

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197601334
Report Date: 04/01/2022
Date Signed: 04/01/2022 04:08:30 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, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: AYRES RESIDENTIAL CARE HOME	FACILITY NUMBER: 197601334
ADMINISTRATOR: GABAI, MICHAEL	FACILITY TYPE: 740
ADDRESS: 10940 AYRES AVE.	TELEPHONE: (310) 475-6484
CITY: LOS ANGELES	STATE: CA
CAPACITY: 6	ZIP CODE: 90064
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Licensee - Michael Gabai	DATE: 04/01/2022
	UNANNOUNCED TIME BEGAN: 09:31 AM
	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	On 04/01/2022, Licensing Program Analyst (LPA) Don Senaha conducted an unannounced annual
2	required visit with a primary focus on Infection Control measures using the new CARE Inspection Tool.
3	LPA met with Administrator Michael Gabai and explained the purpose of today's visit. The facility is
4	licensed to operate for six (6) residents of which six (6) non-ambulatory elderly residents ages 60 and
5	above. The facility is approved for three (3) hospice.
6	
7	The facility is a single-story structure located in a residential neighborhood. It consists of the following:
8	six (6) resident's rooms with all six having their individual bathroom, 1 office room with a bathroom, living
9	area, dining area, kitchen, laundry area room in hallway and outside shaded patio area.
10	
11	LPA and administrator toured the physical plant. There were no bodies of water or obstructions on the
12	premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate
13	lighting provided, storage for resident personal belongings was observed. Bed linens, comforters, and
14	bath towels were adequately stocked at the time of visit. Bathrooms were found to be within Title 22
15	regulations and were clean and operational. The water temperature meets the Title 22 regulations in the
16	kitchen and bathrooms. A comfortable temperature was maintained in the facility.
17	
18	LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for
19	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to
20	residents. The kitchen was inspected and there is sufficient perishable and non-perishable food
21	available maintained properly. Two (2) fire extinguishers were fully charged with one in the kitchen area
22	and one in the hallway. Smoke detectors and carbon monoxide were operable. A review of Medication
23	Administration Records (MAR) was maintained in order and accurate.
24	
25	Evaluation Report Continues on LIC 809-C.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Don Senaha

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/01/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/01/2022

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
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: AYRES RESIDENTIAL CARE HOME

FACILITY NUMBER: 197601334

VISIT DATE: 04/01/2022

NARRATIVE

1 During the visit, LPA observed the facility infection control practices. LPA observed screening protocols
 2 for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff
 3 were wearing face coverings, LPA observed the facility has a 30-day supply of Personal Protective
 4 Equipment (PPE). All mandated inspection control posters were posted.
 5
 6 Advisory Notes – One (1) Technical Assistance was issued, please see LIC9102-AN.
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 8 No deficiencies were cited during this inspection visit.
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 10 An exit interview was conducted and a copy of this report was provided to Administrator Michael Gabai.
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NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez

NAME OF LICENSING PROGRAM ANALYST: Don Senaha

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/01/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/01/2022