

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 191800633  
Report Date: 08/18/2021  
Date Signed: 08/18/2021 01:53:28 PM

**Document Has Been Signed on 08/18/2021 01:53 PM - It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	
FACILITY NAME: ST JOHN OF GOD RESIDENCE	FACILITY NUMBER: 191800633
ADMINISTRATOR: SABRINA TUCKER	FACILITY TYPE: 740
ADDRESS: 2468 SO. ST. ANDREWS PLACE	TELEPHONE: (323) 731-0641
CITY: LOS ANGELES	STATE: CA ZIP CODE: 90018
CAPACITY: 40	CENSUS: 13 DATE: 08/18/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Jennifer Pineda/ Sabrina Tucker	TIME COMPLETED: 01:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jade Jordan conducted a facility visit for an annual inspection, with an
2	emphasis on inspection control. Upon arrival LPA was screened for COVID-19 symptoms at the care
3	center. LPA was met by Administrative Assistant Jennifer Pineda, and was later joined by the
4	Administrator Sabrina Tucker. The facility is licensed to serve 40 non-ambulatory residents age 60 and
5	above, and has two floors.
6	
7	During today's visit, LPA toured rooms on the first and second floor. Room number: 230,
8	228, 221, 107, 121, 125, 128 were checked. LPA observed resident rooms to be clean, and free of odor.
9	The bedrooms have required furnishings including required bedding, adequate lighting, and
10	functioning bathrooms, with skid mats, and grab bars in place. Water basins were functioning, and free
11	of mold and debris. There is one activity room, kitchen, medication room, dining room, and patio. The
12	patio was enclosed, and one water fountain was observed. All walkways were clear and free of
13	obstructions and debris. The facility has central air and heating accommodations.
14	
15	LPA observed the kitchen located on the first floor, is used to keep meals warm before serving. The
16	commercial kitchen that food is prepared at is located at the skilled nursing facility on campus.
17	
18	LPA reviewed staff files, resident files, and medication records, files contained required
19	documentation, and
20	were up to date.
21	
22	LPA observed all staff to be wearing masks, and a 30-day supply of PPE was readily available.
23	
24	
25	An exit interview was conducted, and no citations were issued during this visit. A copy of this report was given.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Michael Cava
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Jade Jordan

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/18/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/18/2021

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