

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198320478

Report Date: 10/23/2025

Date Signed: 10/23/2025 05:00:05 PM

Document Has Been Signed on 10/23/2025 05:00 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:	AVOCET AT PLAYA VISTA	FACILITY NUMBER:	198320478
ADMINISTRATOR/MCGEVNA, KEITH M DIRECTOR:		FACILITY TYPE:	741
ADDRESS:	12490 FIELDING CIRCLE	TELEPHONE:	(424) 216-7788
CITY:	PLAYA VISTA	STATE: CA	ZIP CODE: 90094
CAPACITY:	286	CENSUS: 213	DATE: 10/23/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	09:00 AM
MET WITH:	Keith McGevena	BEGAN: TIME VISIT/ INSPECTION	05:00 PM
		COMPLETED:	

NARRATIVE

1 On 10/23/25, Licensing Program Analysts (LPA) Regina Cloyd and Socorro
2 Leandro conducted an unannounced required – annual inspection and met
3 with Executive Director Keith McGevena. The facility is licensed to serve 286
4 ambulatory residents age range 60 and over, of which 98 may be non-
5 ambulatory and of which 28 may be bedridden. Hospice waiver granted for
6 20 residents. The facility currently has two residents receiving hospice
7 care. Annual Fees are current.

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12 The facility consists of floors 1 – 6 and basement. The first floor consists of
13 24 resident rooms, salon spa, massage, event center, theatre, occupational
14 physical therapy, card rooms, library, grab & go, bar lounge, dining room,
15 living room, private dining, kitchen, memory, two outdoor dining courtyards,
16 and memory care courtyard. The second floor consists of 42 resident
17 rooms and a garden terrace. The third floor consists of 38 resident rooms.
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19 The fourth floor consists of 38 resident rooms. The fifth floor consists of 38
20 resident rooms. The sixth floor consists of 19 resident rooms, wellness
21 center, fitness center, spa, locker rooms, sun deck, and enclosed pool.
22
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24 **Continue to LIC809-C.**

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

NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd

LICENSING PROGRAM ANALYST SIGNATURE:


DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:


DATE: 10/23/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION EL SEGUNDO ASC, 400 CONTINENTAL BLVD, STE 340 EL SEGUNDO, CA 90245
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FACILITY NAME: AVOCET AT PLAYA VISTA

FACILITY NUMBER: 198320478

VISIT DATE: 10/23/2025

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Staff accompanied LPA Leandro inside and outside the facility during this inspection. Outside grounds were toured and no bodies of water were observed. Walkways around the facility were clear of hazards. Common areas were clean and clear of hazards. Doorways were free of obstructions. Resident bedrooms (1-06, 110, 2-9, 2-11 303, 322, 327, 422, 441, 531, 604 and 627) had the required furniture, bed linens and closet/drawer space to accommodate each resident comfortably. There are no security bars or weapons on the premises. Resident bathrooms were checked. Toilets and water faucets worked properly, grab bars were secure, shower was free of mold/mildew, a non-skid mat was in place, and hot water temperature properly measured between 114 – 117 degree Fahrenheit. Resident bath towels, toiletries and personal hygiene supplies were adequately stocked.</p> <p>LPA Leandro toured the kitchen area and observed a two-day supply of perishable and a seven-day supply of non-perishable food. Knives were kept in the locked kitchen area. First Aid kit was available. Fire Masters tested the exits and fire extinguishers on 06/17/25. Johnson Controls North America conducted its fire inspection on 06/06/25 and the automatic sprinkler systems on 10/08/25. The facility conducted an emergency drill (safety & risk management) occurred on 09/17/25.</p> <p>Ten staff records were reviewed, ten out of ten staff records had required criminal record clearances or criminal record exemptions.</p>

NAME OF LICENSING PROGRAM MANAGER: Ulysses Coronel	
NAME OF LICENSING PROGRAM ANALYST: Regina Cloyd	
LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 10/23/2025

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 10/23/2025

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NARRATIVE

1 Ten resident records were reviewed, ten out of ten resident records had
 2 medical assessments and/or annual routine visits, pre-appraisal, and
 3 reappraisals. Both medication rooms were inspected and electronic
 4 medication administration records reviewed.
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 8 An exit interview was conducted, technical assistance provide, and a copy
 9 of this report was discussed and left with Executive Director Keith McGevna.
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