

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197604444

Report Date: 03/16/2022

Date Signed: 03/16/2022 03:02:34 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., STE. 250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	RAYA'S PARADISE, INC.			FACILITY NUMBER:	197604444
ADMINISTRATOR:	MICHAEL GAMBURD	FACILITY TYPE:	740	TELEPHONE:	(323) 969-0316
ADDRESS:	1533 N. STANLEY AVE.	STATE:	CA	ZIP CODE:	90046
CITY:	LOS ANGELES	CENSUS:	6	DATE:	03/16/2022
CAPACITY:	6	UNANNOUNCED TIME BEGAN:		TIME	01:00 PM
TYPE OF VISIT:	Required - 1 Year	TIME COMPLETED:			02:45 PM
MET WITH:	Robin Culver, Executive Director				

NARRATIVE	
1	Licensing Program Analyst (LPA) Abeye Duguma met with Robin Culver for a One (1) Year 2 Required - Infection Control visit for this facility. LPA explained the reason for the visit. A tour 3 of the physical plant was conducted at 1:00pm and the following was noted: 4 There is one entrance being utilized at the facility, there are required posters posted at the 5 main door. Screening area is located immediately upon entrance. Sign in sheet, infrared 6 thermometer, hand sanitizer, gloves and masks are available. LPA was screened upon entry. 7 All staff were observed to be wearing masks upon entrance and during the visit. Signs to 8 wear masks and other COVID 19 prevention protocol signs are posted outside. Hand 9 washing, coughing etiquette, physical distancing and other necessary signs are posted in the 10 bathroom and throughout the facility. The facility has enough PPE supplies. The facility has a 11 total of six (06) bedrooms, one (01) full bathrooms and four (04) half baths. The facility is 12 fire cleared for six (06) non-ambulatory of which three (03) may be bedridden and a hospice 13 waiver for six (06). The facility is currently occupying five (05) non-ambulatory and one (01) 14 is bedridden of which two (02) are under hospice care. The facility has outdoor furniture 15 with a covered shaded area for residents and visitors. The facility does not have a swimming 16 pool/body of water. The garage is currently being used for storage. Laundry detergents, 17 cleaning agents and other toxins are locked away. Kitchen is sufficiently stocked with at least 18 two (2) days perishable and seven (7) days non-perishable food. Frozen foods are wrapped 19 and stored appropriately. Food storage and preparation areas are clean and inaccessible to 20 pests. Knives and sharps are observed to be locked and inaccessible to residents. Living and 21 dining room furniture were also checked. The living and dining room are neat and clean. The 22 facility maintains a comfortable temperature at 78°F. The smoke and carbon monoxide 23 detectors are hardwired, interconnected and observed to be operational. Fire extinguishers 24 25

are located in the hallway and dining area, observed to be full and last inspected on 01/31/2022. (continued on LIC 809-C)

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

**NAME OF LICENSING PROGRAM ANALYST:** Abeye Duguma

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/16/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/16/2022

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

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 NAME:** RAYA'S PARADISE, INC.

**FACILITY NUMBER:** 197604444

**VISIT DATE:** 03/16/2022

#### NARRATIVE

1 The residents' rooms are adequately furnished with appropriate lighting system. Hallways  
2 are well lit. Residents have enough personal hygiene product provided by the licensee and  
3 responsible parties. The bathroom was checked for cleanliness and proper operations. The  
4 hot water temperature was measured at 114.1°F. Towels and washcloths are not shared.  
5 There was enough clean linen available in the hallway cabinets. LPA observed medication to  
6 be locked and inaccessible to residents.  
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9 Exit interview conducted. Copy of this report issued.  
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**NAME OF LICENSING PROGRAM MANAGER:** Naira Margaryan

**NAME OF LICENSING PROGRAM ANALYST:** Abeye Duguma

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 03/16/2022

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