

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191600749
Report Date: 05/20/2021
Date Signed: 05/20/2021 03:40:04 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY NAME: VILLA SORRENTO		FACILITY NUMBER:	191600749
ADMINISTRATOR: CARLA CHAN		FACILITY TYPE:	740
ADDRESS: 23450 MADISON		TELEPHONE:	(310) 539-6826
CITY: TORRANCE	STATE: CA	ZIP CODE:	90505
CAPACITY: 145	CENSUS: 74	DATE:	05/20/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:12 PM
MET WITH: Carla Chan-Administrator		TIME COMPLETED:	04:00 PM

NARRATIVE	
1	On 05/20/21, Licensing Program Analyst (LPA) Stephanie Cifuentes conducted an unannounced annual
2	required visit with a primary focus on Infection Control measures using the new CARE Inspection Tool.
3	LPA met with administrator Carla Chan and explained the purpose of today's visit. The facility is licensed
4	for one hundred and forty-five (145) residents, of which eighty-four (84) may be non-ambulatory, ten (10)
5	which may be bedridden on first floor only, and also includes Hospice waiver for ten (10)
6	
7	The facility is a two-story structure consisting of the following: one hundred and nine (109) resident
8	rooms with attached baths, lounges, activity rooms, outdoor patio with shaded gazebo, dining area,
9	kitchen and pantry.
10	
11	LPA and administrator toured the physical plant. There were no bodies of water or obstructions on the
12	premises. Beds and bedding supplies were in good condition, adequate lighting provided, storage for
13	client personal belongings was observed. Bed linens, comforters, and bath towels were adequately
14	stocked at the time of visit. Bathrooms were found to be within Title 22 regulations and were clean and
15	operational.
16	
17	LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage area
18	cleaning supplies, toxins, and sharps objects were stored and not accessible to clients. The kitchen was
19	inspected and there is sufficient perishable and non-perishable food available maintained properly.
20	Twenty-six (26) fire extinguishers were observed to be fully charged and every resident room had a
21	smoke detector.
22	
23	
24	During the visit, LPA observed the facility infection control practices. LPA observed screening protocol
25	for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff
	were wearing face coverings, LPA observed the facility has a 30-day supply of Personal Protective
	Equipment (PPE). All mandated inspection control posters were posted.
	No deficiencies were cited during this inspection visit.
	An exit interview was conducted, and a copy of this report was provided to Administrator Carla Chan.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Stephanie Cifuentes
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 05/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 05/20/2021

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