



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

# INSPECTION REPORT

## Community Care Facilities Licensing F 1817

FACILITY NAME <b>Oak Bay Lodge</b>		FACILITY NUMBER <b>64003470</b>	INSPECTION DATE (DMY) <b>23 / 11 / 2006</b>
ADDRESS <b>Oak Bay Ave 2251 Cadboro Bay Rd.</b>		FACILITY PHONE <b>370-6606</b>	TIME OF VISIT <b>11:00 am</b>
MANAGER <b>Mary Sauder</b>	LICENSEE CONTACT	CONTACT PHONE	TIME SPENT (Hrs. - nearest 1/4) <b>2 hours</b>

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

SERVICE TYPE	1	2	<b>POSTED</b>
IN CARE @ TIME OF INSP.	100		NOV 27 2006
ENROLLMENT	299		MB

# of STAFF:      # of VOLUNTEERS:

GPT COORDINATES

LAT: ##### N

LONG: ##### W

ACC: **Nov 27 06**

DATUM: #####

### 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

Seniors Health - Dan Slam

CODE      FINDINGS AND ACTIONS REQUIRED      Correction Date

	Unannounced visit made for the purpose of completing a complaint inspection. Licensing Officers E Bergen + L Grant met by Melanie Hennig, Director of Care, and Team Leader.	
	Family member contacted Licensing to express concern regarding facility follow up to Nov 21st fall of resident 522. Also expressed concern regarding accessing information about the fall and residents current medications.	

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

FOLLOW UP  YES  NO Date (mm) DD / MMM / YYYY      Next Routine Inspection (DMY) DD / MMM / YYYY

RECEIVED BY **M. Hennig**      PRINT NAME **Melanie Hennig**      LICENSING OFFICER **E Bergen / L Grant**      Page 1 of **3**

Mar. 2006

REFERENCE #

F1817

Oak Bay Lodge

Nov 23, 2006

NAME

DATE

Nov 27/06

CODE	REMARKS	CORRECTION DATE
	<p>Licensing Officers reviewed the following documentation:</p> <ul style="list-style-type: none"> <li>- resident's care plan</li> <li>- resident's progress notes</li> <li>- physician medication orders</li> <li>- MARS</li> <li>- internal incident report re fall</li> </ul> <p>Staff appear to have followed facility protocols and taken appropriate action re assessing resident after fall, and documenting same.</p> <p>Discussion held re information available to family members regarding incidents and medication. Policy of Information + Disclosure Policy reviewed and discussed. Facility appears to be following policy and providing information as appropriate.</p> <p>Family member noted to have been very concerned re residents care and access to information when residents was in VHA acute care. Facility has plan in place to meet family members need for information + reassurance</p>	

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Received By:

M. Hennig

Printed Name:

Melanie Hennig

Inspected By:

E Bergen / h. Grant

Printed Name:

