



Licensing inspections are conducted as an audit or sampling process to assess compliance with the Act and Regulations at the time of inspection

INSPECTION REPORT

Community Care Facilities Licensing **E 0775**

FACILITY NAME Joan Crescent Manor		FACILITY NUMBER 4004121	INSPECTION DATE (DMY) 07 Oct 2005
ADDRESS 1045 Joan Crescent Victoria Bc V8S3L3		FACILITY PHONE 5951315	TIME OF VISIT 1:30
MANAGER Annemarie Seel	LICENSEE CONTACT same	CONTACT PHONE	TIME SPENT (Hrs - nearest 1/4) 3.0
<input type="checkbox"/> INITIAL	<input type="checkbox"/> INITIAL PLAYGROUND	1	2
<input checked="" type="checkbox"/> ROUTINE	<input type="checkbox"/> ROUTINE PLAYGROUND	3	4
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> COMPLAINT PLAYGROUND	NUMBER OF STAFF 13	
<input type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> FOLLOW-UP PLAYGROUND	NUMBER OF VOLUNTEERS	
SERVICE TYPE 102		FACILITY VISIT TIME	
IN CARE @ TIME OF INSP. 12		OFFICER Carla Kane	
ENROLLMENT 12/18			

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

CODE	FINDINGS AND ACTIONS REQUIRED	Correction Date
	Scheduled visit made today for the purpose of completing a routine inspection. Carla Kane LO + Julie Lesely LO met by Annemarie Seel + Lisa Blumenschein, manager + DOC respectively.	
	The following items were reviewed at the time of this visit & found to be in compliance with the Community Care + Assisted Living Act, & Adult Care Regulations. Physical Facility - Rooms #1, 2, 3, 4, 5, 6, 8, 11, 12, 13, 14, 15, 16, 17, 18, 20 viewed by LO's, as well as common areas. Incident Reporting Care Plans - LO's reviewed. client records + care plans Records - for	

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

FOLLOW UP YES NO Date (DMY) **07 Nov 2005** Next Routine Inspection (DMY) **07 Oct 2006**

RECEIVED BY **X** PRINT NAME **L. Blumenschein** LICENSING OFFICER **Carla Kane** Page 1 of **3**

JULY 2005 WHITE - OPERATOR YELLOW COPY - INTERNAL PINK COPY - LICENSING OFFICER

REFERENCE # E0775

Jean Crescent Manor

Oct 7/05
DATE

NAME

CODE	REMARKS	CORRECTION DATE
	The following items were reviewed at the time of this visit & found in non-compliance:	
601	<p><u>Policies + Procedures Observations Abuse reporting</u> ^{CK investigation} <u>policy missing definitions of types of abuse, investigation of incident appears under Director's responsibilities.</u></p> <p><u>No policies present for missing/wandering persons, Resident Finance, liabilities management, Dispute resolution, resident restraints.</u></p> <p><u>Legislation Sections 10.6(a), 10.8, 10.14(a-d), 4(3)(b-e), 10.7 of Adult Care Regulations.</u></p> <p><u>Corrective Action</u> Add definitions of abuse to abuse policy's correct investigation duties to be written as responsibility of Licensing.</p> <p>missing policies to be added to policy/procedure manual for home.</p>	Nov 7/05
802	<p><u>Medications Observations</u> Two medications listed on MAR's discontinued in June + July 2005 - still appearing on MAR's</p> <p><u>Legislation section 8.5(b) of ACR.</u></p> <p><u>Corrective Action</u> Home responsible for notifying pharmacy <u>Nov 1</u> of discontinued medication: then pharmacist is to <u>Oct 31/05</u> remove med from MAR.</p>	

PAGE 2 OF: CK

3

Received By: [Signature]

Printed Name: Lisa Blumenschein

Inspected By: [Signature]

Printed Name: _____



Community Care Facilities Licensing

INSPECTION SUPPLEMENTARY REPORT

REFERENCE # E0775

NAME Joan Crescent Manor

DATE Oct 7/05

CODE	REMARKS	CORRECTION DATE
	Items not reviewed today:	
602	Staffing - Staff worksheet left for Lisa/Annemarie to complete; return to Licensing.	Nov 1/05
	Notify LO in writing when all corrective action complete. Fax 475 5130 Email carla.kane@vaha.ca.	

Received By: [Signature]

Printed Name: Lisa Blumenschein

Inspected By: [Signature]

Printed Name: _____

CCFL Inspection

Facility Info for JOAN CRESCENT MANOR

Address:	1045 Joan Crescent	Licencee:	Annemarie Seel
Municipality:	Victoria	Manager:	
Facility Number:	4004121	Facility Phone:	(250) 595-1315
Facility Type:	Adult Residential Care - 100	Facility Officer:	
Months Open:	12	Facility Office:	Saanich Office

Inspection Information

Inspection Date:	28-Feb-2006
Inspection Type:	Non-Visit Follow-up
Officer (Primary):	Vesely, Julie
Officer (Secondary):	
Inspection Report #:	JVEY-6MFSQT
Linked to Playspace Inspection:	Adult Care performed on
	Unlink Open

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

Fax received from Annemarie Seel, Licensee regarding outstanding corrective items from inspection E0775 - staffing and medication.

Medication: A. Seel states that L. Blumenschein, Director of Care, has notified the Pharmacy and discontinued medications have been removed from MAR's.

Staffing: Staff information resubmitted by A. Seel as it was previously incomplete. In reviewing the recent submission, there are 3 staff who appear to not have medical certificates and one staff without a record of a TB test. A. Seel notes in the fax that arrangements have been made for these staff to obtain the required documentation.

All items of corrective action from inspection E0775 have been addressed.