

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191592479

Report Date: 08/20/2021

Date Signed: 08/20/2021 04:54:10 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: ATRIA COVINA		FACILITY NUMBER:	191592479
ADMINISTRATOR: SUBASHSANI KUMAR		FACILITY TYPE:	740
ADDRESS: 825 W SAN BERNARDINO RD		TELEPHONE:	(626) 967-9621
CITY: COVINA	STATE: CA	ZIP CODE:	91722
CAPACITY: 90	CENSUS: 54	DATE:	08/20/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:30 PM
MET WITH: Irina Sarkisyan, Executive Director and Milred Pascual, Resident Services Director		TIME COMPLETED:	05:00 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Tao conducted an unannounced annual inspection		
2	visit. LPA met with Executive Director, Irina Sarkisyan and Resident Services		
3	Director, Mildred Pascual, both assisted with visit. The facility has a capacity of 90		
4	residents. It is licensed to serve elderly residents age 60 and above, approved for		
5	fifty-six (56) non ambulatory residents. The facility has eight (8) Hospice Waiver for		
6	on file. Four (4) residents are on hospice.		
7			
8			
9	During the visit, the infection control domain tool was used, a tour of the facility was		
10	conducted, food supply was reviewed, and medications were reviewed.		
11			
12			
13	The facility is a two-story building and 63 resident rooms. Resident rooms consisted		
14	of a bedroom, bathroom and closet. Bathrooms inspected were clean, operable, with		
15	the required grab bars and non-skid materials in the shower. Hot water temperature		
16	was in a range of 105.5 to 113.4 degrees Fahrenheit which was within Title 22		
17	Regulation guidelines. Adequate linen and personal hygiene supplies.		
18			
19			
20	The facility consists of seven (7) office rooms, reception area, beauty salon, med		
21	room, library, activity room, dining room, kitchen, two (2) laundry rooms, two (2)		
22	housekeeping storage rooms, staff lounge, and courtyard. Four (4) public restrooms		
23	are available which are clean and operational. Sufficient supply of perishable and		
24	nonperishable foods. Smoke detectors and carbon monoxide detectors are		
25	operable. (-continued in LIC 809 C-)		
Fernando Fierros			
Bonnie Tao			



DATE: 08/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/20/2021

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: ATRIA COVINA

FACILITY NUMBER: 191592479

VISIT DATE: 08/20/2021

NARRATIVE

1 Smoke detectors in the hallway and common areas are hard wired. They are
2 monitored by a fire alarm company. The facility has total of ten (10) fire
3 extinguishers. They are fully charged and last service was on December 20, 2020.
4 First aid kit is fully stocked with a manual. All mandated documents and signages
5 are posted in common areas. The outdoor activity area is free of visible hazards and
6 debris. There is shaded patio and garden areas with ample seating. Medications are
7 centrally stored and locked. Resident records inspected are current. Fire/
8 Emergency drill conducted on 7/26/2021. LPA checked the signal systems in
9 resident rooms and found system to be operable and staff responded to resident
10 rooms within five minutes.
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14 No deficiencies cited per California Code of Regulations, Title 22.
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16 An exit interview was conducted. This report is discussed and provided to facility
17 Administrator, whose signature on this form confirm receipt of these documents.
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SUPERVISOR'S NAME: Fernando Fierros

LICENSING EVALUATOR NAME: Bonnie Tao

LICENSING EVALUATOR SIGNATURE:

DATE: 08/20/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/20/2021

LIC809 (FAS) - (06/04)

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