

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197607898

Report Date: 08/30/2022

Date Signed: 08/30/2022 12:15:57 PM

Document Has Been Signed on 08/30/2022 12:15 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, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: COASTAL HOUSE, INC.		FACILITY NUMBER: 197607898	
ADMINISTRATOR: CLAUDIA PRECIADO		FACILITY TYPE: 740	
ADDRESS: 2527 S. BUNDY DRIVE		TELEPHONE: (310) 770-2029	
CITY: LOS ANGELES		ZIP CODE: 90064	
CAPACITY: 6		DATE: 08/30/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 09:42 AM	
MET WITH: Caregiver -Cuthburt Martinez		TIME COMPLETED: 12:30 PM	
NARRATIVE			
1	On 08/30/2022, Licensing Program Analyst (LPA) Don Senaha conducted an unannounced annual		
2	required visit with a primary focus on Infection Control measures using the new CARE Inspection Tool.		
3	LPA was met by caregiver Cuthburt Martinez and explained the purpose of today's visit. The facility is		
4	licensed to serve six (6) elderly residents ages 60 and above of which five (5) can be non-ambulatory.		
5	The facility has a hospice waiver for five (5) residents.		
6			
7	The facility is a single-story structure located in a residential neighborhood. It consists of the following:		
8	four (4) resident rooms, two and a half (2.5) bathrooms, living area, dining area, kitchen, a detached		
9	office area in the backyard, a detached locked storage area and an outside shaded patio area with an		
10	umbrella and ample seating. All four (4) residents were in the facility at the time of the visit of which one		
11	(1) resident is receiving hospice care.		
12			
13	LPA and caregiver Cuthburt Martinez toured the physical plant. There were no bodies of water or		
14	obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good		
15	condition, adequate lighting provided, storage for resident personal belongings was observed. Bed		
16	linens, comforters, and bath towels were adequately stocked at the time of visit. Bathrooms were found		
17	to be within Title 22 regulations and were operational. The water temperature met Title 22 regulations		
18	and measured between 108.0 F and 113.4 F in the bathrooms and kitchen sink.		
19			
20	There is driveway leading up to the house and the side of the house has a locked storage area for tools		
21	and supplies. The second storage area has extra sanitary supplies, PPE, emergency food, canned		
22	goods and an extra refrigerator/freezer for food storage. The washer and dryer is located in kitchen		
23	area.		
24			
25	Evaluation Report Continues on LIC 809-C		
NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez			
NAME OF LICENSING PROGRAM ANALYST: Don Senaha			

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 08/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/30/2022

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 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** COASTAL HOUSE, INC.**FACILITY NUMBER:** 197607898**VISIT DATE:** 08/30/2022**NARRATIVE**

- 1 LPA observed the facility to be appropriately furnished at the time of visit. LPA observed cleaning
- 2 supplies and toxins under the kitchen sink in a locked cabinet. The kitchen was inspected and there is
- 3 sufficient perishable and non-perishable food available and properly maintained. There are two (2) fire
- 4 extinguishers fully charged with one in the living room area and the other in the kitchen area. Smoke
- 5 detectors and carbon monoxide were tested and operational. A review of Medication Administration
- 6 Records (MAR) was maintained in order and accurate. There was a first aid kit available stored in the
- 7 kitchen.
- 8
- 9 During the visit, LPA observed the facility infection control practices. LPA observed screening protocols
- 10 for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed all
- 11 mandated inspection control posters were posted.
- 12
- 13 Advisory Notes – There was one (1) technical advisories issued. See LIC9102TA.
- 14
- 15 There no deficiencies cited during this inspection visit.
- 16
- 17
- 18 An exit interview was conducted with caregiver Cuthburt Martinez and Administrator Claudia Preciado
- 19 on the phone and a copy of this report was provided to caregiver Cuthburt Martinez.
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez**NAME OF LICENSING PROGRAM ANALYST:** Don Senaha**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/30/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/30/2022

LIC809 (FAS) - (06/04)

Page: 3 of 3