

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 inspection with Administrator in relation to the Department receiving a priority complaint.
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4	During the inspection, LPA toured the facility, including but not limited to resident bedrooms, shower rooms, activity areas, dining rooms, kitchen, and outdoor areas. LPA observed there was a locked medication room for medications and cleaning supplies were kept locked in a closet. LPA observed a sufficient supply of perishable and non-perishable foods. LPA observed passageways appeared to be free of obstruction. LPA was informed by Administrator that everything was in good repair and no disruption to utilities.
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11	At approximately 1:30 p.m., LPA observed R1's bed was partially blocked off by half-bed rails and the second half was blocked off by a night-stand, which restrained resident to the bed.
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14	Deficiencies are cited per California Code of Regulations, Title 22, and begins on the next page. Failure to correct deficiencies may result in civil penalties.
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18	Exit interview conducted and a copy of this report and Appeal Rights provided.
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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:

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FACILITY EVALUATION REPORT (Cont)	

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	<p>1 (5) Under no circumstances shall postural supports include tying, depriving, or limiting the use of a resident's hands or feet.</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>8 This requirement is not met as evidenced by licensee's failure to ensure resident is able to move freely in and out of bed.</p> <p>9</p> <p>10</p> <p>11</p> <p>12 LPA observed R1's bed was blocked off by half-bed rails and a night-stand dresser which together blocked the entire length of the bed.</p> <p>13</p> <p>14</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		

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:
LICENSING EVALUATOR NAME:
LICENSING EVALUATOR SIGNATURE:

Julio Montes
Praveen Singh

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