

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 019200956

Report Date: 04/06/2021

Date Signed: 04/06/2021 06:35:50 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, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612	
FACILITY EVALUATION REPORT			
FACILITY NAME: ELDER ASHRAM		FACILITY NUMBER: 019200956	
ADMINISTRATOR: SHABAHANGI, NADER		FACILITY TYPE: 740	
ADDRESS: 3121 FRUITVALE AVE		TELEPHONE: (510) 842-3192	
CITY: OAKLAND		STATE: CA ZIP CODE: 94602	
CAPACITY: 90		CENSUS: 62 DATE: 04/06/2021	
TYPE OF VISIT: Case Management - Health Checks		UNANNOUNCED TIME BEGAN: 10:30 AM	
MET WITH: Nader Shabahangi, Administrator		TIME COMPLETED: 02:00 PM	
NARRATIVE			
1	Licensing Program Analyst (LPA) Praveen Singh conducted a Case Management health and safety		
2	inspection with Administrator in relation to the Department receiving a priority complaint.		
3			
4	During the inspection, LPA toured the facility, including but not limited to resident bedrooms, shower		
5	rooms, activity areas, dining rooms, kitchen, and outdoor areas. LPA observed there was a locked		
6	medication room for medications and cleaning supplies were kept locked in a closet. LPA observed a		
7	sufficient supply of perishable and non-perishable foods. LPA observed passageways appeared to be		
8	free of obstruction. LPA was informed by Administrator that everything was in good repair and no		
9	disruption to utilities.		
10			
11	At approximately 1:30 p.m., LPA observed R1's bed was partially blocked off by half-bed rails and the		
12	second half was blocked off by a night-stand, which restrained resident to the bed.		
13			
14	Deficiencies are cited per California Code of Regulations, Title 22, and begins on the next page. Failure		
15	to correct deficiencies may result in civil penalties.		
16			
17	Exit interview conducted and a copy of this report and Appeal Rights provided.		
18			
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Julio Montes			
NAME OF LICENSING PROGRAM ANALYST: Praveen Singh			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/06/2021

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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Citations on this Visit Report are Under Appeal!

Created By: Praveen Singh On 04/06/2021 at 06:06 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 1515 CLAY STREET, STE. 310
OAKLAND, CA 94612

FACILITY NAME: ELDER ASHRAM



FACILITY NUMBER: 019200956

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 04/06/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Under Appeal Type A 04/07/2021 Section Cited	1 (5) Under no circumstances shall 2 postural supports include tying, 3 depriving, or limiting the use of a 4 resident's hands or feet. 5 6 7		
	8 This requirement is not met as 9 evidenced by licensee's failure to 10 ensure resident is able to move freely 11 in and out of bed. 12 LPA observed R1's bed was blocked 13 off by half-bed rails and a night-stand 14 dresser which together blocked the entire length of the bed.	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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

SUPERVISOR'S NAME: Julio Montes	
LICENSING EVALUATOR NAME: Praveen Singh	
LICENSING EVALUATOR SIGNATURE:	
	DATE: 04/06/2021
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/06/2021