

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197608838

Report Date: 06/15/2021

Date Signed: 06/15/2021 12:53:09 PM

Document Has Been Signed on 06/15/2021 12:53 PM - **It Cannot Be Edited**

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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 | |

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|----------------|----------------------------|-------------------------|------------------|
| 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 | |
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| 1 | Licensing Program Analyst (LPA) Tuesday Cabiness arrived at the facility 9:15am to conduct an unannounced infection control inspection/visit. Upon arriving, LPA was greeted by the front desk receptionist, who asked LPA to electronically sign in on the facility's new computer system. LPA was asked a series of health screening questions, pertaining to COVID-19. There is also an electronic thermometer for temperature readings. According to Executive Director (ED) Bradlee Foerschner, there have not been any active or past COVID cases at the facility, and 99.1 % of residents and 73% of staff have been vaccinated. The current census is (90). LPA observed staff and residents to have full mask coverings. COVID-19, CDC, Department of Public Health, and Licensing postings and hand sanitizing stations were visible seen and posted on the walls throughout the facility. |
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| 11 | The infection control inspection began with the ED Bradlee, who escorted LPA throughout the facility. The facility has (4) levels, with one side of the first and second floor used for residents in assisted living, and the third and fourth floor is for independent living. The common areas were observed to be clean, including resident rooms, and staff and visitor bathrooms. Soap and towels, and hand washing signs were visually posted. The facility has cleaning procedures and protocols in place; which include staff and housekeeping cleaning common areas, elevator and doorknobs (2x) a day. There is a documentation log that is kept to ensure procedures are being implemented. There are weekly community updates provided for residents, to communicate any new changes or procedures that are being implemented, pertaining to COVID-19, and other related facility information. Currently, the ED has 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 information pertaining to COVID-19, in staff and resident files. All new employee hires and new resident admits, will be properly screened and have to provide a negative COVID test, prior to entering the 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 |
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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

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

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:** 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.

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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