

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197609961
Report Date: 02/16/2022
Date Signed: 02/16/2022 11:46:17 AM

Document Has Been Signed on 02/16/2022 11:46 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, 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT	

FACILITY NAME: A CARING TOUCH BOARD AND CARE	FACILITY NUMBER: 197609961
ADMINISTRATOR: WAGNER, MICHELLE	FACILITY TYPE: 740
ADDRESS: 10348 LARAMIE STREET	TELEPHONE: (818) 477-2990
CITY: CHATSWORTH	STATE: CA
CAPACITY: 6	ZIP CODE: 91311
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 02/16/2022
MET WITH: Administrator- Paige Esquivel	UNANNOUNCED TIME BEGAN: 09:25 AM
	TIME COMPLETED: 12:15 PM

NARRATIVE	
1	At 9:25 Licensing Program Analyst (LPA) Joscelyn Martinez arrived at the facility mentioned above to conduct an
2	unannounced annual inspection. LPA Martinez was greeted by staff Nemie Salinas and Dondi Tolentino and later
3	met with Administrator Paige Esquivel. A physical tour was conducted at 9:30 a.m. and the following was
4	observed: Infection Control: Covid-19 infection control signage were observed outside of the facility. Proper
5	signage was also observed inside in the common areas. Upon entrance, staff took LPAs' temperature and was
6	asked to sign-in the visitor's log. Facility has sufficient PPE supplies for more than 30 days. Food Inspection:
7	LPAs observed there to be sufficient stock of one-week non-perishable foods and two-day perishable foods. Food
8	storage and preparation areas are clean and inaccessible to pests. Garbage cans have tight fitting covers in the
9	kitchen. Sharps, cleaning supplies and medications are centrally stored in a locked area. Smoke detectors/carbon
10	monoxide are located throughout the facility and are hardwired. Smoke detectors and carbon monoxide detectors
11	were tested at 10:09 A.M. and appear to be functional. Fire extinguisher has a service date of 07/21/2021.
12	Common Areas: All common areas were observed to be clean and properly furnished. Facility maintains a
13	comfortable temperature of 75.0 F. Residents Rooms: All 6 of the residents' bedrooms were toured and appear to
14	be clean and properly furnished. LPA observed additional bedding and linens sufficient for all of the residents.
15	Trash cans in residents' bedrooms did not have tight fitting lids. LPA stated they needed to add tight fitting lids to
16	the trash cans. Bathrooms: LPA observed all bathrooms to have grab bars and non-skid mats. At 10:15 a.m. the
17	hot water was tested and measured at 116.0 F. There are 3 bathrooms in the facility in which two (2) are designated
18	for resident use. Garage: There is an attached garage and is being used for additional storage and for a staff room.
19	Mattress were observed inside the garage and staff stated that is it only used as a bedroom five nights of the week.
20	LPA stated that a garage is not an appropriate bedroom and he cannot reside in the garage. LPA stated that all live-
21	in staff need to have their own designated room.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard
NAME OF LICENSING PROGRAM ANALYST: Joscelyn Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/16/2022

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

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 (Cont)

FACILITY NAME: A CARING TOUCH BOARD AND CARE

FACILITY NUMBER: 197609961

VISIT DATE: 02/16/2022

NARRATIVE

1 **Outside areas:** LPA toured the outside area of the facility. LPA observed appropriate outdoor furniture, with a
2 covered shaded area for residents. There are no bodies of water.
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4 Per the California Code of Regulations (CCR), Title 22, Division 6, , the following deficiencies were observed and
5 cited: (Refer to LIC 809-D). Exit Interview Conducted / Appeal Rights Discussed / A Copy of the Report Issued.
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NAME OF LICENSING PROGRAM MANAGER: Nichelle Gillyard

NAME OF LICENSING PROGRAM ANALYST: Joscelyn Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/16/2022

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 21731 VENTURA BLVD., STE. 250 WOODLAND HILLS, CA 91364
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A CARING TOUCH BOARD AND CARE **FACILITY NUMBER:** 197609961
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 02/16/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87307(a)	
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87307(a) Personal Accommodations and Services: Living accommodations and grounds shall be related to the facility's function. The facility shall be large enough to provide comfortable living accommodations and privacy for the residents, staff, and others who may reside in the facility. This requirement is not met as evidenced by: LPA observed mattresses in the garage and asked staff if they have any live-in staff. Staff stated he was a live-in staff and slept in the facility five times a night. He stated he slept in the garage during those nights					
Deficient Practice Statement					
1	Based on observation the licensee did not comply with the section cited above, which poses/posed a potential health, safety or personal rights risk to persons in care.				
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4					
POC Due Date: 02/18/2022					
Plan of Correction					
1	Submit a plan to the licensing agency to ensure that staff are not sleeping in the common area and in the garage. This facility has no sleeping room designated for staff to rest. Staff must either be awake during the NOC shift or have a designated room for live-in staff.				
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		Section Cited			
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Deficient Practice Statement					
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POC Due Date:					
Plan of Correction					
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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:	Nichelle Gillyard
LICENSING EVALUATOR NAME:	Joscelyn Martinez
LICENSING EVALUATOR SIGNATURE:	
	DATE: 02/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 02/16/2022

