

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 198602608  
**Report Date:** 07/28/2021  
**Date Signed:** 07/28/2021 07:13:21 PM

**Document Has Been Signed on 07/28/2021 07:13 PM - It Cannot Be Edited**

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: GROVE AT CERRITOS, THE	FACILITY NUMBER: 198602608
ADMINISTRATOR: CRENSHAW, CAMILLE	FACILITY TYPE: 740
ADDRESS: 11000 NEW FALCON WAY	TELEPHONE: (562) 865-9500
CITY: CERRITOS	STATE: CA ZIP CODE: 90703
CAPACITY: 163	CENSUS: 112 DATE: 07/28/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 12:15 PM
MET WITH: La'Keisha Phillips	TIME COMPLETED: 02:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Angelica Rea conducted an unannounced visit for
2	the purpose of conducting the Required annual inspection. On today's visit LPA met
3	with Director of Assisted Living, La'Keisha Phillips who assisted with the visit.
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5	
6	LPA Rea discussed infection control practices with Director or Assisted Living, toured
7	the facility inside and out, reviewed food supply, reviewed staff files, and reviewed
8	resident medications.
9	
10	
11	Bedrooms have the required furniture including bedframes, dressers, lamps and
12	chairs. Beds have the required linen and the linen is in good condition.
13	Passageways and exits are free of obstruction. The facility yards are well
14	maintained. The resident bathrooms are clean and have the required grab bars in
15	the shower and near the toilet for non-ambulatory residents. Showers also have non-
16	skid materials. The hot water temperature measured at 109.4 degrees. The facility
17	temperature at the time the visit was comfortable. There is sufficient lighting
18	throughout the facility. There are smoke detectors/carbon monoxide detectors
19	located throughout the facility.
20	
21	
22	
23	Per California Code of Regulations, Title 22, and California Health and Safety Code,
24	there were no deficiencies observed during the visit. Exit interview held and a copy
25	of the report was provided to Director of Assisted Living.

Lisa Hicks Angelica Rea
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**DATE:** 07/28/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/28/2021

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