

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 197608291

Report Date: 06/08/2021

Date Signed: 06/08/2021 02:21:00 PM

**Document Has Been Signed on 06/08/2021 02:21 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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: BELMONT VILLAGE WESTWOOD		FACILITY NUMBER: 197608291	
ADMINISTRATOR: ARP, JAMES		FACILITY TYPE: 740	
ADDRESS: 10475 WILSHIRE BLVD		TELEPHONE: (310) 475-7501	
CITY: LOS ANGELES		STATE: CA ZIP CODE: 90024	
CAPACITY: 240		CENSUS: 170 DATE: 06/08/2021	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 08:43 AM	
MET WITH: Executive Director, James Arp		TIME COMPLETED: 10:06 AM	
<b>NARRATIVE</b>			
1	Licensing Program Analyst (LPA) Troy Agard conducted an unannounced visit to Belmont Village		
2	Westwood. The purpose of today's visit was to conduct an unannounced required annual visit with a		
3	primary focus on Infection Control measures using the new CARE Inspection Tools. Upon arrival at the		
4	facility, LPA conducted a risk assessment at the front desk. Based on the assessment, the facility is clear		
5	of Covid-19 infection. LPA verified that the facility has an approved mitigation plan report. LPA was		
6	properly screened for Covid-19 symptoms and temperature was checked. LPA met with Executive		
7	Director James Arp and was later joined by Director of Resident Care, Ann Zavela. During the tour, LPA		
8	observed the facility's infection control practices. LPA observed a sanitizing station at the facility		
9	entrance. PPE supplies are readily available to staff.		
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11			
12	Facility is licensed for 180 non-ambulatory, 60 bedridden and a hospice waiver for 20. Facility is		
13	approved for delayed egress. The facility currently has 170 residents and 14 residents on hospice. The		
14	facility does not handle any of the residents' money. LPA Agard toured the physical plant, toured a		
15	vacate unit and reviewed medication. The facility consists of 176 units of which 31 of those units have 2		
16	bedrooms and 2 bathrooms. All other units have one bed and one bathroom. Facility also has a lobby		
17	area, 3 dining rooms and a bistro, kitchen, salon, theater, gym, several recreational spaces and patios.		
18	Resident bedrooms had the required furniture, bed linens and closet/drawer space to accommodate		
19	each resident comfortably. Resident bathrooms were checked. Toilets and water faucets worked		
20	properly, grab bars were secure, shower was free of mold/mildew. The water temperature in vacant		
21	room measured out of range but was corrected during visit. Common areas were clean and clear of		
22	hazards; doorways were free of obstructions. All exit doors in the memory care unit have auditory		
23	alarms. The facility's designated visitation area is on the patios in addition to the resident's bedroom.		
24	LPA observed staff, residents, and visitors maintain 6 feet physical distancing, and each person wears a		
25	face covering. LPA observed required postings throughout the facility.		
NAME OF LICENSING PROGRAM MANAGER: Angela J Kendrick			
NAME OF LICENSING PROGRAM ANALYST: Troy Agard			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2021

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, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BELMONT VILLAGE WESTWOOD

FACILITY NUMBER: 197608291

VISIT DATE: 06/08/2021

### NARRATIVE

1 Kitchen was checked and observed to be within Title 22 regulations. Perishable and non-perishable food  
2 supply was checked. All cleaning solutions, hazardous items, and medications were securely locked and  
3 inaccessible to residents. Smoke detectors were working properly, and fire extinguishers were fully  
4 charged. First Aid kit was available. Outside grounds were toured and the facility has a swimming pool  
5 that is surrounded by a locked gate. Walkways around the facility were clear of hazards. There are no  
6 security bars or weapons on the premises.

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8 No deficiencies cited during today's visit.

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10 Exit interview conducted and a copy of the report was provided to Executive Director, James Arp.

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NAME OF LICENSING PROGRAM MANAGER: Angela J Kendrick

NAME OF LICENSING PROGRAM ANALYST: Troy Agard

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/08/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/08/2021

LIC809 (FAS) - (06/04)

Page: 2 of 2