

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204494
Report Date: 06/19/2024
Date Signed: 06/19/2024 12:27:14 PM

Document Has Been Signed on 06/19/2024 12:27 PM - **It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
FACILITY EVALUATION REPORT	

FACILITY NAME:	ATRIA PARK OF PACIFIC PALISADES	FACILITY NUMBER:	198204494
ADMINISTRATOR/DIRECTOR:	JOE SALDANA	FACILITY TYPE:	740
ADDRESS:	15441 W SUNSET BLVD	TELEPHONE:	(310) 573-9545
CITY:	PACIFIC PALISADES	STATE:	CA
CAPACITY:	60	ZIP CODE:	90272
TYPE OF VISIT:	Required - 1 Year	CENSUS:	37
		DATE:	06/19/2024
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	09:35 AM
MET WITH:	Joe Saldana/Director	TIME VISIT/INSPECTION COMPLETED:	12:26 PM

NARRATIVE	
1	On 6/19/2024, Licensing Program Analyst (LPA) Alfonso Iniguez conducted an
2	unannounced annual required visit using the CARE Inspection Tool. LPA met with
3	Joe Saldana/Executive Director. LPA explained the purpose of today's visit. The
4	facility is licensed to serve (60) elderly adults ages 60 and above, of which (60) can
5	be non-ambulatory and (15) may be Bedridden. The facility has an approved
6	hospice waiver for (10).
7	
8	
9	The facility is a three-story structure located in a residential neighborhood. It consists
10	of the following: 40 (40) resident rooms with attached bathrooms, dining area,
11	kitchen, garage, lounge, activity room and roof top, with shaded areas featuring table
12	and chairs.
13	
14	
15	
16	
17	LPA Iniguez and the Executive Director toured the physical plant. There were no
18	bodies of water or obstructions on the premises. LPA inspected a total of (6)
19	bedrooms and (6) bathrooms. The beds and bedding supplies were in good
20	condition, adequate lighting was provided, and storage for the residents' personal
21	belongings was observed. The bathrooms were found to be within Title 22
22	regulations and were operational. Smoke and carbon monoxide detectors were in
23	operable condition. The water temperature ranged from 113.5°F to 118.2°F, and the
24	room temperature ranged from 76°F to 78°F.
25	

The evaluation Report continues on the next page, LIC 809-C, providing further details of the inspection findings.

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/19/2024

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340
EL SEGUNDO, CA 90245

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: ATRIA PARK OF PACIFIC PALISADES

FACILITY NUMBER: 198204494

VISIT DATE: 06/19/2024

NARRATIVE

1 During the visit, LPA Iniguez observed that the facility was clean, sanitary, and
2 appropriately furnished. Storage areas for personal hygiene were in place. Cleaning
3 supplies, toxins, and sharp objects were stored in a way that made them
4 inaccessible to residents in care. The kitchen was inspected, and there was
5 sufficient perishable and non-perishable food available, which was adequately
6 maintained. All fire extinguishers were charged and operable. The last Fire/Disaster
7 Drills were conducted on 6/18/24.
8
9

10
11
12 A review of (5) residents' service files and (5) staff personnel files was maintained in
13 order. LPA reviewed (3) Medication Administration Records (MARs) and found no
14 discrepancies.
15

16 LPA observed the facility's infection control practices. All mandated inspection
17 control posters were displayed throughout the facility. **A copy of liability insurance
18 will be email to LPA. Facility Annual Fess current.**
19

20
21 **According to the California Code of Regulations (Title 22, Division 6, Chapter
22 8), LPA did not observe deficiencies; therefore, no citations were issued at this
23 time.**
24

25
26 **An exit interview was conducted, and a copy of the Facility Evaluation Report
27 was provided to Joe Saldana / Executive Director.**
28
29
30
31
32

NAME OF LICENSING PROGRAM MANAGER: Eva M Alvarez
NAME OF LICENSING PROGRAM ANALYST: Alfonso Iniguez
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/19/2024