

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191800633
Report Date: 01/27/2025
Date Signed: 01/27/2025 02:57:23 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME: ST JOHN OF GOD RESIDENCE	FACILITY NUMBER: 191800633
ADMINISTRATOR/SABRINA TUCKER	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 2468 SO. ST. ANDREWS PLACE	TELEPHONE: (323) 731-0641
CITY: LOS ANGELES	STATE: CA
CAPACITY: 40; 40	ZIP CODE: 90018
TYPE OF VISIT: Required - 1 Year	CENSUS: 31
	DATE: 01/27/2025
	UNANNOUNCED TIME VISIT/INSPECTION BEGAN: 10:00 AM
MET WITH: OPHELIA CRUZ - PATIENT CARE COORDINATOR	TIME VISIT/INSPECTION COMPLETED: 02:54 PM

NARRATIVE	
1	On 01/27/2025, Licensing Program Analyst (LPA) Troy Watson conducted an
2	unannounced subsequent annual visit using the CARE Inspection Tool. LPA met with
3	the Patient Care Coordinator Ophelia Cruz. LPA Watson toured the physical plant
4	with the supervisor. There were no bodies of water or obstructions on the premises.
5	A total of(8) rooms were inspected. Beds and bedding supplies were in good
6	condition, adequate lighting was provided, and storage for the residents' personal
7	belongings was observed. Bathrooms were found to be within Title 22 regulations
8	and were operational. LPA inspected the smoke/carbon monoxide detectors combo
9	and found that they were recently inspected and in operable condition. The water
10	temperature properly measured between: 111.8 °F and 114°F, between the
11	bathrooms and in the kitchen.
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15	Evaluation Report Continues LIC 809-C
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NAME OF LICENSING PROGRAM MANAGER: Stephanie Cifuentes

NAME OF LICENSING PROGRAM ANALYST: Troy Watson
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 01/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 01/27/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
	EL SEGUNDO, CA 90245

FACILITY NAME: ST JOHN OF GOD RESIDENCE **FACILITY NUMBER:** 191800633
VISIT DATE: 01/27/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPA Troy Watson observed the facility to be clean, sanitary, and appropriately furnished at the time of the visit. Storage areas for personal hygiene were observed. Sharps objects in the facility kitchen and cleaning agents were locked and not accessible to residents. The kitchen was inspected and there is sufficient perishable and non-perishable food available at the property. All fire extinguishers were charged and were operable. The personnel files, resident files and MARs were reviewed. The first AID kits was checked and contained the correct manual, tweezers, scissors, tape, and gauze. LPA observed the facility's infection control practices. All required postings were displayed and present at the facility.</p> <p>An exit interview was conducted, and a copy of the Facility Evaluation Report was provided to Ophelia Cruz.</p>
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