

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

# ***FACILITY EVALUATION REPORT***

**Facility Number:** 198320454  
**Report Date:** 09/26/2024  
**Date Signed:** 09/26/2024 12:31:43 PM

**Document Has Been Signed on 09/26/2024 12:31 PM - It Cannot Be Edited**

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 1000 CORPORATE DR #100<br>MONTEREY PARK, CA 91754 |
| <b>FACILITY EVALUATION REPORT</b>                      |  |

|   |   |
|---|---|
| FACILITY NAME: COGIR OF SOUTH BAY       | FACILITY NUMBER: 198320454                  |
| ADMINISTRATOR/HILES, LINDA<br>DIRECTOR: | FACILITY TYPE: 740                          |
| ADDRESS: 21507 HAWTHORNE BLVD           | TELEPHONE: (213) 808-4531                   |
| CITY: TORRANCE                          | STATE: CA ZIP CODE: 90503                   |
| CAPACITY: 34                            | CENSUS: 0 DATE: 09/26/2024                  |
| TYPE OF VISIT: Prelicensing             | UNANNOUNCED TIME VISIT/INSPECTION: 10:00 AM |
| MET WITH: Adminstrator - Linda Hiles    | BEGAN: TIME VISIT/INSPECTION: 01:00 PM      |
|   | COMPLETED:                                  |

| <b>NARRATIVE</b> |   |
|------------------|---|
| 1                | On 09/26/2024, Licensing Program Analyst (LPA) Leandro conducted an announced visit to the facility         |
| 2                | for purpose of a pre-licensing evaluation.  |
| 3                |   |
| 4                | On 1/31/2024, an application was submitted to CCLD, for Initial license for a Residential Care Facility for |
| 5                | the Elderly to serve adults ages 60 and over. The requested capacity is for 34 non-ambulatory residents     |
| 6                | of which 17 maybe bedridden.  |
| 7                |   |
| 8                | The facility is located on a main street. The facility is a residential building.                           |
| 9                | The facility has: 17 apartments (each apartment has 1 to 2 bedrooms with closets, 1 full bathroom, 1        |
| 10               | kitchen/dining/living room area, 1 utility closet with a washer and dryer), 1 multipurpose room (the room   |
| 11               | maybe used as the dining room and an activity room), 1 public restroom, outside spaces with shaded          |
| 12               | seating, 1 medication room, 1 office, and a main entrance lobby with front desk.                            |
| 13               |   |
| 14               | LPA Leandro conducted a review of the Physical Plant, Apartments, Bathrooms, Supplies, Food Service,        |
| 15               | Medications, Records, Administration, Activities, Pe-Licensing Checklist and Component III Orientation.     |
| 16               |   |
| 17               |   |
| 18               | <b>MEDICATIONS</b>  |
| 19               | There is a locked centralized storage area for resident medications.  |
| 20               |   |
| 21               |   |
| 22               |   |
| 23               |   |
| 24               |   |
| 25               |   |

**NAME OF LICENSING PROGRAM MANAGER:** Ulysses Coronel

**NAME OF LICENSING PROGRAM ANALYST:** Socorro Leandro  
**LICENSING PROGRAM ANALYST SIGNATURE:**  **DATE:** 09/26/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**  **DATE:** 09/26/2024

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

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY<br><br><b>FACILITY EVALUATION REPORT (Cont)</b> | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>EL SEGUNDO ASC, 1000 CORPORATE DR #100<br>MONTEREY PARK, CA 91754 |
|--|--|

**FACILITY NAME:** COGIR OF SOUTH BAY **FACILITY NUMBER:** 198320454  
**VISIT DATE:** 09/26/2024

**NARRATIVE**

|    |  |
|----|--|
| 1  | PHYSICAL PLANT   |
| 2  | Facility is clean, sanitary, and in good repair. Protective devices are in place to include nonslip material on rugs. Indoor and outdoor passageways, stairways, inclines, ramps, open porches, and other areas of potential hazard are free of obstructions. All window screens are clean and in good repair. Facility temperature is between 68 degrees and 85 degrees. Stairways, inclines, ramps, open porches, and areas of potential hazard are well-lit and equipped with sturdy hand railings. For facilities of 16 or more capacity there is a private office for the administrator, a reception area, and bathroom for visitors. For facilities of 16 or more capacity and facilities having separate floors or buildings without full time staff, there are signal systems in place. Fire Alarms and Smoke alarms operate properly. Carbon monoxide detectors operate properly. |
| 3  |  |
| 4  |  |
| 5  |  |
| 6  |  |
| 7  |  |
| 8  |  |
| 9  |  |
| 10 |  |
| 11 |  |
| 12 | APARTMENTS   |
| 13 | Resident apartments are large enough to allow for easy passage and to accommodate furniture and assistive devices such as wheelchairs, walkers, or oxygen equipment. There is a dresser and closet space for each resident that includes at least two (2) drawers or eight (8) cubic feet of dresser space per resident. If applicable, resident bedrooms with security bars on windows/doors have at least one (1) window/door in the bedroom with an approved safety release to allow emergency evacuation.  |
| 14 |  |
| 15 |  |
| 16 |  |
| 17 |  |
| 18 |  |
| 19 | FOOD SERVICE   |
| 20 | Dining room is near kitchen. Refrigerator(s) and freezer(s) are clean and large enough for the storage of at least two (2) days of perishable foods. Freezer is 0 degrees Fahrenheit. Refrigerator is a maximum of 45 degrees Fahrenheit. A seven (7) day supply of non-perishable food is present. There are sufficient amounts of tableware, tables, dishes, and utensils. There are sufficient amounts of equipment for the storage, preparation, and service of food. All equipment, dishes, and utensils are clean and well maintained. All kitchen, food storage, and preparation areas are clean.   |
| 21 |  |
| 22 |  |
| 23 |  |
| 24 |  |
| 25 |  |
| 26 |  |
| 27 | RECORDS  |
| 28 | There is confidential storage of personnel records at the facility. There is confidential storage of resident records at the facility.   |
| 29 |  |
| 30 |  |
| 31 | POSTINGS   |
| 32 | Mandated postings are posted.  |

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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** COGIR OF SOUTH BAY**FACILITY NUMBER:** 198320454**VISIT DATE:** 09/26/2024**NARRATIVE**1 **ACTIVITIES**

2 For facilities of seven (7) or more capacity, an activities calendar is posted. There is an outdoor activity  
3 space with a shaded area and furnished for outdoor use. There is at least one common room available  
4 to residents for visitors.

5

6 **MISCELLANEOUS**

7 There are first-aid supplies to include sterile first-aid dressings, bandages, adhesive tapes, scissors,  
8 tweezers, thermometer, antiseptic solution, and a current first-aid manual. There is space and  
9 equipment for laundry. There is a space for clean linen storage and a separate space for soiled linen.

10 For facilities of 16 or more capacity, there is a designated laundry space. There are two operating  
11 telephones and a videoconferencing device available to residents. Emergency lighting and supplies to  
12 include flashlights with batteries. Vehicles used to transport residents are in safe operating condition.

13

14 **COMPONENT III**

15 Component III presentation was completed.

16

17 No plans of correction were provided.

18

19  
20 LPA will submit a copy of this facility evaluation report to the Central Applications Unit (CAU) for review.  
21 If the applicant has questions regarding the status of the application, they have been instructed to  
22 communicate with the CAU Analyst assigned to the applicant.

23

24 An exit interview was conducted, and a hard copy of this report was left with the Administrator.

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