

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320250
Report Date: 04/05/2022
Date Signed: 04/05/2022 03:15:14 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 1000 CORPORATE DR #100	
		MONTEREY PARK, CA 91754	
FACILITY NAME: OAKMONT OF TORRANCE		FACILITY NUMBER:	198320250
ADMINISTRATOR: BELSON, MYLA		FACILITY TYPE:	740
ADDRESS:	3620 LOMITA BLVD	TELEPHONE:	(424) 376-3300
CITY:	TORRANCE	STATE: CA	ZIP CODE: 90905
CAPACITY:	126	CENSUS: 87	DATE: 04/05/2022
TYPE OF VISIT:	Prelicensing	ANNOUNCED	TIME BEGAN: 10:20 AM
MET WITH:	Myla Belson	TIME COMPLETED:	03:30 PM

NARRATIVE	
1	On 04/05/22 Licensing Program Analyst, LPA Jeremiah Randle, LPA Gail Johnson and LPA
2	Martessa Brown initiated a pre-licensing inspection at this facility. An application was
3	submitted to CCLD on 10/21/2021. In the initial license application for a Residential Care
4	Facility for the Elderly, ages ranging from 60 years and above. The applicant requested
5	capacity of 126 individuals, of which zero (0) ambulatory, (118) non-ambulatory, and (8)
6	bedridden.
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8	
9	Structure:
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11	The facility has (87) apartment rooms with a restroom inside each. The facility is a 3 story
12	with a basement and parking garage situated in a residential neighborhood. There is a
13	memory care side with and a assisted living side. There is (28) memory care and (58) in the
14	assisted living. (2) apartment rooms in memory care are shared. The facility interior includes
15	common area living room, dining, kitchen, activity room, theater room and laundry area. The
16	common area living room has a fireplace with a screen and uses gas not wood. The common
17	living room area included an adequate number of chairs, couches, tables, a poker table and a
18	library. The kitchen has stoves, a walk-in freezer, and a walk-in refrigerator. The exterior is
19	rear fenced throughout. The passageways, walkways, and steps are free from obstructions.
20	The courtyard and patio area is covered and has a table with chairs for additional seating.
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Jeremiah Randle

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/05/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/05/2022

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

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COMMUNITY CARE LICENSING DIVISION
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MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: OAKMONT OF TORRANCE

FACILITY NUMBER: 198320250

VISIT DATE: 04/05/2022

NARRATIVE

1 **Resident Apartment Rooms:** The facility has (87) apartment rooms. LPA inspected each
2 room.
3

4 **Appliances:**

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7 Stove burners, oven, microwaves, washers, and dryers are working. There is a walk-in
8 refrigerator in the kitchen and a walk-in freezer. The refrigerator has a measured temperature
9 of at 38 degrees Fahrenheit for appropriate food storage. A freezer is at (-4) degrees
10 Fahrenheit.
11

12 **Toxins:**

13
14
15 All toxins are locked/stored in a locked room in the basement.
16

17 **Water Temperature:**

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19 Staff inspected 50 apartment rooms sink and water tested between 105 and 118 degrees F.
20
21

22 **Medications, First-Aid Kit & Book:**

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24 A first aid kit stored in the locked cabinet in the kitchen has been inspected which has at least
25 the following: thermometer, tweezers, scissors, antiseptic, bandages, gauze, and current first
26 aid manual locked and inaccessible to residents. The resident's medications are stored in the
27 med rooms inaccessible to residents on the 1st floor which is the memory care floor and
28 another medication room is on the basement floor.
29
30

31 **Residents & Staff Files:**

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The applicant is not handling cash resources of residents. Records of staff and residents will be stored in the business office.

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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: OAKMONT OF TORRANCE

FACILITY NUMBER: 198320250

VISIT DATE: 04/05/2022

NARRATIVE**1 Reading Material, Games, Equipment & Materials:**

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The facility has board games, books, magazines, and other recreational materials for the resident's use all stored in the common area in the living room. A poker table, a library, TV's, computers for residents, beauty salon, fitness center and a theater room.

Pool/Jacuzzi & Pets: There are pets that are kept in residents rooms per agreement, jacuzzi, or pool in the fenced area.

Bedrooms Staff:

There is no designated bedroom for staff.

Bathrooms:

All apartment room bathrooms have a working toilet, washbasin, shower, grab bars and non-skid surfaces.

Linens & Hygiene Supplies:

Residents are bringing their own beds. An adequate supply of linen stored in the hall closet adjacent to all resident bedrooms.

Emergency Phone Numbers, Exit Plan & Menu:

Emergency phone numbers, exit plan and menu are posted and readily available for review in the kitchen area. There are 27 fire extinguishers mounted on the walls throughout the facility and fully charged. A telephone line is available to residents.

Food Service:

Dishes, cups, and flatware are stored in the kitchen cabinets, inspected and in good repair. Knives, cutlery, and other sharp kitchen utensils are stored in the kitchen.

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Page: 3 of 4

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VISIT DATE: 04/05/2022

NARRATIVE

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Food supply adequate stored in kitchen and consists of the following: Meats, vegetables, fruits, rice, sauces, can goods. Emergency food boxes and emergency water are stored as well.

4 **Smoke Detectors:**

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6 Smoke and carbon monoxide detectors throughout the interior facility. Working smoke
7 detectors in all 87 apartment rooms, hallway, and common areas room. Carbon monoxide is
8 attached to the smoke detectors.
9

10
11 **Fire clearance:**

12
13 Fire Clearance with approval on 1/13/22 for a capacity for zero (0) ambulatory, (118)for
14 non-ambulatory, and (8) for bedridden. Gates have no locks.
15

16
17 **Component III:**

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19 LPA Johnson conducted the component 3 on 4/5/22 during the Pre-Licensing visit the
20 information provided about how to operate the facility within substantial compliance.
21

22 "Pre-Licensing is complete and this facility has no corrections."
23

24 Accordingly, LPA Randle will submit a copy of this facility evaluation report to the Central
25 Applications Unit (CAU) for review. If the applicant has questions regarding the status of the
26 application, they have been instructed to communicate with the CAU Analyst assigned to
27 their application.
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