

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320051
Report Date: 12/05/2024
Date Signed: 12/06/2024 08:37:55 AM

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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	

FACILITY NAME:	PEPPER TREE ASSISTED LIVING	FACILITY NUMBER:	198320051
ADMINISTRATOR/LUZVIMINDA BASA PARAISO		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(424) 250-9786
ADDRESS:	2353 251ST STREET	ZIP CODE:	90717
CITY:	LOMITA	STATE:	CA
CAPACITY:	6	CENSUS:	5
TYPE OF VISIT:	Required - 1 Year	DATE:	12/05/2024
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:03 AM
MET WITH:	Staff Hilma Matias	TIME VISIT/INSPECTION	COMPLETED: 11:30 AM

NARRATIVE	
1	On 12/05/2024 at 09:00 AM, Licensing Program Analyst (LPA) Jose Calderon conducted an
2	unannounced annual inspection visit at the Pepper Tree Assisted Living Facility. LPA Calderon was
3	allowed entry into the facility by Staff Hilma Matias. Staff Hilma Matias asked infection control questions
4	and took LPA Calderon temperature prior to entrance into the facility. Facility is to operate a Residential
5	Care Facility for 6 Elderly residents 60 years or older. Currently, there are five (5) residents residing in
6	the facility, 60 and older.
7	
8	LPA Calderon explained to Staff Hilma Matias, the purpose of the one-year Annual Inspection visit, and
9	escorted LPA Calderon on a tour of the entire inside and outside facility grounds. As part of the
10	inspection, LPA Calderon reviewed: Five (5) client service records, five (5) client medication records
11	(MAR), two (2) staff records, and inspected the inside facility and outside grounds. The facilities' last fire
12	drill was conducted on 10/01/2024. The one-story residential home consists of five (5) client bedrooms,
13	four (4) client bathrooms, living room, dining room, kitchen, staff room, office area, attached garage with
14	washer and dryer/ storage area, backyard with table and chairs. No weapons are stored in the premises.
15	Kitchen was inspected and observed to be clean and operational. A two-day supply perishable and
16	seven-day supply of non-perishable foods are present in the facility. Emergency Water Storage is in the
17	garage and kitchen area.
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel

NAME OF LICENSING PROGRAM ANALYST: Jose Calderon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/05/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/05/2024

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

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: PEPPER TREE ASSISTED LIVING

FACILITY NUMBER: 198320051

VISIT DATE: 12/05/2024

NARRATIVE

1 LPA Calderon observed that all facility rooms are clean and in good repair. A comfortable temperature
2 was observed, and the facility has central air and heating. LPA Calderon observed the following during
3 inspection of client's rooms: mattresses are in good condition, adequate lighting present, plenty of
4 dresser/closet space is present, and all bed linens present. All bedrooms contain furniture, lighting
5 fixtures and personal storage space as required, all beds have the required amount of linen and
6 mattress covers, LPA Calderon observed fully stocked closet with bedding, towels, and toiletries
7 supplies. Bathroom fixtures are clean, in good repair, and working properly and contain the required
8 nonskid mats and grab bars. LPA Calderon observed bathrooms were found to be within Title 22
9 regulation. Bathroom #1 hot water temperature properly measured at 109 degrees Fahrenheit, bathroom
10 #2 hot water temperature properly measured at 110 degrees Fahrenheit, Bathroom #3 hot water
11 temperature properly measured at 110 degrees Fahrenheit, and bathroom #4 hot water temperature
12 properly measured at 112 degrees Fahrenheit. Kitchen hot water temperature properly measured at 115
13 degrees Fahrenheit. Facility (1) Carbon Monoxide and (5) Smoke Detectors hard wired operated and
14 connected were tested and are working properly. The facility one (1) Fire Extinguishers was checked
15 and found to be fully charged and accessible. All exit doors in the facility have alarm systems. The
16 facility has a working landline telephone. All toxins and knives are locked/secured and inaccessible to
17 clients. Medications are centrally stored and in a locked storage cabinet. Facility 2 first aid kit is fully
18 stocked with manuals was checked and in order. Outside grounds were toured and there is no water
19 feature observed. All Exits/ Walkways around the home were free of debris and hazards. Outside patio
20 accessible to clients. Five (5) client files were reviewed and found to be complete. LPA Calderon
21 reviewed five (5) resident medications (MAR) and they were all found to be administered according to
22 doctor's orders. Two (2) staff files were checked and have the required documents. LPA Calderon noted
23 the Administrator Marhlyn Sapugay Certification # 6018525740 expiration date of 10/03/2024 was NOT
24 valid at time of inspection. The facility does not handle client's money/cash resources and no surety
25 bond is needed. Commercial General Liability Policy #PCI6834654801 policy period from 02/10/2024 to
26 02/10/2025 underwritten by Primary Care Insurance Company, coverage 1,000,000/3,000,000 is valid at
27 time of inspection. Administrator Valencia to email LPA Calderon a full copy of the commercial insurance
28 policy including all endorsements no later than 12/20/2024. All the required documents are posted in the
29 facility in a clearly visible area.

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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel

NAME OF LICENSING PROGRAM ANALYST: Jose Calderon

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/05/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/05/2024

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** PEPPER TREE ASSISTED LIVING**FACILITY NUMBER:** 198320051**VISIT DATE:** 12/05/2024**NARRATIVE**

1 During the visit, LPA observed the facility infection control practices. LPA observed screening protocols
 2 for visitors, staff, and clients, sanitizing stations (Located in common areas and restrooms). LPA
 3 observed staff and clients were NOT wearing face coverings. LPA observed the facility has a 30-day
 4 supply of Personal Protective Equipment (PPE).
 5
 6 LPA Calderon advised the Staff Hilma Matias to continuously monitor the Centers for Disease Control
 7 (CDC) website and Community Care Licensing Provider Informational Notices (PIN) for any updates
 8 relating to COVID-19 guidance.
 9
 10 According to the California Code of Regulations (Title 22, Division 6, Chapter 8), LPA Calderon did
 11 observe deficiencies therefore citations were issued at this time. **Annual Licensing Fee is CURRENT.** An
 12 exit interview was conducted, and a copy of the Facility Evaluation Report was provided to Staff Hilma
 13 Matias.
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NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel**NAME OF LICENSING PROGRAM ANALYST:** Jose Calderon**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 12/05/2024**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 12/05/2024