

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197609362  
Report Date: 10/14/2022  
Date Signed: 10/14/2022 02:55:53 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION GREATER LA AC/SC, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: HEIGHTS AT BURBANK, THE	FACILITY NUMBER: 197609362	
ADMINISTRATOR: DAWN SMITH	FACILITY TYPE: 740	
ADDRESS: 2721 WILLOW STREET	TELEPHONE: (818) 954-9500	
CITY: BURBANK	STATE: CA	ZIP CODE: 91505
CAPACITY: 130	CENSUS: 85	DATE: 10/14/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:04 AM	
MET WITH: Dawn Smith	TIME COMPLETED: 03:09 PM	

NARRATIVE	
1	Licensing Program Analyst (LPA) Alberto Lopez conducted an unannounced Required-1 year visit
2	focusing on COVID-19 Infection Control Practices. LPA met with the Executive Director Dawn Smith and
3	explained the purpose of today's visit. LPA toured facility grounds. This is an 8-story facility. There are
4	106 apartments including the rooms at the Memory Care unit. There are 2 medication rooms, game
5	room, activity room, movie theater, gym, beauty salon, computer room, library, bistro, dining room, piano
6	room, lobby and outside patios
7	
8	<b><u>The following were observed/inspected:</u></b>
9	• COVID-19 Infection Control Practices (including signs) were observed at the entrance of this facility, in
10	all common rooms and hallways.
11	• Signs are posted throughout the facility to promote hand washing, cough/sneeze etiquette, and
12	physical distancing.
13	• Water temperature measured between 115.9 degrees F and 119.7 degrees F which is within regulatory
14	range.
15	• All residents have their own private apartment.
16	• Medication reviewed for (6) residents
17	• PPE supplies observed. PPE supplies for immediate use are stored inside the Executive Director's
18	office. The bulk of PPE supplies are stored inside the storage room located on the 4th floor.
19	• All common areas including entrances have a hand sanitizer dispenser. This applies to every floor and
20	at every elevator entrance as well. All residents (except for memory care) have their own hand sanitizer
21	and/or soap to use in their private apartment.
22	• Staff responsible for direct care and supervision were observed wearing masks. Residents were
23	socially distanced according to local public health guidelines.
24	• Sufficient supply of perishable for 2 days and non-perishable foods for 7 days were observed.
25	
	No deficiencies cited during today's visit.
	Exit interview conducted, a copy of this report and Appeal Rights were provided to Executive Director Dawn Smith

**NAME OF LICENSING PROGRAM MANAGER:** Lisa Hicks  
**NAME OF LICENSING PROGRAM ANALYST:** Alberto Lopez  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 10/14/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 10/14/2022

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