

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603220

Report Date: 08/27/2021

Date Signed: 08/27/2021 07:37:43 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 DR #100 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: CITY VIEW LA, LLC	FACILITY NUMBER: 198603220
ADMINISTRATOR: KRISTI BECK	FACILITY TYPE: 740
ADDRESS: 515 N LA BREA AVE	TELEPHONE: (323) 938-2131
CITY: LOS ANGELES	STATE: CA
CAPACITY: 166	ZIP CODE: 90036
TYPE OF VISIT: Required - 1 Year	CENSUS: 52
MET WITH: Yonatan Isaacs	DATE: 08/27/2021
	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	On 08/27/21, Licensing Program Analyst (LPA) Susan Campos conducted an unannounced annual
2	required visit with a primary focus on Infection Control measures using the new CARE Inspection Tool.
3	LPA was allowed entry into the facility by Yonatan Isaacs, Administrator. LPA met with administrator
4	Yonatan Isaacs and explained the purpose of the visit. The facility is licensed to operate for residents
5	age 60 and over approved for 166 Non-Ambulatory residents with (14) hospice waiver.
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7	The facility is a six-story structure, first floor lobby, and 6th floor roof patio, located in a commercial
8	neighborhood. It consists of the following: eighty three (83) resident rooms/ bathroom, 8 public
9	restrooms, lobby, 1 living room, 2 dining rooms, 2 activity/ den rooms, and kitchen, roof top patio with
10	table, umbrellas and chairs, 3rd floor patio with umbrella, table and chairs, and lanai on floors 2,4 and 5.
11	LPA toured the physical plant. There were no bodies of water or obstructions on the premises. Five
12	rooms were inspected. Beds and bedding supplies were in good condition, adequate lighting provided,
13	storage for client personal belongings was observed. Bed linens, comforters, and bath towels were
14	adequately stocked at the time of visit. Bathrooms were found to be within Title 22 regulations and were
15	clean and operational. The water temperature measured 115.5 F. A comfortable temperature of 73
16	degrees was maintained in the facility.
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18	LPA observed the facility to be sanitary and appropriately furnished at the time of visit. Storage areas for
19	personal hygiene, cleaning supplies, toxins, and sharps objects were stored and not accessible to
20	clients. The kitchen was inspected and there is sufficient perishable and non-perishable food available
21	maintained properly. A fire extinguisher was charged, smoke detectors and carbon monoxide were
22	operable. Fire Drills were observed to be maintained in order and accurate.
23	
24	Evaluation Report Continues on LIC 809-C
25	

NAME OF LICENSING PROGRAM MANAGER: Michael Cava
NAME OF LICENSING PROGRAM ANALYST: Susan Campos

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/27/2021

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: CITY VIEW LA, LLC

FACILITY NUMBER: 198603220

VISIT DATE: 08/27/2021

NARRATIVE

1	During the visit, LPA observed the facility's infection control practices. LPA observed screening protocols for visitors, staff, and residents, sanitizing stations in common areas and restrooms. LPA observed staff were wearing face coverings, LPA observed the facility has a 30-day supply of Personal Protective Equipment (PPE). All mandated inspection control posters were posted. A review of staff and resident temperature logs were reviewed.	
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7		No deficiencies were cited during this inspection visit.
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9		An exit interview was conducted and a copy of this report was provided to Yonatan Isaacs.
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NAME OF LICENSING PROGRAM MANAGER: Michael Cava

NAME OF LICENSING PROGRAM ANALYST: Susan Campos

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 08/27/2021

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/27/2021