

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198200855

Report Date: 08/13/2022

Date Signed: 08/13/2022 05:26:28 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: HARBOR TERRACE RETIREMENT CENTER OF SAN PEDRO, LLC		FACILITY NUMBER: 198200855	
ADMINISTRATOR: LINER, LAURA		FACILITY TYPE: 740	
ADDRESS: 435 WEST 8TH STREET		TELEPHONE: (310) 547-0090	
CITY: SAN PEDRO		ZIP CODE: 90731	
CAPACITY: 202		DATE: 08/13/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 08:54 AM	
MET WITH: Judith Diamond and Laura Rodriquez		TIME COMPLETED: 01:15 PM	
NARRATIVE			
1	On 08/13/22, Licensing Program Analyst (LPA) Ernand Dabuet conducted an unannounced annual		
2	required visit with a primary focus on Infection Control measures using the CARE Inspection Tool. LPA		
3	met with administrator Laura Rodriquez. LPA explained the purpose of today's visit. The facility is		
4	licensed to serve 78 non-ambulatory and 62 ambulatory elderly adults ages 60 and over. The facility is		
5	approved for (10) hospice residents.		
6			
7	The facility is a four-story structure located in a commercial neighborhood. It consists of the following:		
8	(84) resident bedrooms. Each room has a bathroom in the unit. The facility houses an activity room,		
9	dining area, kitchen, beauty shop, administrative offices, computer room, library and outside patio area.		
10			
11	LPA toured the physical plant. There were no bodies of water or obstructions on the premises. All rooms		
12	were inspected. Beds and bedding supplies were in good condition, adequate lighting was provided, and		
13	storage for the resident's personal belongings was observed. Bathrooms were found to be within Title 22		
14	regulations and were operational. LPA inspected rooms: #109; #204; #313; #327, #419 and #427 water		
15	temperature, call buttons, and smoke detectors are all in operable condition.		
16			
17	LPA observed the facility to be sanitary and appropriately furnished at the time of the visit. Storage areas		
18	for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to		
19	residents. The kitchen was inspected and there is sufficient perishable and non-perishable food		
20	available maintained properly. All fire extinguishers were charged, and smoke detectors and carbon		
21	monoxide were operable. A review of Fire and Earthquake Drills were observed to be maintained in		
22	order and accurate. The last drill conducted was on 07/21/22. Several working landline phones are		
23	available on-site. The facility has a current Certificate of Liability Insurance on file.		
24			
25	Evaluation Report continues on LIC 809C		
NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez			
NAME OF LICENSING PROGRAM ANALYST: Ernand Dabuet			

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 08/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/13/2022

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

LIC809 (FAS) - (06/04)

Page: 1 of 3

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL
SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: HARBOR TERRACE RETIREMENT
CENTER OF SAN PEDRO, LLC

FACILITY NUMBER: 198200855**VISIT DATE:** 08/13/2022**NARRATIVE**

- 1 **INFECTION CONTROL:**
- 2 LPA observed the facility's infection control practices. LPA observed screening protocols for visitors,
- 3 staff, and residents, and sanitizing stations in common areas and restrooms. LPA observed staff wearing
- 4 face coverings, LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE).
- 5 All mandated inspection control posters were posted. A review of residents and staff COVID
- 6 vaccinations were conducted for (R1-R7). The facility has provided CCLD with an approved Mitigation
- 7 Plan and has submitted an Infection Control Plan 2022 to CCLD.
- 8
- 9 A Technical Violation LIC 9102 is issued for resident #7 (R7). (R7) is on hospice and non-ambulatory
- 10 resident resides on the fourth floor a non-approved Fire Clearance floor. The Department will follow up
- 11 with Fire Inspection to determine the status of application. The Department may return to the facility to
- 12 cite the facility for 87202(a)(2).
- 13
- 14 No Deficiencies were identified during this inspection visit.
- 15
- 16 An exit interview was conducted, and a copy of this report was provided to Laura Rodriquez.
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NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez**NAME OF LICENSING PROGRAM ANALYST:** Ernand Dabuet**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 08/13/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/13/2022

LIC809 (FAS) - (06/04)

Page: 3 of 3