

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608468
Report Date: 06/07/2022
Date Signed: 03/01/2023 04:08:56 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, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: BELMONT VILLAGE BURBANK	FACILITY NUMBER: 197608468
ADMINISTRATOR: RODRIGUEZ, MARY JANE	FACILITY TYPE: 740
ADDRESS: 455 E ANGELENO AVE	TELEPHONE: (818) 972-2405
CITY: BURBANK	STATE: CA
CAPACITY: 160	ZIP CODE: 91501
TYPE OF VISIT: Required - 1 Year	CENSUS: 133
MET WITH: RN Zara Kahatchatryan	DATE: 06/07/2022
Director of Residents Lizze Cohn	UNANNOUNCED TIME BEGAN: 09:46 AM
Adminstrator Mary Jane Rodriguez	TIME COMPLETED: 04:39 PM

NARRATIVE	
1	**** This amended report supersedes report dated 06/07/2022. It was created to insert the correct word
2	to correctly identify the deficiency. "non" was added in from of the word perishable on the Deficient
3	Practice Statement for deficiency number 87555(b)(26) . Revision did not change any other aspects
4	of the report and all aspects remain the same.
5	
6	Licensing Program Analyst (LPA) Alberto Lopez conducted an unannounced Required- 1 year visit
7	focusing on COVID-19 Infection Control Practices. LPA met with Lizze Cohn, Drcs, in training, Zara
8	Khatchatryan RN, Michelle Sucillion Sales Director, and explained the purpose of the visit. Administrator
9	Mary Jane Rodriguez arrived later and assisted with the inspection. Administrator certificate expires
10	8/2/2023 Last fire drill was on May 11/2021
11	
12	Structure:
13	The facility is licensed to serve for a capacity of one hundred sixty (160) Non-Ambulatory residents, of
14	which thirty (30) may be bedridden ages 60 and above. The facility has an approved Hospice Waiver on
15	file for fifteen (15) residents. There are currently fourteen (5) Residents on Hospice. There are currently
16	eleven (1) residents who are bedridden. There are one hundred and ten (105) residents residing in the
17	assisted living portion of the facility and twenty seven (24) residents in the memory care unit. Belmont
18	Village Burbank has an approved Dementia Care Plan in their plan of operation and accepts residents
19	with dementia. Facility is approved for Delay Egress.
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21	LPA toured the physical plant areas inside and outside to ensure there are no health and safety hazards
22	and facility follows Title 22 Regulations. The first level consists of a dining room, kitchen, memory care
23	unit, bistro, mail room, wellness center and multiple recreation and lounge rooms. The second floor
24	consists of offices, resident apartments and a gym (Center for Life Enhancement). The third floor
25	consists of resident apartments and a Center for Learning. The fourth floor consists of a movie theater,
	salon and resident apartments. There are laundry rooms located on each floor of the building.
	Medications are centrally stored in the locked medication stations located on floors one and three.
	LPA toured a random selection of resident rooms on each floor. Resident rooms were furnished

appropriately. Each resident room has their own restroom. The bathrooms were observed to be clean and operational w/grab bars. With the exception of room 219. The resident rooms have a signal system located in each restroom and facility phones to call the front desk. The facility has central air and heating accommodations. The hot water temperature was tested throughout the facility and was not measured within Title 22 Regulations.

NAME OF LICENSING PROGRAM MANAGER: Stefanie Coronel

NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/07/2022

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1000 CORPORATE CNTR
DR. ST 500
MONTEREY PARK, CA 91754

FACILITY NAME: BELMONT VILLAGE BURBANK

FACILITY NUMBER: 197608468

VISIT DATE: 06/07/2022

NARRATIVE

1 **The following were observed/inspected:**

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- COVID-19 signs are posted at the entrance. Visitors are screened in the main entrance and a log is kept.
 - LPAs was screened for this visit.
 - Infection control signs and other COVID-19 signs are posted throughout the facility in the bathrooms, kitchen, and hallway to promote handwashing, cough/sneeze etiquette, and physical distancing.
 - Facility does not have one designated isolation room due to each resident having private.
 - 12 client rooms, common areas, bathrooms, and outdoor physical plant was inspected.
 - Client rooms were equipped with alcohol-based hand sanitizer.
 - Four (4) centrally stored client medication records were reviewed.
 - Staff responsible for direct care and supervision were observed wearing masks.
 - Clients were not observed wearing masks but adhering to public health social distance guidelines.
 - Sufficient supply of perishable for 2 days was observed but non-perishable foods for 7 days were not observed.
 - A posted Emergency Disaster Plan was posted but was at facility.
 - PPE's were observed.
 - Staff and resident files were not reviewed during today's visit.
 -
- Deficiencies cited per Title 22 Health and safety code, See 809D for details.
-
- Exit interview was conducted with Administrator Mary Jane Rodriguez . A copy of the report was provided.

NAME OF LICENSING PROGRAM MANAGER: Stefanie Coronel

NAME OF LICENSING PROGRAM ANALYST: Alberto Lopez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 06/07/2022

LIC809 (FAS) - (06/04)

Page: 2 of 4

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Document is an Amendment of Original Document on 06/08/2022 07:55 AM

Created By: Alberto Lopez On 06/07/2022 at 04:09 PM

Link to Parent Document Below:

Table with 2 columns: STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY and CALIFORNIA DEPARTMENT OF SOCIAL SERVICES. Includes title FACILITY EVALUATION REPORT (Cont) and address information.

FACILITY NAME: BELMONT VILLAGE BURBANK

FACILITY NUMBER: 197608468

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/07/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Table header for deficiencies with columns: Type A, Section Cited, CCR, 87303(e)(2)

Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (2) Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degrees C) and not more than 120 degree F (49 degrees C).

This requirement is not met as evidenced by:

Table containing Deficient Practice Statement, POC Due Date (06/08/2022), and Plan of Correction details.

Table header for deficiencies with columns: Type A, Section Cited, CCR, 87555(b)(26)

General Food Service Requirements

(b) The following food service requirements shall apply: (26) Supplies of nonperishable foods for a minimum of one week and perishable foods for a minimum of two days shall be maintained on the premises.

This requirement is not met as evidenced by:

Table containing Deficient Practice Statement, POC Due Date (06/08/2022), and Plan of Correction details.

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:	Stefanie Coronel
LICENSING EVALUATOR NAME:	Alberto Lopez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 06/07/2022
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/07/2022

LIC809 (FAS) - (06/04)

Page: 3 of 4

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
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FACILITY NAME: BELMONT VILLAGE BURBANK

FACILITY NUMBER: 197608468

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/07/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87303(c)	
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Maintenance and Operation

(c) All window screens shall be clean and maintained in good repair.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above as LPA and maintance manager oberved 3 screens in disreapir which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 06/10/2022
	Plan of Correction
1 2 3 4	Licensee will repair/replacce window screens and send photos as proof to LPA by POC date.

	Type B	Section Cited	CCR	87303(e)(6)	
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Maintenance and Operation

(e) Water supplies and plumbing fixtures shall be maintained as follows: (6) Toilet, handwashing and bathing facilities shall be maintained in operating condition. Additional equipment shall be provided in facilities accommodating physically handicapped and/or nonambulatory residents, based on the residents' needs.	
This requirement is not met as evidenced by:	
	Deficient Practice Statement
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in one count as toliet in room 219 was not flushing and in need of cleaning. Which poses/posed a potential health, safety or personal rights risk to persons in care.

	POC Due Date: 06/07/2022
	Plan of Correction
1	Toilet was repaired and clean at time of visit and no further action is required.
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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:	Stefanie Coronel
LICENSING EVALUATOR NAME:	Alberto Lopez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 06/07/2022

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/07/2022