

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197603807
Report Date: 10/14/2021
Date Signed: 10/14/2021 01:42:47 PM

Document Has Been Signed on 10/14/2021 01:42 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: SUNRISE AT STERLING CANYON	FACILITY NUMBER: 197603807
ADMINISTRATOR: BERRY, TAMARA	FACILITY TYPE: 740
ADDRESS: 25815 MCBEAN PKWY	TELEPHONE: (661) 253-3551
CITY: VALENCIA	STATE: CA
CAPACITY: 140	ZIP CODE: 91355
TYPE OF VISIT: Required - 1 Year	CENSUS: 117
MET WITH: Tamara Berry, Administrator	DATE: 10/14/2021
	UNANNOUNCED TIME BEGAN: 10:25 AM
	TIME COMPLETED: 02:10 PM

NARRATIVE	
1	At 10:25 am Licensing Program Analysts (LPAs) Angela Panushkina and Shira Stamps conducted an
2	unannounced annual inspection at the facility mentioned above. LPAs were greeted by staff who
3	granted access to the facility. LPAs met with Administrator, Tamara Berry. A physical tour was conducted
4	at 10:45 am and observed the following:
5	
6	Infection control: LPA reviewed the facility mitigation plan (approved on 4/20/21) to make sure licensee
7	was following current infection control recommendations. Upon arrival, staff took LPAs temperatures and
8	was asked to sign-in the visitors' log and were asked all infection control questions. Proper signage was
9	observed inside along the hallway and in the restrooms. Hand sanitizer was also observed.
10	Administrator stated they have sufficient PPE supplies for residents and staff. Team observed some
11	trash can throughout the facility to not have fitted lids. Team requested that lids be placed on all trash
12	cans to protect from cross from contamination.
13	
14	Food Inspection: At 11:24am Team observed there to be sufficient supply of two day perishable foods
15	and one week of non-perishable food supply. Food storage and preparation areas are clean and
16	inaccessible to pests. LPAs observed the emergency food supply with a shelf life of 10 years. Team also
17	observed sharp objects being locked and inaccessible to residents in care.
18	
19	Smoke detectors/carbon monoxide are hard wire and tested yearly by the local Fire Department. LPA
20	requested a copy of the report at 11:00am.
21	
22	Resident rooms: All residents bedrooms were properly furnished, had sufficient lighting and appeared
23	to be clean and had appropriate bedding. Rooms were kept in a comfortable temperature between 64°F
24	and 72°F.
25	
	Continue on LIC809-C

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/14/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/14/2021

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, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SUNRISE AT STERLING CANYON

FACILITY NUMBER: 197603807

VISIT DATE: 10/14/2021

NARRATIVE

1 At 11:30am the team inspected the memory care unit. The egress systems and staff response time was
2 tested. The egress system was found to be operational. Three staff members responded in a timely
3 manner.
4
5 **Bathrooms:** The hot water temperature, in various bathrooms, was measured within regulation from
6 111.3°F -116.5°F. LPA observed appropriate hand washing signs posted in each bathroom, grab bars
7 and non-skid mat.
8
9 **Laundry service:** At approximately 11:08 am, LPA team toured through the first floor laundry area and
10 observed cleaning products/chemicals inaccessible to residents. At 11:21am the team toured the 2nd
11 floor laundry area and observed cleaning products/chemicals inaccessible to residents.
12
13
14
15 **Medications:** Team observed 2 medication carts to be locked and inaccessible to persons in care.
16
17
18 **Outside areas:** At 11:40am LPAs toured the outside area of the facility. LPAs observed appropriate
19 outdoor furniture, with a covered shaded area for residents. There are no bodies of water.
20
21 LPAs requested LIC 500, Facility License, and Resident Roster,
22 No deficiencies issued.
23
24 Exit interview conducted and a copy of this report was given to the Administrator.
25
26
27
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29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard

NAME OF LICENSING PROGRAM ANALYST: Angela Panushkina

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/14/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/14/2021