

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609103
Report Date: 06/24/2021
Date Signed: 06/29/2021 02:33:21 PM

Document Has Been Signed on 06/29/2021 02:33 PM - It Cannot Be Edited

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: PACIFICA SENIOR LIVING HOLLYWOOD HILLS	FACILITY NUMBER: 197609103
ADMINISTRATOR: VANESSA JEWELL	FACILITY TYPE: 740
ADDRESS: 1745 N GRAMERCY PLACE	TELEPHONE: (323) 467-3121
CITY: LOS ANGELES	STATE: CA
CAPACITY: 120	ZIP CODE: 90028
TYPE OF VISIT: Required - 1 Year	CENSUS: 34
MET WITH: Vanessa Jewell	DATE: 06/24/2021
	UNANNOUNCED TIME BEGAN: 09:30 AM
	TIME COMPLETED: 01:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Martina Berry conducted an unannounced required annual inspection
2	at 9:30 AM. The LPA met with Executive Director Vanessa Jewell to explain the reason for the visit and
3	conduct an entrance interview. The facility currently has 34 total residents in care with 17 residents
4	residing in memory care.
5	
6	The LPA conducted a physical plant tour of all areas including, but not limited to, common areas,
7	kitchen, common bathrooms, medication room, and storage areas. One central entry point has been
8	designated for universal screening. The screening area includes a sign-in log, temperature check,
9	sanitizing station, and visitor questionnaire. Signs have been posted at the facility entrance and
10	throughout the facility regarding infection control procedures. The facility has designated visitation
11	areas. The facility has a scheduling policy for visitors. Visits with parties of four or more are allowed
12	outdoors while smaller parties may visit in resident rooms or designated indoor areas.
13	
14	Hand sanitizing stations are located throughout the facility. Sinks in common restrooms are well stocked
15	with liquid soap for hand washing and paper towels for hand drying. High traffic common areas are
16	cleaned and disinfected at least once each shift. The facility's dining areas have been arranged to
17	observe distancing requirements. The facility has a mitigation plan to mitigate the spread of COVID-19
18	in the facility. The facility's mitigation plan was approved by CCLD on 2/6/2021. The facility's Emergency
19	Disaster Plan is current and all required areas are completed.
20	
21	All residents are fully vaccinated. Facility policy requires COVID-19 vaccination prior to admission to
22	ensure the health and safety of all residents. Residents are notified about infection control practices by
23	information posted throughout the facility. This information is updated as new information is received
24	from Community Care Licensing Division (CCLD) and public health agencies. Residents are regularly
25	observed for changes in functioning. (Continued on LIC809-C)

NAME OF LICENSING PROGRAM MANAGER: Eva Miller
NAME OF LICENSING PROGRAM ANALYST: Martina Berry

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/24/2021

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: PACIFICA SENIOR LIVING HOLLYWOOD HILLS

FACILITY NUMBER: 197609103

VISIT DATE: 06/24/2021

NARRATIVE

1 All facility staff are fully vaccinated. COVID-19 testing is conducted weekly, testing 25% of all staff during
2 each testing period on a rotating basis. Staff are required to provide a current COVID-19 negative test
3 result prior to starting employment. All staff have received COVID-19 fit testing. Staff are informed about
4 COVID-19 procedures and updates through monthly meetings and postings located in the staff area.
5
6 The facility has specific procedures for isolation and quarantine of residents in accordance with CCLD
7 and public health guidance. A wing of the facility, located on the first floor, has been designated to
8 temporarily accommodate residents that are symptomatic, waiting for test results, or have tested
9 positive for COVID-19. Resident rooms in this area are private. PPE carts and trash bins with lids are
10 provided for each isolation room. This wing has a separate entrance and exit for staff assigned to this
11 area. Residents in this area are monitored by staff at least every 4 hours. Meals and medication are
12 delivered to residents in isolation. A plan has been developed to ensure appropriate cleaning of isolation
13 rooms. The facility has a sufficient supply of PPE. PPE inventory is conducted at least every 60 days
14 and additional supplies are ordered as needed.
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16 No deficiencies cited. The LPA met with Executive Director Vanessa Jewell to review the report and
17 conduct an exit interview. A copy of this report was provided to the Executive Director via email.
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NAME OF LICENSING PROGRAM MANAGER: Eva Miller

NAME OF LICENSING PROGRAM ANALYST: Martina Berry

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/24/2021