

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198204544

Report Date: 02/24/2022

Date Signed: 02/24/2022 12:51:36 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 CNTR DR. ST 500 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: GENESIS MANOR IV		FACILITY NUMBER: 198204544	
ADMINISTRATOR: GERRY A. MARKIE		FACILITY TYPE: 740	
ADDRESS: 1691 GENESSE AVENUE		TELEPHONE: (909) 596-8903	
CITY: LA VERNE		STATE: CA ZIP CODE: 91750	
CAPACITY: 6		CENSUS: 6 DATE: 02/24/2022	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 10:40 AM	
MET WITH: Staff member, Elyssa Markie		TIME COMPLETED: 01:05 PM	
NARRATIVE			
1	Licensing Program Analyst (LPA) Vasallo conducted an annual required visit. LPA met with		
2	Administrator, Gerry Markie and Elyssa Markie and explained the reason for the visit. LPA used the		
3	infection control tool to evaluate the facility. LPA observed the physical plant, COVID-19 procedures,		
4	reviewed residents' medications and records, observed food supply, and reviewed staff records. The		
5	facility cares for elderly residents and is allowed to have 1 hospice resident. There is currently 1 resident		
6	on hospice.		
7			
8	All resident bedrooms were toured. Each bedroom has a bed, linen, dresser, light, and sufficient closet		
9	space. The resident bathrooms have the required grabs bars and non-skid mat. The hot water was		
10	between 106.6 degrees which is within the required 105 - 120 degrees. Cleaning supplies are		
11	inaccessible to residents. The kitchen was inspected. There is sufficient perishable and non-perishable		
12	food. All the appliances are clean and seem to be operating properly. The common areas include the		
13	television room, dining room, and patio area. These areas are clean and have the required furniture.		
14	Staff conducted a routine symptom screening of LPA at the time of entrance and have a sign-in policy as		
15	required per COVID-19 procedures.		
16			
17	LPA reviewed 6 resident records to confirm emergency contact is updated and residents have health		
18	screenings on file. 2 staff records were reviewed to confirm health screenings, infection control training		
19	and fingerprint clearances. LPA reviewed 6 residents' medications. Medications are documented		
20	properly and stored in a secure area.		
21			
22	Per California Code of Regulations, Title 22, there were no deficiencies observed during the visit. Exit		
23	interview held. A copy of the report was provided to Administrator.		
24			
25			
Wei Siew Ho Tony Vasallo			



DATE: 02/24/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/24/2022

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