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INSPECTION REPORT

Community Care Facilities Licensing D 0493

FACILITY NAME Parkwood Court		FACILITY NUMBER 4020121	INSPECTION DATE (DMY) 26/ Apr / 2005			
ADDRESS 3000 Shelburne Street Victoria V8R4M8		FACILITY PHONE 5987372	TIME OF VISIT 09:30			
MANAGER Jan Bard	LICENSEE CONTACT Frank Cerrone	CONTACT PHONE (416) 928-6472	TIME SPENT (Hrs - nearest 1/4) 4.5			
TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> COMPLAINT <input type="checkbox"/> FOLLOW-UP	SERVICE TYPE 102 IN CARE @ TIME OF INSP. ENROLLMENT 86	1	2	3	4	OFFICE TIME
						FIELD TIME
						TRAVEL TIME
						OFFICER Carla Kane

- 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

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RECEIVED
APR 28 2005

CODE	FINDINGS AND ACTIONS REQUIRED	Correction Date
	cc Pat Gibbs.	
	<p>Scheduled visit made today for the purpose of completing a routine inspection. Carla Kane LO + Marcia Thorneycroft LO met by Jan Bard, ex Dir. + Jan Bolton, DOC.</p> <p>Tour of facility provided by Ms Bard + Ms Bolton. The following items were reviewed at the time of this inspection and found to be in compliance with the Community Care + Assisted Living Act + Adult Care Regulations:</p> <ul style="list-style-type: none"> - Physical facility - LO reviewed rooms: #17, 211, 233 + 235. + All three floors of facility. - Careplans - reviewed for second floor 	

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

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

RECEIVED BY J.R. Bolton	PRINT NAME J. Bolton	LICENSING OFFICER Carla Kane	Page 1 of 2
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H:\FORMS\CARE FACILITY INSPECTION REPORT-JUNE 2003 WHITE - OPERATOR YELLOW COPY - INTERNAL PINK COPY - LICENSING OFFICER



Health Protection / Community Care Facilities Licensing

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INSPECTION REPORT

Parkwood Court
NAME

REFERENCE # D0493
DATE April 26/05

ADDRESS

CITY

LICENCE #

POSTAL CODE

TELEPHONE

MANAGER

Re

CODE	REMARKS	CORRECTION DATE
	- Resident Records # 110, 117, 133, 247, 237, 203, 211 - Infection control + Influenza management - VITA manual used. - Medication storage + MAR binders for first floor - Blisterpacks for 0800 first floor + 1200 second floor meds.	
	The following item was renewed + found to be in non-compliance with the CCALA + ACR:	
601	<u>Policies + Procedures Observations</u> No references to role of Licensing in investigations of allegations of abuse (resident) or incident reporting	
	<u>Legislation</u> Sections 10.6(3) + 10.7(2) of the ACR	
	<u>Corrective Action</u> Please revise ^{resident} abuse + incident reporting policies to include references to Licensing's role to ensure staff are aware of Licensing responsibilities. Notify LO when policies have been amended.	Oct 30/2005
	Fax 475 5130	

Received By: *J. R. Botten*

Printed Name:

Inspected By: *Carla*

Printed Name: