

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603169
Report Date: 11/24/2021
Date Signed: 11/24/2021 12:14:02 PM

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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 CNTR	
		DR. ST 500	
		MONTEREY PARK, CA 91754	

FACILITY NAME: HOPE HOME CARE FOR ELDERLY	FACILITY NUMBER: 198603169
ADMINISTRATOR: KIM, JUNG HYUN	FACILITY TYPE: 740
ADDRESS: 23916 HIGHLAND VALLEY RD	TELEPHONE: (909) 217-2011
CITY: DIAMOND BAR	STATE: CA
CAPACITY: 6	ZIP CODE: 91765
TYPE OF VISIT: Required - 1 Year	CENSUS: 1
MET WITH: Kim, Jung Hyun Administrator	DATE: 11/24/2021
	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Spencer conducted an unannounced annual inspection focusing on
2	the Infection Control Domain. LPA Spencer met with administrator Jung Hyun Kim and discussed the
3	purpose of today's visit. This single-story home contains four (4) bedrooms, three (3) bathrooms, a living
4	room, kitchen, dining area, office, backyard, and attached garage.
5	The following was observed/inspected:
6	
7	• The facility had a universal entrance screening area; sign-in and temperature logs were
8	maintained.
9	• COVID-19 signage was placed in several areas of the facility, except for the front entrance.
10	• There was a sufficient supply of 2-day perishables and 7-day supply of non-perishable foods.
11	• All areas were found to be clean and in good repair. Cleaning solutions and sharps were locked.
12	• Each room contained required furniture including bed, dresser, night stand, lamp, chair, and
13	closet.
14	• All beds contained the required linens including mattress cover, fitted sheet, flat sheet, blanket,
15	and comforter.
16	• Bathrooms contained supplies including liquid soap and toilet paper. Administrator placed paper
17	towels in each bathroom prior to the end of visit.
18	• Facility did not maintain a 30-day supply of PPE to include masks, gowns, and face shields.
19	• Medications were locked, centrally stored, and given as prescribed.
20	• Staff wore face masks consistently throughout the shift and group activities were spaced to
21	encourage physical distancing.
22	• Smoke detectors/carbon monoxide detectors were present and operable.
23	• A fire extinguisher was observed to be fully charged and purchased in July 2021.
24	• Client files were inspected and emergency contact information and physician's reports were up-
25	to-date.
	• All staff files were inspected and contained required health screenings, criminal record
	clearances, and first-aid/training certificates.

- Administrator certificate expired on 5/15/2020; however, administrator provided proof that renewal was already submitted and is awaiting certificate in the mail.

Technical advisories were issued on separate LIC9102. There were no deficiencies cited. An exit interview was conducted and a copy of this report and Appeal Rights were provided to the administrator.

Christine Yee

LaJean Nicole Spencer



DATE: 11/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/24/2021

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