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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198203965
Report Date: 06/24/2021
Date Signed: 06/24/2021 05:27:08 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754

FACILITY NAME:	VILLA CHRISTA		FACILITY NUMBER:	198203965
ADMINISTRATOR:	ARLENE FELICIANO		FACILITY TYPE:	740
ADDRESS:	16421 CHANERA AVE		TELEPHONE:	(310) 719-8997
CITY:	TORRANCE	STATE: CA	ZIP CODE:	90504
CAPACITY: 6		CENSUS: 6	DATE:	06/24/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	01:00 PM
MET WITH:	Arlene Feliciano		TIME COMPLETED:	03:30 PM

NARRATIVE

On 06/24/21, Licensing Program Analyst (LPA) Don Senaha conducted an unannounced annual required visit with a primary focus on Infection Control measures using the new CARE Inspection Tool. LPA met with administrator Arlene Felicano and explained the purpose of today's visit. The facility is licensed to operate for six (6) non-ambulatory elderly residents ages 60 and above.

The facility is a single-story structure located in a residential neighborhood. It consists of the following: five (5) resident's rooms, one(1) staff room, two (2) bathrooms, living area, dining area, kitchen, and outside covered patio area.

LPA and administrator toured the physical plant. There were no bodies of water or obstructions on the premises. All rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting provided, storage for resident personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at the time of visit. Bathrooms were found to be within Title 22 regulations and were clean and operational. The water temperature measured between 108.4 and 109.7 in the bathrooms and kitchen sink. A comfortable temperature of 75 degrees was maintained in the facility.

LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to residents. The kitchen was inspected and there is sufficient perishable and non-perishable food available maintained properly. One (1) fire extinguisher was charged, smoke detectors and carbon monoxide were operable. A review of Medication Administration Records (MAR) was maintained in order and accurate.

Evaluation Report Continues on LIC 809-C

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Don Senaha

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/24/2021

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

FACILITY NAME: VILLA CHRISTA **FACILITY NUMBER:** 198203965
VISIT DATE: 06/24/2021

NARRATIVE

During the visit, LPA observed the facility infection control practices. LPA observed screening protocols for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff and residents were wearing face coverings, LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE). All mandated inspection control posters were posted.

Advisory Notes - Technical Assistance was issued, please see LIC9102-AN.

No deficiencies were cited during this inspection visit.

An exit interview was conducted and a copy of this report will be provided to Arlene Feliciano via email.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Don Senaha
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/24/2021

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

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DATE: 06/24/2021