

# Department of SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 197607606  
Report Date: 08/31/2021  
Date Signed: 08/31/2021 01:16:05 PM

Document Has Been Signed on 08/31/2021 01:16 PM - It Cannot Be Edited

|  |                         |   |                |
|--|-------------------------|---|----------------|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY |                         | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 21731 VENTURA BLVD.,<br>STE. 250<br>WOODLAND HILLS, CA 91364 |                |
| <b>FACILITY EVALUATION REPORT</b>                      |                         |   |                |
| FACILITY NAME: NIKKEI SENIOR GARDENS                   |                         | FACILITY NUMBER:  | 197607606      |
| ADMINISTRATOR: DESIREE KITAGAWA                        |                         | FACILITY TYPE:  | 740            |
| ADDRESS: 9221 ARLETA AVE                               |                         | TELEPHONE:  | (818) 899-1000 |
| CITY: ARLETA   | STATE: CA               | ZIP CODE:   | 91331          |
| CAPACITY: 106  | CENSUS: 66              | DATE:   | 08/31/2021     |
| TYPE OF VISIT: Case Management - Incident              | UNANNOUNCED TIME BEGAN: |   | 09:00 AM       |
| MET WITH: Kevin Onishi                                 | TIME COMPLETED:         |   | 12:30 PM       |

| NARRATIVE |   |
|-----------|---|
| 1         | Licensing Program Analyst (LPA) Melissa Spaeth conducted an unannounced case management visit           |
| 2         | regarding an incident report that was received at the CCLD Woodland Hills office on August 27, 2021.    |
| 3         | Upon entry to the facility, LPA observed the COVID signs on the front door. LPA's temperature was       |
| 4         | taken and recorded at the front entrance sign in station. LPA was greeted at 9:20 am by Associate       |
| 5         | Executive Director, Kevin Onishi. LPA stated the reason for the unannounced visit was to investigate an |
| 6         | incident report.  |
| 7         | It was alleged that a resident's personal rights were violated on August 27, 2021.                      |
| 8         |   |
| 9         | At 9:35 am, LPA Spaeth requested resident documentation from the Associate Executive Director and       |
| 10        | LPA interviewed the alleged victim at 9:40 am. At 9:45 am, LPA Spaeth began a tour of the facility with |
| 11        | the Associate Executive Director and observed the public bathrooms contained wash your hands signs,     |
| 12        | hand soap, paper towels, and trash cans. The kitchen contained the required supply of canned goods,     |
| 13        | fresh vegetables, fruits, and meats. LPA Spaeth also observed two resident apartments in which the      |
| 14        | bathrooms contained grab bars and slip-resistant mats in the showers. LPA was led to the PPE storage    |
| 15        | area and observed a six month supply of PPE. LPA Spaeth did not observe any health and safety           |
| 16        | violations when touring the facility.   |
| 17        |   |
| 18        | Further investigation is needed at this time. Exit interview conducted and copy of the report will be   |
| 19        | emailed to the Associate Executive Director.  |
| 20        |   |
| 21        |   |
| 22        |   |
| 23        |   |
| 24        |   |
| 25        |   |

|   |
|---|
| NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris |
| NAME OF LICENSING PROGRAM ANALYST: Melissa Spaeth   |

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/31/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/31/2021

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