

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198602567

Report Date: 10/07/2021

Date Signed: 10/08/2021 07:13:09 AM

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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 DR #100 MONTEREY PARK, CA 91754	
FACILITY EVALUATION REPORT			
FACILITY NAME: REGENCY PALMS LONG BEACH		FACILITY NUMBER: 198602567	
ADMINISTRATOR: CARLA MARIANO		FACILITY TYPE: 740	
ADDRESS: 117 E 8TH STREET		TELEPHONE: (562) 432-9260	
CITY: LONG BEACH		ZIP CODE: 90813	
CAPACITY: 91		DATE: 10/07/2021	
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME BEGAN: 09:37 AM	
MET WITH: Carla Mariano		TIME COMPLETED: 05:00 PM	
NARRATIVE			
1	On 10/7/21, at 9:37 am, Licensing Program Analysts (LPA) Susan Campos and Ngozi Nwaokoro		
2	conducted an unannounced annual required visit with a primary focus on Infection Control measures		
3	using the new CARE Inspection Tool. LPA was allowed entry into the facility by Carla Mariano,		
4	Administrator. LPA met with Ms. Mariano and explained the purpose of the visit. The facility is licensed to		
5	operate for ninety-one (91) non-ambulatory with (10) may be bedridden, delayed egress on floors 2-8,		
6	hospice waiver for 15 residents. The facility is a white high rise 8 story building with a sprinkler system,		
7	located in a downtown commercial area. Included in the 8 floor structure is a basement, main floor,		
8	memory care community (floors 2,3,4,5) and assisted living community (floors 6,7,8) with a delayed		
9	egress at exit points present on floors 2nd – 5th. There are (2) fire extinguishers located on each floor.		
10	Water stations are located in the lobby and the dining room of each of the floors. The resident room unit		
11	has a smoke detector that are battery operated and one hard-wired and interconnected. Each facility		
12	floor has a dining room, staff room which includes a locked medication cart and first aid kit and is		
13	inaccessible to the residents and also on each floor is an all gender public restroom available for		
14	resident use. LPAs observed Main floor: Lobby, Reception area, and Executive Director office,		
15	Basement: Common Area/Activity Room, (3) Gender Neutral Public Restrooms, wall area with		
16	notifications and postings of resident rights, house rules and activities, medication room that was locked		
17	and inaccessible to the residents that included, magnetic locks on the cabinet, and a medication		
18	refrigerator, Laundry room with two commercial washing machines and dryers, supply cabinet with		
19	storage of towels, linens, fitted sheets, flat sheets, blankets, mattress pad, mattress covers, storage		
20	room contained personal care supplies, Beauty Salon, Activity Room/Art Studio with board games,		
21	reading materials and craft supplies, Business Office, Wellness Office, Fitness Room, Staff Lounge,		
22	Kitchen and PPE supply room and the Roof-9th floor patio area included string lights, 2 lattice patio		
23	covers, 3 umbrellas, and 3 sets of patio tables with chairs . In addition, LPAs inspected 14 resident		
24	rooms (#202A, #205, #301B, #304A, #306B, #402A, #405, #504B, #508, #604, #701A, #704, #801,		
25	#808). There were no bodies of water or obstructions on the premises. Beds and bedding supplies were		
	in good condition, adequate lighting provided, storage for client		
	Evaluation Report Continues on LIC 809-C		
NAME OF LICENSING PROGRAM MANAGER: Michael Cava			
NAME OF LICENSING PROGRAM ANALYST: Susan Campos			

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 10/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/07/2021

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 DR #100

MONTEREY PARK, CA 91754

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** REGENCY PALMS LONG BEACH**FACILITY NUMBER:** 198602567**VISIT DATE:** 10/07/2021**NARRATIVE**

1 personal belongings was observed. Bed linens, comforters, and bath towels were adequately stocked at
 2 the time of visit. Bathrooms were found to be within Title 22 regulations and were clean and operational.
 3 The hot water temperature was measured for 14 resident rooms and are noted as the following: (#202A-
 4 105 F, #205-107.7F, #301B-108.7F, #304A-108.5F, #306B-105F, #402A-105F, #405-110.1F, #504B-
 5 107F, #508-107.1F, #604-107.1F, #701A-109F, #704-106.7F, #801-107.1F, #808-109.2F). A comfortable
 6 temperature of 73 degrees was maintained in the facility. The LPA observed the facility to be sanitary
 7 and appropriately furnished at the time of visit. Storage areas for personal hygiene, cleaning supplies,
 8 toxins, and sharps objects were stored and not accessible to clients. The kitchen was inspected and
 9 there is sufficient perishable and non-perishable food available and maintained properly. All facility (39)
 10 fire extinguishers were checked and are charged, (39) resident room smoke detectors were checked
 11 and are operable, and also the facility carbon monoxide detector was checked and is operable. Fire
 12 Drills were observed to be maintained in order and accurate. During the visit, LPA observed the facility's
 13 infection control practices. LPA observed screening protocols for visitors, staff, and residents, sanitizing
 14 stations in common areas and restrooms. LPA observed staff were wearing face coverings, and LPA
 15 observed the facility has a 30-day supply of Personal Protective Equipment (PPE). All mandated
 16 inspection control posters were posted. A review of staff and resident temperature logs were reviewed.

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 18 No deficiencies were cited during this inspection visit.

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 20 An exit interview was conducted and a copy of this report was provided to Administrator Carla Mariano.

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NAME OF LICENSING PROGRAM MANAGER: Michael Cava**NAME OF LICENSING PROGRAM ANALYST:** Susan Campos**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 10/07/2021

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FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 10/07/2021

LIC809 (FAS) - (06/04)

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