

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 191805183
Report Date: 09/27/2025
Date Signed: 09/27/2025 02:17:04 PM

Document Has Been Signed on 09/27/2025 02:17 PM - It Cannot Be Edited

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

FACILITY NAME:	ST. JOHN OF KRONSTADT HOME	FACILITY NUMBER:	191805183
ADMINISTRATOR/LIANA VERTELKINA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	655 NO. SERRANO	TELEPHONE:	(323) 466-6467
CITY:	LOS ANGELES	STATE: CA	ZIP CODE: 90004
CAPACITY: 21		CENSUS: 14	DATE: 09/27/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:00 AM
		BEGAN:	
MET WITH:	Liana Vertelkina - Administrator	TIME VISIT/	
		INSPECTION	02:30 PM
		COMPLETED:	

NARRATIVE	
1	(PAGE 1) Licensing Program Analysts (LPA) Erica Mosley arrived at the facility unannounced to conduct
2	a required annual visit at 9:00 a.m. Upon arrival LPA was greeted by staff and explained the reason for
3	the visit and to call their Administrator. LPA met with Liana Vertelkina, Administrator who arrived shortly
4	after. The reason for the visit was explained. The LPA and Administrator toured the physical plant areas
5	inside and outside to ensure there are no health and safety hazards and facility is in compliance with
6	Title 22 Regulations.
7	The facility is licensed to serve 21 ambulatory only, residents over the age of 60. The facility is located in
8	a residential area and consist of a one story building with 19 resident rooms/with bathrooms, a
9	recreation room, kitchen, dining area, laundry room, medication room, 3 storage rooms, 3 community
10	showers, office, staff restroom and visitor restroom and outside shaded patio.
11	COMMON AREAS: This includes the recreation room, and dining area. At the time of the visit, furniture
12	in the common areas was observed to be in good condition. The facility maintained a comfortable
13	temperature. The fire extinguisher was observed and fully charged on 08/26/2025. The facility's smoke
14	alarms are hard wired, and the facility is equipped with sprinkler system. Fire alarm/sprinkler system
15	was last tested on 08/05/2025 and was found to be in compliance with Fire Code Regulations at the
16	time of inspection. The emergency exiting plans/sketch are posted. The emergency telephone numbers
17	are posted in the common hallway. The LPA observed required postings throughout the common space.
18	The last emergency disaster drill took place on 07/24/2025 and are conducted quarterly. Activities were
19	observed in the common areas. There is a functioning telephone on the premises. LPA observed
20	surveillance cameras installed in the common areas of the facility. The Administrator presented the live
21	monitoring screen to the LPA, confirming that all cameras were functioning properly and that none of
22	them were equipped with audio capability.Report Continued on LIC 809-C PAGE 2...
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Erica Mosley

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/27/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/27/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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

FACILITY NAME: ST. JOHN OF KRONSTADT HOME FACILITY NUMBER: 191805183
VISIT DATE: 09/27/2025

NARRATIVE	
1	(PAGE 2) Report Continued from LIC 809-C...
2	
3	INTERVIEWS: Starting at 9:08 a.m. and throughout the visit three (3) staff including the Administrator
4	and six (6) resident interviews were conducted. Staff interview revealed that staff are knowledgeable in
5	Resident rights, different forms of abuse, and reporting procedures. Resident interview revealed that no
6	concerns were noted or voiced at the time of the visit.
7	
8	KITCHEN: The LPA inspected the kitchen/food service area at 10:32 a.m. the kitchen appeared clean
9	and appliances were in operable condition. The facility has a sufficient supply of two (2) day perishable
10	and seven (7) day non-perishable food. Food is prepared based on the menu. Snacks and beverages
11	are available for residents in the dining area. Knives are stored and inaccessible to residents.
12	Refrigerator and food pantry were checked for proper labels and expiration dates. LPA observed
13	emergency food and water.
14	
15	LAUNDRY ROOM : LPA observed the locked laundry room adjacent to the kitchen. Laundry room has a
16	washer and dryer and locked cleaning supplies.
17	
18	SUPPLY CLOSET: LPA observed two (2) locked supply closets containing chemicals, cleaning supplies,
19	and emergency supplies including Personal Protective Equipment (PPE).
20	
21	BEDROOMS: LPA observed seven (7) randomly selected resident bedrooms, 103, 105, 109, 111, 119,
22	123 and 125. The resident bedrooms were properly furnished with at least one chair, nightstand, and
23	sufficient lighting for each resident. The bedrooms had appropriate and adequate bedding and linens
24	such as sheets, pillowcases, mattress pads, and blankets.
25	
26	RESTROOMS: Seven (7) resident restrooms and three (3) community showers appeared clean and
27	observed to be equipped with a slip resistant surface / mat. Grab bars were observed in the restrooms.
28	The restrooms were sufficiently stocked with supplies and paper towels ; towels and washcloths are not
29	shared in the private rooms. The hot water measured between 107.2 – 118.6 degrees Fahrenheit all
30	within the required range.
31	
32	SURROUNDING GROUNDS (Outdoors): The LPA observed appropriate outdoor furniture, with a
	covered shaded area for residents. Parking is available for residents and visitors.
	Report Continued on LIC 809-C PAGE 3...

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/27/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/27/2025

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
--	---

FACILITY NAME: ST. JOHN OF KRONSTADT HOME

FACILITY NUMBER: 191805183
VISIT DATE: 09/27/2025

NARRATIVE	
1	(PAGE 3) Report Continued from LIC 809-C PAGE 2...
2	
3	RECORDS: Resident Records were reviewed beginning at 11:08 a.m. Six (6) Resident files were
4	reviewed for, but not limited to, the following: signed admission agreements, current medical
5	assessments with TB results, LIC627(c) Consent for Treatment form, and current needs and services
6	plan. All records were in order. Personnel Records were reviewed beginning at 12:01 p.m. Six (6)
7	Personnel files including the Administrator's file were reviewed for, but not limited to: personnel records,
8	health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. All
9	records were in order.
10	
11	INFECTION CONTROL/ EMERGENCY DISASTER PLANNING: During today's visit the LPA reviewed
12	the facility's infection control plan, practices and the facilities emergency disaster plan. Both documents
13	were observed to be complete and updated annually as required. The facilities policies and procedures,
14	as they pertain to infection control and emergency planning meet the regulatory standard.
15	
16	MEDICATION AUDIT: LPA conducted a medication review on six (6) randomly selected residents at
17	approx. 1:00 p.m., The medications are centrally stored in the medication room adjacent to the
18	Administrators office. The medication room remains locked at all times. Medications are labeled and
19	checked for expiration dates. All medications including PRNs were labeled, stored, and locked
20	inaccessible to residents in care. During the review LPA observed resident medications to be pre-sorted
21	two (2) days in advance. Administrator was made aware that medication cannot be pre-sorted and of the
22	potential health and safety risk. At the time of the visit the Administrator provided a written statement
23	indicated and confirming their understanding of this regulation, 87465(h)(5) and their intent to abide by
24	it. Administrator will speak to staff about the importance of not pre-sorting medications along with
25	providing a signed statement from all staff. Plan of correction cleared on site.
26	
27	
28	
29	
30	DOCUMENTS: Documents obtained during the visit include: LIC 9020A- Resident roster and copy of
31	the Limited Liability insurance. LPA also reviewed the staff roster and schedule.
32	
	The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code. The Licensee was made aware that failure to correct the deficiencies may result in civil penalties. Exit interview conducted. A copy of the report and appeal rights were provided.

NAME OF LICENSING PROGRAM MANAGER: Kasandra Lopez	
NAME OF LICENSING PROGRAM ANALYST: Erica Mosley	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 09/27/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 09/27/2025

Created By: Erica Mosley On 09/27/2025 at 01:52 PM

Link to Parent Document Below:

FACILITY NAME: ST. JOHN OF KRONSTADT HOME

FACILITY NUMBER: 191805183
VISIT DATE: 09/27/2025

DEFICIENCY INFORMATION FOR THIS PAGE:

DEFICIENCIES & PLANS OF CORRECTION (POCs)				
	Type B	Section Cited	CCR	87465(h)(5)

(h) The following requirements shall apply to medications which are centrally stored: (5) Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in nine (9) out of nine (9) residents who have medications managed by the facility were pre-sorted which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 09/27/2025
	Plan of Correction
1 2 3 4	Administrator will provide a statement to CCL by the indicated date confirming their understanding of this regulation and their intent to abide by it. Administrator will speak to staff about the importance of not pre-sorting medications along with providing a signed statement with all staff. CLEARED ON SITE.

		Section Cited			
--	--	----------------------	--	--	--

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
1 2 3 4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

NAME OF LICENSING PROGRAM MANAGER:	Kasandra Lopez
NAME OF LICENSING PROGRAM ANALYST:	Erica Mosley
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 09/27/2025
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 09/27/2025