

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 198204069  
**Report Date:** 10/13/2021  
**Date Signed:** 10/13/2021 04:50:50 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, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	SUNRISE ASSISTED LIVING OF SANTA MONICA	FACILITY NUMBER:	198204069
ADMINISTRATOR:	GOLIA, ALBERTO	FACILITY TYPE:	740
ADDRESS:	1312 15TH ST	TELEPHONE:	(310) 899-1976
CITY:	SANTA MONICA	STATE:	CA
CAPACITY:	100	ZIP CODE:	90404
TYPE OF VISIT:	Required - 1 Year	CENSUS:	67
MET WITH:	Myra Aragones	DATE:	10/13/2021
		UNANNOUNCED TIME BEGAN:	02:00 PM
		TIME COMPLETED:	04:30 PM

NARRATIVE	
1	On 10/13/2021, Licensing Program Analyst (LPA) Stephanie Cifuentes conducted an unannounced
2	annual required visit with a primary focus on Infection Control measures using the new CARE Inspection
3	Tool. LPA met with Executive Director Myra Aragones and explained the purpose of today's visit is to
4	conduct the Infection Control annual inspection. The facility is licensed for (100) one hundred
5	ambulatory residents, of which (80) eighty may be non-ambulatory and (20) twenty bedridden. Facility
6	has a hospice waiver for (10) ten. Currently, there are (67) sixty-seven residents in care.
7	
8	The facility is a three-story structure and the facility grounds consist of the following: Seventy (70)
9	apartment units with attached bathrooms, open patio area in front of the facility, and three patio areas in
10	the back of facility, two of which are on second and third floor balconies, two living rooms, restaurant
11	style dining room, two bistro areas, 3 activity rooms and several staff offices on first and second floor.
12	
13	LPA and Maintenance Coordinator Milton Pineda toured the physical plant. There were no bodies of
14	water or obstructions on the premises. Bathrooms were found to be within Title 22 regulations and
15	fixtures are clean, in good repair, and working properly.
16	
17	Storage area for cleaning supplies, toxins, and sharps objects was not accessible to clients. Smoke
18	detectors were observed to be hardwired and interconnected. Fire extinguishers are fully charged.
19	
20	
21	During the visit, LPA observed the facility infection control practices. LPA observed screening protocol
22	for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff
23	were wearing face coverings, a 30-day supply of Personal Protective Equipment (PPE) is available and
24	sign in and out logs for visitors and staff are present in the facility. All mandated inspection control
25	posters were posted and available.
	No deficiencies were cited during this inspection visit.
	An exit interview was conducted, and a hard copy of this report was provided to Executive Director Myra Aragones.

**NAME OF LICENSING PROGRAM MANAGER:** Eva M Alvarez  
**NAME OF LICENSING PROGRAM ANALYST:** Stephanie Cifuentes  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 10/13/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 10/13/2021

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