

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197609005  
Report Date: 08/03/2021  
Date Signed: 08/03/2021 03:57:43 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: GLEN TERRA ASSISTED LIVING	FACILITY NUMBER: 197609005
ADMINISTRATOR: RECORDS, TERRY	FACILITY TYPE: 740
ADDRESS: 917 N LOUISE STREET	TELEPHONE: (818) 291-1918
CITY: GLENDALE	STATE: CA
CAPACITY: 155	ZIP CODE: 91207
TYPE OF VISIT: Required - 1 Year	CENSUS: 82
MET WITH: Carlos Lara - Executive Director	DATE: 08/03/2021
	UNANNOUNCED TIME BEGAN: 12:04 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	Licensing Program Analyst(s) (LPA) Mary Flores conducted an unannounced annual visit focusing on
2	the infection control domain, food supplies. LPA(s) met with Carlos Lara Executive Director and
3	explained the reason for the visit.
4	
5	Facility is licensed to served 155 non - ambulatory residents, of which 4 may be bedridden and has
6	hospice waiver for 20 residents. . Facility is a 4 story building, with a lobby, dinning room, 2 activity
7	room, a kitchen, a small outdoor shaded patio that is currently under renovation and not accessible to
8	residents, medication room in the second, and a salon in the third floor. Fire alarm sprinkle system was
9	observed throughout the facility. There are no large bodies of water in the property.
10	
11	LPA Flores conducted a walk through with Executive Director and observed the following:
12	Facility is clean and free of odors in common areas observed. Kitchen - Facility has sufficient food of at
13	least 2 days of perishables and 7 days of non-perishables. LPA observed residents lunch hour and there
14	were 2 tables (1 square, 1 rectangle) sitting 4 residents, and other square tables sitting 3 residents
15	which does not follow the recommended 6 feet apart per CDC - COVID 19 recommendations. Elevators
16	are in working condition. LPA choose random rooms to observe and tested water temperature in each
17	room: room #127 tested at 117.4, #118 tested at 116.9, #205 tested at 106.5, #215 tested at 118.7, #227
18	tested at 116.4, #219 tested at 120, #324 tested at 119.3, #322 tested at 118.2, #315 tested at 113.8,
19	#305 tested at 108.9 #401 tested at 113.1 #407 tested at 118.2 degrees F which is within the
20	recommended 105 to 120 degrees F. All bedrooms have the proper bedding, and furniture. LPA Flores
21	observed the following in rooms #127 lysol wipes and PRN medication, room #227 lysol wipes, #219
22	ants in bathroom's sink LPA asked administrator to pull the emergency call cord 4 minutes after
23	administrator and LPA walked to medication room to ensure light was on Wellness director stated to
24	have notice light was on but there was no response, and in room # 322 LPA observed 3 empty oxygen
25	tanks.
	(CONTINUED LIC 809C)

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Rebecca Orendain
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Mary G Flores

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 08/03/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 08/03/2021

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 5

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**Created By: Mary G Flores On 08/03/2021 at 02:30 PM**

**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	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:** GLEN TERRA ASSISTED LIVING

**FACILITY NUMBER:** 197609005

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 08/03/2021

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type A	Section Cited	CCR	87303(a)	
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**Maintenance and Operation**

(a) The facility shall be clean, safe, sanitary and in good repair at all times. Maintenance shall include provision of maintenance services and procedures for the safety and well-being of residents, employees and visitors.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in 7 residents were having lunch in dining room without proper 6 feet distancing which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 08/04/2021
	<b>Plan of Correction</b>
1 2 3 4	Administrator will provide ensure there is social distancing being follow and will adjust residents to 2 per table will submit LIC 9098 to verify by 8/4/21.

	Type A	Section Cited	CCR	87468.(a)(2)	
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This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in 3 staff observed not wearing a face covering around other staff or residents which poses an immediate health, safety or personal rights risk to persons in care.
	<b>POC Due Date:</b> 08/04/2021
	<b>Plan of Correction</b>
1 2	Administrator will provide an in-service training regarding proper face covering use with all staff and will submit a copy of in-service and sign in sheet by 8/4/21.

3  
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.

<b>SUPERVISOR'S NAME:</b>	Rebecca Orendain
<b>LICENSING EVALUATOR NAME:</b>	Mary G Flores
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 08/03/2021

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 08/03/2021

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<b>FACILITY EVALUATION REPORT (Cont)</b>	

**FACILITY NAME:** GLEN TERRA ASSISTED LIVING

**FACILITY NUMBER:** 197609005

**VISIT DATE:** 08/03/2021

**NARRATIVE**

1 Facility has COVID guidelines in place: such as screening of visitors, signs in front lobby, training related  
2 to infection control. LPA observed 3 staff; wellness director, a med tech, and activity director not wearing  
3 their mask around other staff or residents. Hand sanitizers dispensers are throughout the facility. There  
4 are no signs throughout the facility, staff bathroom and kitchen hand washing sink were missing proper  
5 hand washing sign.  
6  
7 LPA Flores was not able to conclude today's annual visit and will return at a further time to continue  
8 annual visit. Deficiencies cited today only reflect infection control domain, other deficiencies were  
9 observed were made on other domains and will be address in the next visit.  
10  
11 Per Title 22 Regulations Chapter 6 Division 8, deficiencies will be cited for today's visit in attached LIC  
12 809D, technical violation, and Technical Advisory notes will be given.  
13  
14 Exit interview with Carlos Lara executive director was conducted and a copy of LIC 809D, technical  
15 violation/advisory, appeal rights were provided.  
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Rebecca Orendain	
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Mary G Flores	
<b>LICENSING PROGRAM ANALYST SIGNATURE:</b>	
	<b>DATE:</b> 08/03/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE: 08/03/2021**