

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609311

Report Date: 08/13/2022

Date Signed: 08/14/2022 08:10:56 AM

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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 DR #100 MONTEREY PARK, CA 91754 | |
| FACILITY EVALUATION REPORT | | | |
| FACILITY NAME: WATERMARK AT BEVERLY HILLS, THE | | FACILITY NUMBER: 197609311 | |
| ADMINISTRATOR:STEPHANIE WALTERS | | FACILITY TYPE: 740 | |
| ADDRESS: 220 N CLARK DRIVE | | TELEPHONE: (310) 860-9234 | |
| CITY: BEVERLY HILLS | | STATE: CA ZIP CODE: 90211 | |
| CAPACITY: 75 | | CENSUS: 47 DATE: 08/13/2022 | |
| TYPE OF VISIT: Required - 1 Year | | UNANNOUNCEDTIME BEGAN: 01:45 PM | |
| MET WITH: Ali Foruz, Dining Services Director | | TIME COMPLETED: 04:00 PM | |
| NARRATIVE | | | |
| 1 | Licensing Program Analyst (LPA) Ana Soto conducted an unannounced Annual required and infection control visit | | |
| 2 | to the above facility. LPA was met with Ali Foruz, Dining Services Director and the purpose of today's visit was | | |
| 3 | explained. | | |
| 4 | | | |
| 5 | There are currently (47) residents in the facility. The facility is a 3 -story structure located in a residential | | |
| 6 | neighborhood. It consists (59) bedrooms entire facility, 7 bathrooms: 1st floor & P1, Kitchen, Dining room, | | |
| 7 | Offices, copy room, lobby, Well-ness center, private dining, library, lounge, beauty salon, multi purpose room, 4th | | |
| 8 | flr: theater, linen closet, electrical room, and laundry room. Shaded back, front, and side patios, laundry room in P2 | | |
| 9 | floor, P1: storage room. | | |
| 10 | | | |
| 11 | LPA and Ali only toured the 1st floor & 4nd Flr rooms: 415,405, & 406, P1, P2, & outer perimeter only. | | |
| 12 | Documents are posted as mandated in 1st and 4Th flr. Bedrooms in the 4th Flr contain the mandated furniture. All | | |
| 13 | bathrooms in the 1st and 4nd flr. are clean and operational. No firearms are stored at facility and no bodies of water | | |
| 14 | present. Hot water temperature is (120) degrees Fahrenheit, The facility is in good repair. During the visit, LPA | | |
| 15 | observed the facility infection control practices. LPA observed a sanitizing station at the facility entry, visitors | | |
| 16 | are logged, and temperature checked, sanitizer/soap in all the bathrooms and additional sanitation | | |
| 17 | supplies are stored in storage area in the 5th Flr. LPA observed staff and residents wearing masks, | | |
| 18 | resident private rooms will be converted to isolation rooms (if needed) trash cans with lids, cart for | | |
| 19 | PPE's, mitigation plan posted or in folder, Fit testing completed for staff, and required postings | | |
| 20 | throughout the facility. The resident's temperatures are checked and logged (once a day). PPE's are | | |
| 21 | enough for 30 days. | | |
| 22 | | | |
| 23 | | | |
| 24 | Due to time constraints LPA Soto could not complete annual, LPA will return at a later date. If any deficiencies | | |
| 25 | noted they will be cited at the time of annual continuation. No, Technical Advisory (TA) issued. | | |
| A exit interview was conducted with Ali Foruz, Dining Services Director and a hard copy was provided. | | | |
| NAME OF LICENSING PROGRAM MANAGER: Janae Hammond | | | |
| NAME OF LICENSING PROGRAM ANALYST: Ana Soto | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/13/2022

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