



# INSPECTION REPORT

Community Care Facilities Licensing D 0284

FACILITY NAME Victoria Chimtown Care Centre		FACILITY NUMBER 4001005	INSPECTION DATE (DMY) 16/AUG/2005
ADDRESS 555 Herald St. Victoria V8W 1S5		FACILITY PHONE 381 4322	TIME OF VISIT 09:30
MANAGER Mary Sauder	LICENSEE CONTACT Kevin Sing	CONTACT PHONE 381 4322	TIME SPENT (Hours nearest 1/4) 3.5
TYPE		1	2
<input type="checkbox"/> INITIAL			
<input type="checkbox"/> ROUTINE	SERVICE TYPE	100	
<input type="checkbox"/> COMPLAINT	IN CARE @ TIME OF INSP.	31	
<input type="checkbox"/> FOLLOW-UP	ENROLLMENT	31	
		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

- EMERGENCY MANAGEMENT
  - 101 Policies and Procedures
  - 102 Equipment
  - 103 Staffing
- 200 BEHAVIORAL POLICIES & PROCEDURES
- ENVIRONMENTAL HAZARDS
  - 301 Storage Practices
  - 302 Equipment/Furnishings
  - 303 Structural/Maintenance
  - 304 Hazardous Practices
- HEALTH
  - 401 Hygiene
  - 402 Food Service
  - 403 Communicable Disease Control
- 500 MEDICATIONS

### OPERATION & MAINTENANCE

These items must be corrected within a designated time period.

- 6 ADMINISTRATION
  - 601 Policies and Procedures
  - 602 Staffing # Staff 36
  - 603 Incident Reporting
  - 604 Licensing
  - 605 Records
- 7  700 NUTRITION/FOOD SERVICE # Volunteers 2
- 8 MEDICATION
  - 801 Storage
  - 802 Administration
  - 803 Review
- 9 PHYSICAL FACILITY
  - 901 Equipment/Furnishings
  - 902 Structure
  - 903 Maintenance and Housekeeping

cc: Dan Slamet, HCRO

CODE FINDINGS AND ACTIONS REQUIRED Correction Date

Scheduled visit made today for the purpose of completing a routine inspection. Carla Kane LO (+ Elizabeth Bergental) met by Mary Sauder, manager. Tour of facility provided by Mary Sauder.

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:

- Medication Storage, Administration + Review -
- LO reviewed 1700 + HS blister packs for floors 1 + 2
- July MARs for residents 522
- Medication Advisory Committee review minutes posted in med room

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

FOLLOW UP  YES  NO Date (DMY) 30 Dec 2005 Next Routine Inspection (DMY) 16 Aug 2006

RECEIVED BY *[Signature]* PRINT NAME M. Sauder LICENSING OFFICER *[Signature]* Page 1 of 3

H.F. FORM 5 CARE FACILITY INSPECTION REPORT-JUNE 2003 WHITE - OPERATOR YELLOW COPY - INTERNAL PINK COPY - LICENSING OFFICER

NAME Victoria Chinatown

REFERENCE # D0284  
DATE Aug 16/05

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ LICENCE # \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MANAGER \_\_\_\_\_

Re \_\_\_\_\_

CODE \_\_\_\_\_ REMARKS \_\_\_\_\_ CORRECTION DATE \_\_\_\_\_

- Careplans + Records - (renewed records for) S22

- Incident Reporting - reviewed incident reporting with manager + non-reportable incident reports for July 2005

The following items were renewed at the time of this visit - found to be in non-compliance with the CCALA + ACR:

- Physical Facility Observations. Flooring in common areas (dining room, lounges) + in all hallways has been replaced in the last year. Paint in resident rooms + hallways + all common areas looking worn + chipping in many areas due to contact with furniture, mobility aids + equipment. Flooring in resident rooms looking worn.

Legislation Section 4(4)(m) + 5.22(1) of ACR

003 Corrective Action Manager reported that painting of hallways, common areas + resident rooms + resident room floor replacement is planned to occur in the next year. Facility to be maintained in a sanitary condition + a good state of repair. Submit a <sup>written</sup> plan regarding renovations / cosmetic upgrades with timelines for completion by Dec 31/05

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Received By: X [Signature]

Printed Name: \_\_\_\_\_

Inspected By: [Signature]

Printed Name: \_\_\_\_\_

REFERENCE # D0284  
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NAME Victoria Chinatown

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ LICENCE # \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ MANAGER \_\_\_\_\_

Re: \_\_\_\_\_

CODE \_\_\_\_\_ REMARKS \_\_\_\_\_ CORRECTION DATE \_\_\_\_\_

Observations  
- Policies + Procedures - Most policies date from 2003 - some have been revised in 2005. LO renewed policies re: resident trust accounts (2003), least restraint (2003), abuse/neglect (2005). Least restraint policy - restraints are to be approved by 2 members of the health care team - contrary to Section 10.9(2)(c) of the ACE. LO could not locate Incident Reporting policy.

Legislation Sections <sup>9</sup> 10.9(2)(c) + 10.6(3) of ACR.

103 Corrective Action Restraints to be approved in writing by person in care or substitute decision maker + physician. Incident reporting policy to be developed + implemented. Nov 30/05

Staffing Observations LO renewed staff files for TB test results not found for Legislation Section 6.2(a)(ii) + (b) 522

102 Corrective Action All staff to have TB testing prior to employment - records to be kept on file + accessible to Licensing. Nov 30/05

\*Notify LO in writing when all corrective action complete  
Fax 475 5130 email: carla.kane@viha.ca

Received By: X Mary [Signature]

Printed Name: \_\_\_\_\_

Inspected By: Carla Kane

Printed Name: \_\_\_\_\_