

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608838

Report Date: 06/15/2021

Date Signed: 06/15/2021 12:53:09 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, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364	
FACILITY EVALUATION REPORT			
FACILITY NAME: VILLAGE AT NORTHRIDGE, THE		FACILITY NUMBER:	197608838
ADMINISTRATOR: BRADLEE ANN FOERSCHNER		FACILITY TYPE:	740
ADDRESS: 9222 CORBIN AVE		TELEPHONE:	(818) 350-2951
CITY: NORTHRIDGE	STATE: CA	ZIP CODE:	91324
CAPACITY: 125	CENSUS: 90	DATE:	06/15/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:15 AM
MET WITH: Bradlee Foerschner		TIME COMPLETED:	11:30 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Tuesday Cabiness arrived at the facility 9:15am to conduct an		
2	unannounced infection control inspection/visit. Upon arriving, LPA was greeted by the front desk		
3	receptionist, who asked LPA to electronically sign in on the facility's new computer system. LPA was		
4	asked a series of health screening questions, pertaining to COVID-19. There is also an electronic		
5	thermometer for temperature readings. According to Executive Director (ED) Bradlee Foerschner, there		
6	have not been any active or past COVID cases at the facility, and 99.1 % of residents and 73% of staff		
7	have been vaccinated. The current census is (90). LPA observed staff and residents to have full mask		
8	coverings. COVID-19, CDC, Department of Public Health, and Licensing postings and hand sanitizing		
9	stations were visible seen and posted on the walls throughout the facility.		
10			
11	The infection control inspection began with the ED Bradlee, who escorted LPA throughout the facility.		
12	The facility has (4) levels, with one side of the first and second floor used for residents in assisted living,		
13	and the third and fourth floor is for independent living. The common areas were observed to be clean,		
14	including resident rooms, and staff and visitor bathrooms. Soap and towels, and hand washing signs		
15	were visually posted. The facility has cleaning procedures and protocols in place; which include staff		
16	and housekeeping cleaning common areas, elevator and doorknobs (2x) a day. There is a		
17	documentation log that is kept to ensure procedures are being implemented. There are weekly		
18	community updates provided for residents, to communicate any new changes or procedures that are		
19	being implemented, pertaining to COVID-19, and other related facility information. Currently, the ED has		
20	requested all residents to continue to wear mask daily, until further information has been provided.		
21			
22	The ED reported to LPA, the facility has documentation of all vaccination records and other pertinent		
23	information pertaining to COVID-19, in staff and resident files. All new employee hires and new resident		
24	admits, will be properly screened and have to provide a negative COVID test, prior to entering the		
25	facility. The facility continues to surveillance test, 25% of staff. If there are any signs or symptoms from		
	residents or staff, the facility has rapid test kits in place, and uses a COVID testing agency. ED reported		
	to LPA, that she		
NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris			
NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/15/2021

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

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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, 21731 VENTURA BLVD.,
STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: VILLAGE AT NORTHRIDGE, THE

FACILITY NUMBER: 197608838

VISIT DATE: 06/15/2021

NARRATIVE

1 has not received any departmental emails in the past (3) weeks. LPA will follow-up. Facility continues to
2 provide and conduct weekly webinar trainings to staff in relation to COVID-19 and other required
3 trainings. There is a current (80) hour sick leave policy available for full time staff and (40) hour for part
4 time. The facility does not have staffing issues. They have an agreement with Home Care Assistance, to
5 provide staffing as needed. There are designated rooms for potential positive COVID residents, because
6 the facility has private rooms.

7
8 PPE supplies were inspected, and ED reported to LPA that the supplies are kept in the basement at the
9 facility. ED reported to LPA that the facility continues to implement the best practices for the facility; to
10 ensure the health and safety of residents and staff. The facility is aware to report any changes with
11 residents and staff to Licensing and there LPA, pertaining to positive COVID-19 cases.

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13 Exit interview was conducted and copy of report signed by the ED during visit.
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NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris

NAME OF LICENSING PROGRAM ANALYST: Tuesday Cabiness

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/15/2021

LIC809 (FAS) - (06/04)

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