

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609811

Report Date: 06/05/2021

Date Signed: 06/05/2021 09:57:57 PM

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| | | | |
|--|-------------|---|----------------|
| 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: LAND OF PEACE 6 | | FACILITY NUMBER: | 197609811 |
| ADMINISTRATOR: ROSELIN FINULIAR | | FACILITY TYPE: | 740 |
| ADDRESS: 22626 KITTRIDGE STREET | | TELEPHONE: | (818) 884-2214 |
| CITY: WEST HILLS | STATE: CA | ZIP CODE: | 91307 |
| CAPACITY: 6 | CENSUS: 6 | DATE: | 06/05/2021 |
| TYPE OF VISIT: Case Management - Incident | UNANNOUNCED | TIME BEGAN: | 07:10 PM |
| MET WITH: Roseilin Finuliar | | TIME COMPLETED: | 07:45 PM |

| NARRATIVE | |
|-----------|--|
| 1 | Licensing Program Analyst (LPA) Yelena Avetisyan conducted an unannounced Case |
| 2 | Management - Incident visit at the facility today in conjunction with a subsequent complaint |
| 3 | visit of complaint control # 31-AS-20210121104029. |
| 4 | |
| 5 | |
| 6 | The purpose of this visit is to issued citation for absence of supervision observed by the LPA |
| 7 | during the subsequent complaint visit. Upon arrival to the facility at 7:10 pm LPA met with |
| 8 | staff Alan Kibombwe. LPA requested to speak with administrator. Staff stated that the |
| 9 | administrator is across the street and asked if LPA would like for him to call her. LPA asked |
| 10 | that administrator be called, however instead of calling the administrator via telephone staff |
| 11 | member left the facility at 7:11 pm and walked across the street to call the administrator. |
| 12 | For approximately 5 minutes the six residents of the facility were left without supervision. |
| 13 | When staff returned at 7:16 pm LPA asked why staff did not use the phone to call the |
| 14 | administrator. Staff stated that he left his phone at the facility when he went to talk to him |
| 15 | earlier in the day. Per staff another caregiver was at the facility however when LPA asked to |
| 16 | speak with the live in staff he did not open his door or respond. |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | At 7:19 pm Administrator Roselin Finuliar stated that she did not know why staff member |
| 22 | would leave the facility and not call her, LPA explained that staff did not have his phone and |
| 23 | administrator stated that he should have used the facility phone. |
| 24 | |
| 25 | Per the California Code of Regulations (CCR), Title 22, Division 6, Chapter 8, the following |
| | deficiencies were observed and cited: (Refer to LIC 809-D). |
| | Exit Interview Conducted / Appeal Rights Discussed / A Copy of the Report Issued. |

NAME OF LICENSING PROGRAM MANAGER: Cassandra Harris

NAME OF LICENSING PROGRAM ANALYST: Yelena Avetisyan

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/05/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/05/2021

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

LIC809 (FAS) - (06/04)

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Created By: Yelena Avetisyan On 06/05/2021 at 07:32 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
, 21731 VENTURA BLVD., STE. 250
WOODLAND HILLS, CA 91364

FACILITY NAME: LAND OF PEACE 6



FACILITY NUMBER: 197609811

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/05/2021

| Deficiency Type POC Due Date / Section Number | DEFICIENCIES | PLAN OF CORRECTIONS(POCs) | |
|--|---|--------------------------------------|--|
| Type A 06/05/2021 Section Cited | 1 Personnel-Operations. In each 2 facility: When regular staff members 3 are absent, there shall be coverage 4 by personnel with qualifications 5 adequate to perform the assigned 6 tasks. This requirement was not met 7 as evidenced by: | | |
| | 8 Based on observations made by the 9 LPA the licensee/staff did not comply 10 with the section cited above by 11 leaving 6 out of 6 residents 12 unsupervised when staff #1 (S1) left 13 the facility to contact the 14 administrator which posed an immediate health and safety and personal rights risk to persons in care. | 8 9 10 11 12 13 14 | |
| | 1 2 3 4 5 6 7 | | |
| | 1 2 3 4 5 6 7 | | |

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

| | |
|--|-------------------------|
| SUPERVISOR'S NAME: Cassandra Harris | |
| LICENSING EVALUATOR NAME: Yelena Avetisyan | |
| LICENSING EVALUATOR SIGNATURE: | |
|  | DATE: 06/05/2021 |
| I acknowledge receipt of this form and understand my appeal rights as explained and received. | |
| FACILITY REPRESENTATIVE SIGNATURE: | |
|  | DATE: 06/05/2021 |