

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 197610286  
Report Date: 07/12/2022  
Date Signed: 07/13/2022 08:05:46 AM

Document Has Been Signed on 07/13/2022 08:05 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: PALM VISTA SENIOR LIVING	FACILITY NUMBER: 197610286
ADMINISTRATOR: MONTALVO, STUART	FACILITY TYPE: 740
ADDRESS: 3850 WEST RANCHO VISTA BLVD	TELEPHONE: (530) 242-8300
CITY: PALMDALE	STATE: CA
CAPACITY: 115	ZIP CODE: 93551
TYPE OF VISIT: Post Licensing	CENSUS: 12
MET WITH: Stuart Montalvo	DATE: 07/12/2022
	UNANNOUNCED TIME BEGAN: 11:30 AM
	TIME COMPLETED: 12:30 PM

NARRATIVE	
1	LPA Spaeth conducted an unannounced visit and was greeted by receptionist. LPA's temperature was
2	recorded and LPA answered the COVID questions. LPA was then greeted by the Administrator and LPA
3	stated the purpose of the visit was to conduct a post licensing visit. The Administrator confirmed there
4	are twelve (12) residents at the facility.
5	
6	The Administrator and LPA began the tour of the facility at 11:45 am. LPA was escorted throughout the
7	first floor of the facility. Upon entering the dining hall, LPA observed dining staff wearing a mask and was
8	delivering meals to the memory care section of the facility. LPA observed the key pad was used by staff
9	to enter the memory section. At 11:55 am, LPA observed memory care residents were served lunch in
10	the memory care dining room.
11	
12	LPA observed the memory care section was neat and clean. Staff were assisting residents with lunch
13	and staff were wearing surgical masks. LPA observed the public restrooms located on the first floor
14	which contained wash your hands sign, hand soap, paper towels, grab bars, and a trash can.
15	
16	LPA was then escorted to the second level of the facility. LPA observed a resident apartment which
17	contained bed, linens, grab bars in the bathroom, night stand, night lamp, and comfortable seating. The
18	locked storage room contained additional PPE supplies and other supplies needed for the facility.
19	
20	
21	LPA observed the medications were locked in a room on the second floor and also locked on the first
22	floor. LPA observed the med carts were locked and also securely locked in the room
23	
24	There are no deficiencies to report at this time. Exit interview conducted, appeal rights discussed, and a
25	copy of the report was given to Administrator.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Cassandra Harris
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Melissa Spaeth

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/12/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/12/2022

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