

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197607290  
Report Date: 11/07/2022  
Date Signed: 11/09/2022 09:59:16 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GENESIS MANOR V	FACILITY NUMBER: 197607290
ADMINISTRATOR: GERRY A. MARKIE	FACILITY TYPE: 740
ADDRESS: 550 BETHANY CIRCLE	TELEPHONE: (909) 262-9802
CITY: CLAREMONT	STATE: CA
CAPACITY: 6	ZIP CODE: 91711
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Administrator David Markie	DATE: 11/07/2022
	UNANNOUNCED TIME BEGAN: 01:45 PM
	TIME COMPLETED: 04:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kimberly Ramirez conducted an unannounced
2	Required Annual visit. LPA met with Administrator David Markie. LPA discussed the
3	purpose of the visit. LPA used the infection control tool to evaluate the facility. LPA
4	observed COVID-19 procedures, reviewed residents' medications, and records,
5	observed food supply, and reviewed staff records.
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7	
8	The facility is a single-story residence located on a cul-de-sac street. The facility has
9	an unfenced front yard, attached 3 car garage, enclosed backyard with an attached
10	patio cover. During the tour, LPA observed a living room area, dining room area,
11	kitchen, 5 bedrooms, and 2 full bathrooms. The facility provides care for elderly
12	residents with dementia and is approved to retain 4 residents on hospice. Currently
13	the facility has 0 residents on hospice. The facility currently has 4 non-ambulatory
14	and 1 ambulatory residents.
15	
16	
17	All resident bedrooms were toured. Each bedroom contained a bed, linen, dresser,
18	chair, light, and sufficient closet space. Resident bathrooms have the required grab
19	bars and non-skid mat. The hot water was between 108.1 degrees which is within
20	the required 105- 120 degrees. Cleaning supplies are inaccessible to residents. LPA
21	observed the refrigerator to not have the sufficient required 2-day perishable and 7-
22	day nonperishables.
23	
24	
25	Continued on 809C

Tony Vasallo Kimberly Ramirez
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DATE: 11/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/07/2022

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 4

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Created By: Kimberly Ramirez On 11/07/2022 at 04:20 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT (Cont)</b>	

FACILITY NAME: GENESIS MANOR V

FACILITY NUMBER: 197607290

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 11/07/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87555(b)(26)
This requirement is not met as evidenced by:				
	<b>Deficient Practice Statement</b>			
1	Based on observation, the licensee did not comply with the section cited above in the refrigerator/freezer			
2	did not contain the minimum one week of nonperishable foods and two day minimum of perishable			
3	foods, which poses/posed a potential health, safety or personal rights risk to persons in care.			
4				
	<b>POC Due Date:</b> 11/08/2022			
	<b>Plan of Correction</b>			
1	Licensee will provide photograph/ or receipts.			
2				
3				
4				

	Section Cited
	<b>Deficient Practice Statement</b>
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	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
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4	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Tony Vasallo
LICENSING EVALUATOR NAME:	Kimberly Ramirez

LICENSING EVALUATOR SIGNATURE:



DATE: 11/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/07/2022

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
GREATER LA AC/SC, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: GENESIS MANOR V

FACILITY NUMBER: 197607290

VISIT DATE: 11/07/2022

**NARRATIVE**

1 LPA reviewed 5 resident records to confirm emergency contact is updated and  
2 residents have health screenings on file. 4 staff records were reviewed to confirm  
3 health screenings, infection control training, and fingerprint clearances. LPA  
4 reviewed 5 residents' medications. Medications are documented properly and stored  
5 in a secure area.  
6

7  
8 Per California Code of Regulations, Title 22, one deficiency was observed  
9 during the visit and documented on LIC 809D. Appeal rights explained and exit  
10 interview conducted with David Markie.  
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SUPERVISOR'S NAME: Tony Vasallo

LICENSING EVALUATOR NAME: Kimberly Ramirez

LICENSING EVALUATOR SIGNATURE:

DATE: 11/07/2022

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