

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609103
Report Date: 05/10/2022
Date Signed: 05/10/2022 02:19:16 PM

Document Has Been Signed on 05/10/2022 02:19 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:	Case Management - Incident	CENSUS:	58
MET WITH:	Vanessa Jewell - Executive Director	DATE:	05/10/2022
		UNANNOUNCED TIME BEGAN:	08:22 AM
		TIME COMPLETED:	12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Gary Tan conducted an unannounced case management visit to this
2 facility to follow up on the incident reported on 05/04/22 wherein Resident #1 (R1) allegedly touched
3 Resident #2 (R2) inappropriately.
4
5 During this visit, LPA conducted physical plant tour at 9:00 AM at the memory care unit, requested copy
6 of facility documents relevant to the investigation and interviewed residents and staff between 10:05 AM
7 to 12:00 PM. LPA's record review at 9:30 AM revealed that R1, R2 and Resident #3 (R3) were residents
8 of Memory Care unit of the facility. LPA's interview with R3 who supposedly witnessed R1
9 inappropriately touching R2 revealed that R3 was not able to remember the time and date of the
10 supposed incident. LPA interview with Staff #1 (S1) whom R3 called to supposedly stop R1 from
11 touching R2 revealed that S1 did not witness R2 inappropriately touching R1. Further, LPA's interview
12 with R1 also revealed that there was no one touched R1 inappropriately or otherwise.
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14 LPA did not observe any health and safety issue during this visit.
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16 Exit interview conducted. Copy of this report issued.
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NAME OF LICENSING PROGRAM MANAGER: Naira Margaryan
NAME OF LICENSING PROGRAM ANALYST: Jose Gary Tan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/10/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/10/2022

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