAME <b>Central Care Home</b>		FACILITY NUMBER <b>64000673</b>	INSPECTION DATE (DMY) <b>20 Oct 2005</b>
ADDRESS <b>844 Johnson St.</b>		FACILITY PHONE <b>384-1313</b>	TIME OF VISIT <b>0930-1400</b>
MANAGER <b>Tim Orr</b>	LICENSEE CONTACT <b>BHCHS -</b>	CONTACT PHONE <b>11</b>	TIME SPENT (hrs. + nearest 1/4) <b>4.50</b>
<input type="checkbox"/> INITIAL <input type="checkbox"/> INITIAL PLAYGROUND		NUMBER OF STAFF <b>140</b>	
<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> ROUTINE PLAYGROUND	SERVICE TYPE <b>160</b>	NUMBER OF VOLUNTEERS <b>25</b>	
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> COMPLAINT PLAYGROUND	IN CARE @ TIME OF INSP. <b>146</b>	FACILITY VISIT TIME <b>0930</b>	
<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FOLLOW-UP PLAYGROUND	ENROLLMENT <b>146</b>	OFFICER <b>J. Vesely</b>	

**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 & PROCEDURES
- 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

**POSTED**

**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

cc: Sheda Rozee Seniors Health

CODE	FINDINGS AND ACTIONS REQUIRED	Correction Date
	Scheduled visit made today for the purpose of a routine inspection. J. Vesely, LO, + C. Kane, LO met by: Tim Orr, manager, and Carol Larsen, DOC. Physical tour of the facility provided by: Michelle Ray-Jones, manager of resident care.	
	Initial observation: many residents on all floors (2-5) in common areas, resting in chairs. Beauty salon open and busy, some residents in smoking area (designated outside), some attending reading on main floor.	next

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

FOLLOW UP  YES  NO Date (dmY) **30 Dec 2005** Next Routine Inspection (DMY) **20 Oct 2006**

RECEIVED BY *[Signature]* PRINT NAME **J. Vesely** LICENSING OFFICER *[Signature]* Page 1 of 4

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Community Care Facilities Licensing

INSPECTION SUPPLEMENTARY REPORT

REFERENCE # E0823

NAME: Central Care Home

DATE: Oct 20/05

CODE	REMARKS	CORRECTION DATE
	The following items were reviewed at the time of this visit and were found to be in compliance with the Community Care and Assisted Living Act (CCALA) + Adult Care Regulations (ACR).	
	<ul style="list-style-type: none"> <li>• physical plant - facility appears clean and in good repair. LO noted new safety bars on windows</li> <li>• Staffing - 10 random records reviewed by LO.</li> <li>• Licensing</li> <li>• Incident Reporting</li> </ul>	
	The following items were reviewed and found to be in non-compliance with the CCALA + ACR:	
801	<ul style="list-style-type: none"> <li>• Medications - observations: tape applied to the back of blister packs containing medication for residents. 500 Rm 409 - 502 noted in reviewing 2100 medications. (4th floor)</li> </ul>	
	Legislation = ACR 8-4(5)	

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Community Care Facilities Licensing

INSPECTION SUPPLEMENTARY REPORT

REFERENCE # E0823

Central Care Home

Oct. 20/05

NAME

DATE

CODE	REMARKS	CORRECTION DATE
801	<p>Corrective Action: please consult with pharmacy in solving this problem. Tape should not be <del>put</del><sup>in</sup> administered to packaging to retain resident medication</p> <p>• Policies + procedures: Observations: Policies and procedures required by licensing are available, however, are dated. Incident reporting policy to include definitions of reportable incidents, as defined in schedule 1 of ACR.</p> <p>Legislation: ACR 9 + ACR 10.6(3)</p>	<p>Dec 20/05</p> <p>Current Review dates: care plans = 2003 May fall prevention = Nov 1999 incident report = March 03 restraints = Feb 04 CDC = Nov 09</p>
601	<p>Corrective Action: please review and revise policies regularly and document such review. please include schedule 1 of ACR in incident reporting policy.</p> <p>• Records - observations: Policies around resident care (bowel routine, mouth care, ...) mention daily documentation of such, however ADL record document for staff to record such are not complete. Resident charts include 522 (214), 522 (207), 522 (224), 522 (217), 522 (202), 522 (215), + 522 (234) ADL records in chart not filled in/completed. Some of these resident</p>	<p>Jan 31 2006</p> <p>Dec 20/05</p>

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Dec 2004

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Community Care Facilities Licensing

# INSPECTION SUPPLEMENTARY REPORT

REFERENCE # E0823

NAME Central Care Home

DATE Oct. 20/05

CODE	REMARKS	CORRECTION DATE
	charts are also missing Tb Screening tests and the charts with Tb tests 1502-214, 302-207, 302-215 had the Tb test/Screening in different sections of the chart (Dr.'s orders, labs).	
	Legislation: ACR 4(3)(d) + ACR 4(3)(a)	
605	Corrective Action: ENSURE ALL records are completed by staff as documentation of daily care of residents. obtain missing Tb test/Screening form for resident records. →	Dec 20/05
	When corrective actions complete, please notify licensing in writing: fax = 475-5130 e-mail: julie.vesely@vha.ca Thank you for your time.	Jan 10/06

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Dec 2004

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