

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608685

Report Date: 12/24/2021

Date Signed: 12/24/2021 01:42:04 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 21731 VENTURA BLVD.,	
		STE. 250	
		WOODLAND HILLS, CA 91364	
FACILITY NAME: ATRIA SANTA CLARITA		FACILITY NUMBER:	197608685
ADMINISTRATOR: JOHNNY ORTIZ		FACILITY TYPE:	740
ADDRESS: 24431 LYONS AVE		TELEPHONE:	(661) 254-9933
CITY: SANTA CLARITA	STATE: CA	ZIP CODE:	91321
CAPACITY: 160	CENSUS: 113	DATE:	12/24/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:26 AM
MET WITH: Venca Avivi, Nurse		TIME COMPLETED:	01:33 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Abeye Duguma met with Venca Avivi, Nurse for a One (1)
2	Year Required - Infection Control visit. LPA explained the reason for the visit. A tour of the
3	physical plant was conducted at 10:00am and the following was noted:
4	
5	There is one entrance being utilized at the facility, there are required posters posted at the
6	main door. Screening area is located immediately upon entrance. Sign in sheet, infrared
7	thermometer, hand sanitizer, gloves and masks are available. LPA was screened upon entry.
8	All staff were observed to be wearing masks upon entrance and during the visit. Signs to
9	wear masks and other COVID 19 prevention protocol signs were posted outside the doors.
10	Hand washing, coughing etiquette, physical distancing and other necessary signs were
11	posted in the bathroom and throughout the facility. The facility has a designated outdoor
12	visitors' area located in the courtyard. The facility has sufficient stock of PPE in a storage
13	room located in the nurse's office and storage. The facility has a total of one hundred thirty-
14	four (134) bedrooms of which thirty-nine (39) are in the memory care (MC) building. There
15	are ninety-five (95) bedrooms in the main building, each with its own bathroom and of the
16	thirty-nine (39) bedrooms in MC, thirty (30) are Jack and Jill (one bathroom for every two
17	bedrooms) and ten (10) bedrooms have their own bathroom, eleven (11) public restrooms
18	for both residents and staff and one (01) staff only restroom. The facility is fire cleared for
19	one hundred sixty (160) non-ambulatory of which sixty-seven (67) may be bedridden and a
20	hospice waiver for ten (10). The facility is currently occupying one hundred thirteen (113)
21	residents of which seventy-nine (79) are non-ambulatory and six (06) are in hospice care.
22	The facility has outdoor furniture, with a covered shaded area for residents. The facility does
23	not have a swimming pool/body of water. Laundry detergents, cleaning agents and other
24	toxins are stored in the laundry room and in a locked cleaning supplies room. Food
25	Service/Kitchen area was sufficiently stocked with at least two (2) days perishable and seven

(7) days
(continued on LIC 809-C)

NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/24/2021

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ATRIA SANTA CLARITA

FACILITY NUMBER: 197608685

VISIT DATE: 12/24/2021

NARRATIVE

1 non-perishable food. Frozen foods are properly wrapped and stored appropriately. Food
2 storage and preparation areas are clean and inaccessible to pests. Knives and sharps are
3 observed to be locked in a drawer inaccessible to residents. Living/common and dining
4 room furniture were also checked. The living/common room is neat and clean along with
5 the dining room. The facility maintains a comfortable temperature between 73-76°F
6 throughout. The smoke and carbon monoxide detectors are hardwired, interconnected and
7 observed to be operational. Fire extinguishers are located throughout the facility, observed
8 to be full and last inspected on 11/15/2021. The clients' rooms are adequately furnished
9 with appropriate furniture and lighting system. Hallways/passageways are well lit. Residents
10 have enough personal hygiene product provided by both themselves and the licensee. The
11 bathroom was checked for cleanliness and proper operations. The hot water temperature
12 was measured at 115.3°F. Towels and washcloths are not shared. There was enough clean
13 linen available in the residents' rooms. LPA observed medication to be locked in a mobile
14 cabinet and inaccessible to residents, located in the Med Tech room. There is also a
15 complete first aid kit located in the nurse's office.

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21 Exit interview conducted. Copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Abeye Duguma
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/24/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/24/2021