

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191500609
Report Date: 04/01/2021
Date Signed: 04/01/2021 03:31:18 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: SAN DIMAS RETIREMENT CENTER	FACILITY NUMBER: 191500609
ADMINISTRATOR: FERNANDA KEY	FACILITY TYPE: 740
ADDRESS: 834 WEST ARROW HIGHWAY	TELEPHONE: (909) 599-8441
CITY: SAN DIMAS	STATE: CA
CAPACITY: 343	ZIP CODE: 91773
TYPE OF VISIT: Case Management - Incident	CENSUS: 161
MET WITH: Administrator / Fernanda Key	DATE: 04/01/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 03:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joe Katrdzhyan conducted an unannounced case management visit to
2	this facility. Due to the situation surrounding the Coronavirus Disease 2019 (COVID-19), and to
3	implement mitigation measures, today's investigation was conducted telephonically with Fernanda Key,
4	the Administrator.
5	
6	During today's tele visit, LPA Katrdzhyan interviewed the Administrator and gathered additional details
7	surrounding the death of Resident #1 (R1), which occurred on 04/01/2021. The LPA also requested
8	copies of the following documents in reference R1. Documents were requested to be sent via email to
9	the LPA's attention by no later than the end of business day on 04/01/2021;
10	
11	• Admission Agreement • Pre-placement Appraisal Information • Functional Capability Assessment
12	• Physician's Report • Appraisal/Needs and Services Plan • List of Medications • Incident Report • Death
13	Report • Power of Attorney Documentation • LIC 621/Resident Personal Property And Valuables •
14	Resident Roster • Staff Roster.
15	
16	At this time, the investigation remains open as additional information is needed before a decision can be
17	rendered.
18	
19	A telephonic exit interview was conducted with Fernanda Key, and a hard copy was provided via email
20	for signature.
21	
22	
23	
24	
25	

Wei Siew Ho Joe Katrdzhyan



DATE: 04/01/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.