

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609336
Report Date: 10/13/2021
Date Signed: 10/13/2021 01:24:33 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 1000 CORPORATE DR #100	
		MONTEREY PARK, CA 91754	
FACILITY NAME: WELBROOK SENIOR LIVING SANTA MONICA		FACILITY NUMBER:	197609336
ADMINISTRATOR: COLE, DAVID		FACILITY TYPE:	740
ADDRESS: 1450 17TH STREET		TELEPHONE:	(424) 282-3002
CITY: SANTA MONICA	STATE: CA	ZIP CODE:	90404
CAPACITY: 50	CENSUS: 30	DATE:	10/13/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:47 AM
MET WITH: David Cole		TIME COMPLETED:	01:35 PM

NARRATIVE	
1	On 10/13/2021, Licensing Program Analyst (LPA) Stephanie Cifuentes conducted an unannounced
2	annual required visit with a primary focus on Infection Control measures using the new CARE Inspection
3	Tool. LPA met with Executive Director David Cole and explained the purpose of today's visit is to
4	conduct the Infection Control annual inspection. The facility is licensed for (50) fifty Non-ambulatory
5	residents. Facility has a hospice waiver for (15) fifteen. Currently, there are (30) thirty residents in care.
6	
7	The facility is a two-story structure. The facility consists of the following: (50) fifty resident bedrooms with
8	attached bathrooms, reception area, living room, 2 activity rooms, kitchen, dining room and outdoor
9	covered patio.
10	
11	LPA and Executive director toured the physical plant. There were no bodies of water or obstructions on
12	the premises. Bathrooms were found to be within Title 22 regulations and fixtures are clean, in good
13	repair, and working properly..
14	
15	Storage area for cleaning supplies, toxins, and sharps objects was not accessible to clients. Smoke
16	detectors were observed to be hardwired and interconnected. Facility has 14 fully charged fire
17	extinguishers.
18	
19	
20	During the visit, LPA observed the facility infection control practices. LPA observed screening protocol
21	for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff
22	were wearing face coverings, a 30-day supply of Personal Protective Equipment (PPE) is available and
23	sign in and out logs for visitors and staff are present in the facility. All mandated inspection control
24	posters were posted and available.
25	
	No deficiencies were cited during this inspection visit.
	Advisory notes were issued, and technical assistance was provided.
	An exit interview was conducted, and a hard copy of this report was provided to Executive Director David Cole.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Stephanie Cifuentes
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 10/13/2021

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 10/13/2021

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