

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197603823  
Report Date: 07/29/2021  
Date Signed: 07/29/2021 01:27:03 PM

Document Has Been Signed on 07/29/2021 01:27 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: NORTH LAKE VILLAS INC.	FACILITY NUMBER: 197603823
ADMINISTRATOR: NOURIT BRAUN	FACILITY TYPE: 740
ADDRESS: 2851 N. LAKE AVE	TELEPHONE: (626) 398-8668
CITY: ALTADENA	STATE: CA
CAPACITY: 30	ZIP CODE: 91001
TYPE OF VISIT: Required - 1 Year	CENSUS: 23
MET WITH: Adam Braun, Director of Operations	DATE: 07/29/2021
	UNANNOUNCED TIME BEGAN: 10:08 AM
	TIME COMPLETED: 01:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Rosaura Valenzuela conducted an unannounced Required One (1)
2	year-Infection Control inspection to the facility. LPA met with Adam Braun, Director of Operations and
3	explained the reason for the visit.
4	
5	A tour of the physical plant was conducted at 10:10am and the following was noted:
6	
7	There is only one entrance being utilized at the facility, there are required posters posted at the main
8	door. Screening area is located immediately upon entrance. Sign in sheet and hand sanitizer is
9	available. LPA was screened upon entry.
10	
11	The facility had submitted and approved Mitigation Plan.
12	
13	Signs to wear a mask and other COVID-19 prevention protocol signs were posted outside the door.
14	Hand washing, coughing etiquette, physical distancing and other necessary signs were posted in the
15	bathroom and all over the facility. The facility has sufficient stock of PPE in the storage room.
16	
17	The facility has fifteen (15) bedrooms and nine (9) bathrooms currently occupying twenty-three (23)
18	residents.
19	
20	
21	(continued on LIC 809-C)
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Rosaura Valenzuela

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/29/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/29/2021

**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:** NORTH LAKE VILLAS INC.

**FACILITY NUMBER:** 197603823

**VISIT DATE:** 07/29/2021

**NARRATIVE**

- 1 Living and dining room furniture were checked. The living room is neat and clean. The facility maintains
- 2 a comfortable temperature at 76 degrees. The smoke detectors are hardwired and interconnected and
- 3 observed to be operational. There is a carbon monoxide detector in the facility. Fire extinguishers are
- 4 located throughout the facility.
- 5
- 6 There is no body of water at the facility. Passageways were observed to be clear from obstruction.
- 7
- 8 Laundry area is located in the lower level. Laundry detergents, cleaning agents and other toxins are
- 9 stored in a cabinet which was observed to be locked.
- 10
- 11 Food Service/Kitchen area was sufficiently stocked with two (2) days of perishable and seven (7) days
- 12 of non-perishable food. Knives and sharp objects were observed to be locked and inaccessible to
- 13 residents.
- 14
- 15 The residents rooms are adequately furnished with appropriate furniture and lighting system.
- 16 Hallways/passage ways are lit.
- 17
- 18 The bathroom was checked for cleanliness and proper operation. LPA observed the appropriate grab
- 19 bars in the showers and toilets. The hot water temperature was measured at 111.2 degrees F. There
- 20 was enough clean linen available in the closets.
- 21
- 22 Medications-LPA observed medication cart to be locked and inaccessible to residents. There were two (
- 23 2) complete first aid kits located in an office adjacent to the kitchen.
- 24
- 25 No deficiencies are cited at this time. Exit interview conducted. A copy of this report was issued and
- 26 signature obtained.
- 27
- 28
- 29
- 30
- 31
- 32

**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan

**NAME OF LICENSING PROGRAM ANALYST:** Rosaura Valenzuela

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 07/29/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 07/29/2021