

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## FACILITY EVALUATION REPORT

Facility Number: 197602998

Report Date: 09/28/2022

Date Signed: 09/28/2022 12:11:03 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: ELLEE RESIDENTIAL CARE #2		FACILITY NUMBER: 197602998	
ADMINISTRATOR: ELEANOR I POSNER		FACILITY TYPE: 740	
ADDRESS: 11323 CALVERT ST		TELEPHONE: (818) 980-6040	
CITY: NORTH HOLLYWOOD		STATE: CA ZIP CODE: 91606	
CAPACITY: 6		CENSUS: 4 DATE: 09/28/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 11:00 AM	
MET WITH: Marte Galang		TIME COMPLETED: 12:20 PM	
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Ashley Smith arrived unannounced to conduct a required annual visit.		
2	This annual had a specific emphasis on infection control practices. The LPA met with Administrator		
3	Designee Marte Galang explained the reason for the visit. The LPA and staff toured the facility to ensure		
4	there are no health and safety hazards and to ensure compliance with regulations.		
5			
6	<u>KITCHEN</u> : Knives and chemicals are locked inaccessible. Kitchen appliances were in operable		
7	condition. The facility has a sufficient supply of perishable and non-perishable food. <u>BEDROOMS</u> :		
8	Bedrooms had appropriate furniture, clean linens and sufficient lighting. Rooms were clean and clear of		
9	obstructions. There was not a staff room; facility has awake staff only. <u>RESTROOMS</u> : The restrooms		
10	were clean and sanitary with grab bars and non-skid surfaces. Water temperature measured at 114.1 F.		
11	Restrooms were stocked with supplies. Hand-washing signs were observed in all restrooms. <u>COMMON</u>		
12	<u>SPACES</u> : Medications, staff and resident files are locked inaccessible. The fire extinguisher was fully		
13	charged and serviced 3/2022. The backyard and exterior area of the facility had furniture and a covered		
14	area for resident use. No obstructions observed in the exterior or interior. There is an in-ground pool,		
15	which was fenced and drained of water. Garage and shed are detached and had additional storage		
16	items and supplies.		
17			
18	<u>INFECTION CONTROL</u> : There is a central entry point for screening and temperature checks. Staff were		
19	wearing appropriate face coverings. Signs were posted that promoted hand hygiene, physical		
20	distancing, and cough/sneeze etiquette at the front door and the kitchen. The facility's cleaning protocol		
21	is sufficient. There is record of staff and resident vaccinations. There was a sufficient supply of PPE. The		
22	facility can designate a room to isolate persons if there is a confirmed case of COVID-19. Department		
23	Provider Information Notices (PINs) are posted in the dining area. Staff are up to date regarding		
24	guidelines around visitation and vaccine requirements. The policies and procedures pertaining to		
25	infection control were adequate.		
No deficiencies cited at this time. Exit interview conducted. A copy of the report was issued.			
NAME OF LICENSING PROGRAM MANAGER: Jeralyn Ann Pfannenstiel			
NAME OF LICENSING PROGRAM ANALYST: Ashley Smith			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/28/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/28/2022

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