

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198601953  
**Report Date:** 03/03/2022  
**Date Signed:** 03/08/2022 02:35:42 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	KENSINGTON SIERRA MADRE, THE	FACILITY NUMBER:	198601953
ADMINISTRATOR:	CECILIA DEGRAFF	FACILITY TYPE:	740
ADDRESS:	245 W. SIERRA MADRE BLVD.	TELEPHONE:	(626) 355-5700
CITY:	SIERRA MADRE	STATE:	CA
CAPACITY:	106	ZIP CODE:	91024
TYPE OF VISIT:	Required - 1 Year	CENSUS:	84
MET WITH:	Director of Nursing / Stephanie Peck Wellness Nurse / Daniel Orozco Executive Director / Cecilia "CC" Degraff	DATE:	03/03/2022
		UNANNOUNCED TIME BEGAN:	09:00 AM
		TIME COMPLETED:	04:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Joe Katrdzhyan conducted a site visit for the Required - 1 Year
2	inspection. Upon arriving at the facility, LPA met with Director of Nursing / Stephanie Peck and Wellness
3	Nurse / Daniel Orozco and was later joined by the Executive Director / Cecilia "CC" Degraff who
4	assisted with the visit. The facility is licensed to serve for a capacity of 106 residents (90 Non-
5	ambulatory and 16 Bedridden) ages 60 and above. The facility has an approved Hospice Waiver on file
6	for twenty (20) Residents. The Kensington Sierra Madre has an approved Dementia Care Plan in its
7	plan of operation and accepts/cares for residents with dementia. During today's visit, LPA used the
8	infection control domain to complete the Required - 1 Year inspection. Also, the physical plant was
9	toured, medication and food supplies reviewed.
10	
11	LPA toured the physical plant areas inside and outside to ensure there are no health and safety hazards
12	and facility is in compliance with Title 22 Regulations. The first floor consists of 41 resident rooms,
13	lobby/reception area, parlor, art studio/gallery, cinema room, library, dining room, cafe area and main
14	kitchen. The second floor consists of the Memory Care Units, 1) Connection with 19 rooms for residents
15	with mild to moderate dementia and 2) Haven with 15 rooms for late to end stage dementia. Each unit
16	has a dining area, kitchen, activity area, living room and patio. The front grounds of the facility are well
17	landscaped and have a leveled walkway to the entrance. No large bodies of water were observed.
18	There are no security bars or weapons on the premises. The facility has central air and heating
19	accommodations.
20	
21	LPA toured a random selection of resident rooms. Resident rooms were furnished appropriately. Each
22	resident room has their own bathroom. The bathrooms were observed to be clean and operational
23	w/grab bars. The resident rooms have signal systems located in each bathroom and facility phones to
24	call the front desk. The signal system was tested in various locations and is operable. The hot water
25	temperature was tested throughout the facility.
	(Please see LIC 809C for additional information)

Joe Katrdzhyan



DATE: 03/03/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/03/2022

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

### FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: KENSINGTON SIERRA MADRE, THE

FACILITY NUMBER: 198601953

VISIT DATE: 03/03/2022

#### NARRATIVE

1 The kitchen was observed. There was a sufficient amount of perishable and non-perishable food  
2 supplies and perishable food was stored in covered containers at the appropriate temperatures. No  
3 pesticides or poisons were stored in the food areas. Storage areas for cleaning solutions, toxics, knives,  
4 and hazardous items were secured and made inaccessible to Residents. The fire extinguishers were  
5 observed to be fully charged and in compliance. The facility has carbon monoxide detectors in each  
6 resident room and in the hallways of the facility. A shaded area with chairs is provided to the residents.  
7

8 Medications are centrally stored in the locked medication carts located on each floor. A random selection  
9 of medications were reviewed to ensure they are being administered as prescribed and prescription and  
10 non-prescription PRN medications have signed and dated written orders from the physician.  
11

12 The following deficiencies were observed during today's visit;

- 13 • Between the hours of 10:45am - 12:30pm, the hot water temperature was tested throughout the  
14 facility and not measured within Title 22 Regulation guidelines. Men's room located on the first  
15 floor (near the bistro/parlor) was measured at 123.8 degrees F. Kitchen in Connection was  
16 measured at 123.9 degrees F. Activity room in Connection was measured at 121 degrees F.  
17 Kitchen located in room #238 was measured at 121 degrees F. Kitchen located in room #219 was  
18 measured at 122.5 degrees F. Bathroom located in room #219 was measured at 120.4 degrees  
19 F. Kitchen located in room #223 was measured at 120.5 degrees F. Kitchen in Haven was  
20 measured at 122.8 degrees F. Activity room in Haven was measured at 121.6 degrees F.  
21
- 22 • At 11:26AM, Peroxide Multi Surface Cleaner /Disinfectant Spray and Vision Lens Cleaner were  
23 found in room #230, which is located in Connection.  
24
- 25 • At 12:42pm, LPA discovered the following PRN medications were prescribed by Resident 1's  
26 (R1's) physician but were missing from the facility. ENEMA 19G-7G/ ML (Administer 1 Enema  
27 rectally every 48 hours as needed for constipation) & MI-ACID 400-400-40 MG (Take 2  
28 tablespoonfuls 30ML by mouth every 4 hours as needed).  
29

30 The following deficiencies were observed to be in violation under California Code of Regulations Title  
31 22.  
32 (refer to 809D).  
An exit interview was conducted and a copy of this report was provided to the Executive Director along  
with the appeals rights.

SUPERVISOR'S NAME: Wei Siew Ho

LICENSING EVALUATOR NAME: Joe Katrdzhyan

LICENSING EVALUATOR SIGNATURE:

DATE: 03/03/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/03/2022

LIC809 (FAS) - (06/04)

Page: 2 of 4

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
, 1000 CORPORATE CNTR DR. ST 500  
MONTEREY PARK, CA 91754

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: KENSINGTON SIERRA MADRE, THE

FACILITY NUMBER: 198601953

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 03/03/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 03/03/2022 Section Cited	Maintenance and Operation. Faucets used by residents for personal care such as shaving and grooming shall deliver hot water. Hot water temperature controls shall be maintained to automatically regulate the temperature of hot water used by residents to attain a temperature of not less than 105 degree F (41 degree C) and not more than 120 degree F 1 2 3 4 5 6 7		
	(49 degree C). This requirement is not met as evidenced; Between the hours of 10:45am - 12:30pm, the hot water temperature was tested throughout the facility and not measured within Title 22 Regulation guidelines. Men's room located on the first floor (near the bistro/parlor) was measured at 123.8 degrees F. Kitchen in Connection was measured at 123.9 degrees F. Activity room in Connection was measured at 121 degrees F. Kitchen located in room #238 was measured at 121 degrees F. Kitchen located in room #219 was measured at 122.5 degrees F. Bathroom located in room #219 was measured at 120.4 degrees F. Kitchen located in room #223 was measured at 120.5 degrees F. Kitchen in Haven was measured at 122.8 degrees F. Activity room in Haven was measured at 121.6 degrees F. This poses an immediate health, safety risk to persons in care. 8 9 10 11 12 13 14	***Citation was cleared at the time of visit and no further action is needed*** 8 9 10 11 12 13 14	
Type A 03/03/2022 Section Cited	Care of Persons with Dementia. Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants. 1 2 3 4 5 6 7		

		This requirement is not met as evidenced;		
	8	At 11:26AM, Peroxide Multi Surface Cleaner /Disinfectant Spray and Vision Lens Cleaner were found in room #230, which is located in Connection. This poses an immediate health, safety risk to persons in care.	8	***Citation was cleared at the time of visit and no further action is needed***
	9		9	
	10		10	
	11		11	
	12		12	
	13		13	
	14		14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>SUPERVISOR'S NAME:</b>	Wei Siew Ho
<b>LICENSING EVALUATOR NAME:</b>	Joe Katrdzhyan
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 03/03/2022

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

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**FACILITY NUMBER:** 198601953

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 03/03/2022

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 03/04/2022 Section Cited	1 Incidental Medical and Dental Care. Once ordered by the physician the medication is given according to the physician's directions. 2 3 4 This requirement is not met as evidenced; 5 6 At 12:42pm, LPA discovered the following PRN medications were prescribed by Resident 1's (R1's) physician but were missing from the 7		
	8 facility. 9 ENEMA 19G-7G/ ML (Administer 1 10 Enema rectally every 48 hours as needed for constipation) & MI-ACID 11 400-400-40 MG (Take 2 12 tablespoonfuls 30ML by mouth every 13 4 hours as needed). This poses an 14 immediate health, safety risk to persons in care.	8 9 10 11 12 13 14	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

<b>SUPERVISOR'S NAME:</b> Wei Siew Ho	
<b>LICENSING EVALUATOR NAME:</b> Joe Katrdzhyan	
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 03/03/2022
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
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