

INSPECTION REPORT

Community Care Facilities Licensing F 1218

FACILITY NAME: **SUNSET LODGE**

ADDRESS: **952 ~~ST~~ ARM STREET**

MANAGER: **CAPT. G. BROWN**

LICENSEE CONTACT: **MAJOR ~~ROBERT~~ BLACKMAN**

FACILITY NUMBER: **4079058**

INSPECTION DATE (DMY): **10/19/2006**

FACILITY PHONE: **385 3422**

TIME OF VISIT: **14:00 hrs.**

CONTACT PHONE: **14**

TIME SPENT (Hrs. - nearest 1/4): **1 1/2**

of STAFF: **30** # of VOLUNTEERS: **0**

GPS COORDINATES
LAT: ##### N
LONG: ##### W
ACC: ### m
DATUM: ### #

<input type="checkbox"/> INITIAL	<input type="checkbox"/> INITIAL PLAYGROUND	SERVICE TYPE	1	2	3	4
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> ROUTINE PLAYGROUND		100			
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> COMPLAINT PLAYGROUND		107			
<input checked="" type="checkbox"/> FOLLOW-UP	<input type="checkbox"/> FOLLOW-UP PLAYGROUND		108			

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 Manufacturer's Instructions
- 1910 No Indoor Playground Equipment
- 1920 No Outdoor Playground Equipment

CODE FINDINGS AND ACTIONS REQUIRED Correction Date

The purpose of this visit today was to discuss the facility reporting reportable incidents in compliance with the Community Care and Assisted Living Act and the Adult Care Regulations.

603 On October 19th 2006 request was made of ^{SR} for policy on reporting reportable incidents. E-mail reply stated that Sunset Lodge did not have a policy for reporting reportable incidents.

Legislation - Adult Care Regulations Section 9 and 10.6.

Present Captain Graham Brown, Manager

HEALTH & SAFETY HAZARD RATING HIGH MODERATE LOW

Issue Permit Issue Licence Conditions

FOLLOW UP YES NO Date (DMY) **10/19/2006**

RECEIVED BY *[Signature]* PRINT NAME **GRAHAM BROWN** Next Routine Inspection (DMY) **11/13/2006**

LICENSING OFFICER *[Signature]* Page 1 of 2

REFERENCE # F1218

NAME

SUNSET LODGE

DATE

1st DEC. 2006

✓ CODE	REMARKS	CORRECTION DATE
	<p><u>S22</u> Care co-ordinator <u>Lisa Grant L.O. and Celia Stocker L.O.</u> General Discussion - Reviewed note to file and history of licensing communication with Sunset Lodge since Aug 2006 regarding reportable incidents, late reporting and insufficient information. Discussed incident report no's G0106, G0150, G0069, G0105 and asked for further information. Demonstrated no. G0107 as excellent example which was sent in good time and filled in correctly. Captain Brown stated that only R.N's are responsible for filling in reportable incidents. Then to whom is for them to give to <u>S22</u> and then finally for Capt. Brown to sign giving back to <u>S22</u> to send to licensing. Corrective action - A policy is to be developed for Sunset Lodge for all reportable and non-reportable incidents by Dec. 15th The legislation states: "a licensee must develop and implement written policies to guide staff actions in all matters relating to the care of persons in care." Please send to licensing for approval.</p>	

Received By: [Signature]
 Printed Name: GRAHAM BROWN
 Inspected By: [Signature]
 Printed Name: CELIA STOCKER

CCFL Inspection

Facility Info for SUNSET LODGE - SALVATION ARMY			
Address:	952 Arm Street	Licencee:	Governing Council Of Salvation Army Canada West
Municipality:	Esquimalt	Manager:	Graham Brown
Facility Number:	4079058	Facility Phone:	(250) 385-3422
Facility Type:	Adult Residential Care - 100	Facility Officer:	Kane, Carla
Months Open:	12	Facility Office:	Saanich Office


Service Information	
Licence Type:	Licensed
Maximum Capacity:	108
Risk Rating:	Medium
Service Type:	100 Adult Residential Facility: Seniors - Funded

Inspection Information	
Inspection Date:	01-Dec-2006 <input type="checkbox"/>
Inspection Type:	Follow-up <input type="checkbox"/>
Officer (Primary):	Stocker, Celia <input type="checkbox"/>
Officer (Secondary):	
Inspection Report #:	F1218
Enrollment:	108 <input type="checkbox"/>
Number of Staff:	30
Number of Volunteers:	

Violation Overview	
Number of Critical Violations:	0
Number of Non-Critical Violations:	1

Observed Violations	
603 - Incident Reporting	

Inspection Summary	
Hazard Rating:	Low <input type="checkbox"/>
Follow-up Inspection Required:	Yes <input type="checkbox"/>
Follow-up Date:	15-Dec-2006

Comments/Attachments	
	
Sunset Lodge F1218.dot	

Received By

Printed Name:

Signature:
