

FACILITY NAME <b>HART House</b>		FACILITY NUMBER	INSPECTION DATE (DMY) <b>25 JAN 2005</b>
ADDRESS <b>1961 FAIRFIELD RD.</b>		FACILITY PHONE <b>598-3542</b>	TIME OF VISIT <b>1030</b>
MANAGER <b>MELANIE SUNDQUIST.</b>	LICENSEE CONTACT <b>BOB WHITE.</b>	CONTACT PHONE <b>above.</b>	TIME SPENT (Hrs. - nearest 1/4) <b>1 HR 30 MIN</b>
<input type="checkbox"/> INITIAL <input type="checkbox"/> INITIAL PLAYGROUND		1	2
<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> ROUTINE PLAYGROUND	SERVICE TYPE <b>100.</b>	3	4
<input type="checkbox"/> COMPLAINT <input type="checkbox"/> COMPLAINT PLAYGROUND	IN CARE @ TIME OF INSP. <b>16.</b>	NUMBER OF STAFF	
<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> FOLLOW-UP PLAYGROUND	ENROLLMENT <b>16</b>	NUMBER OF VOLUNTEERS	
		FACILITY VISIT TIME	
		OFFICER <b>Myles Kemner</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

**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

CODE FINDINGS AND ACTIONS REQUIRED Correction Date

	<p><i>Purpose: Planned inspection for purpose of reviewing new construction / renovation of facility. Licensing Officer Myles Kemner accompanied by licensee contact Bob White on inspection of facility.</i></p>	
	<p><i>Tour of facility.</i></p> <p><i>1st, Main &amp; 3rd floor of facility toured/inspected all resident bedrooms, common areas (lounge, dining, corridors, hair salon) tub rooms viewed. All areas appear to be in compliance in the applicable sections of the Community Care &amp; Assisted Living Act &amp; Adult Care Regulations. Refer to attached copy of facility plan check list.</i></p>	

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

FOLLOW UP  YES  NO Date(DMY) Next Routine Inspection(DMY)

RECEIVED BY *[Signature]* PRINT NAME **Robert White** LICENSING OFFICER *[Signature]* Page 1 of 1