

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609311

Report Date: 08/13/2022

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

Document Has Been Signed on 08/14/2022 08:10 AM - **It Cannot Be Edited**

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
CAPACITY:	75	CENSUS:	47
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	08/13/2022 01:45 PM
MET WITH:	Ali Foruz, Dining Services Director	TIME	04:00 PM
		COMPLETED:	

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-nest 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	Due to time constraints LPA Soto could not complete annual, LPA will return at a later date. If any deficiencies
24	noted they will be cited at the time of annual continuation. No, Technical Advisory (TA) issued.
25	
	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.