

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198601646
Report Date: 06/08/2021
Date Signed: 06/08/2021 12:18:39 PM

Document Has Been Signed on 06/08/2021 12:18 PM - It Cannot Be Edited

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: BELMONT VILLAGE RANCHO PALOS VERDES		FACILITY NUMBER:	198601646
ADMINISTRATOR: LAMM OBERG, RUTH		FACILITY TYPE:	740
ADDRESS: 5701 CRESTRIDGE RD		TELEPHONE:	(310) 377-9977
CITY: RANCHO PALOS VERDES	STATE: CA	ZIP CODE:	90275
CAPACITY: 150	CENSUS: 104	DATE:	06/08/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:30 AM
MET WITH: ADMINISTRATOR MIKI LAMM		TIME COMPLETED:	01:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jose Calderon conducted an unannounced Annual required visit with a primary
2	focus on infection control measures. LPA Calderon was met by Administrator Miki Lamm and the purpose of
3	today's visit was explained. The facility is licensed to serve 150 elderly 59 and older.
4	
5	There are currently 104 elder residents in care. There are 98 non-ambulatory and 6 ambulatory clients of
6	which 66 residents are in the Memory Care Unit. The facility is a 3-story structure with 130 bedrooms and 8
7	common bathrooms, multimedia rooms, commercial kitchen, patios and a pool.
8	
9	LPA Calderon and staff toured the physical plant. There is a large 4-foot pool that is gated with a
10	passcode to enter the pool area. 10 client rooms were checked. Beds and bedding were in good
11	condition, adequate lighting provided, storage for client personal belongings was observed. Walls and
12	floors were in good repair. Bed linens, comforters, and bath towels were adequately stocked at the time
13	of visit. Bathrooms were found to be within Title 22 regulations and were clean and operational. LPA
14	Calderon observed the facility to be clean and appropriately furnished at the time of visit. Storage areas
15	for personal hygiene, cleaning agents, toxins, and sharps were not accessible to clients. Smoke
16	detectors and Carbon Monoxide were operable.
17	
18	
19	During the visit, LPA Calderon observed the facility infection control practices. LPA observed screening
20	protocols for visitors, staff and residents, sanitizing stations (Located in common areas and restrooms).
21	LPA observed staff and residents were wearing face coverings, an isolation room and required postings
22	throughout the facility. LPA observed the facility has a 30-day supply of Personal Protective Equipment
23	(PPE).
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Jose Calderon

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2021

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
CCLD Regional Office, 1000 CORPORATE DR #100
MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: BELMONT VILLAGE RANCHO PALOS VERDES

FACILITY NUMBER: 198601646

VISIT DATE: 06/08/2021

NARRATIVE

- 1 LPA advised the Administrator to continuously monitor the Centers for Disease Control (CDC) website
- 2 and Community Care Liking Provider Informational Notices (PIN) for any updates relating to COVID-
- 3 19 guidance.
- 4
- 5 During today's visit there were no deficiencies under California code of regulation title 22, division 6,
- 6 chapter 8.
- 7
- 8 Exit interview held and a copy of the report was provided to Administrator Miki Lamm.
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Jose Calderon

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/08/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/08/2021