

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603266

Report Date: 04/06/2021

Date Signed: 04/08/2021 03:22:04 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: SILVERADO SENIOR LIVING-BEVERLY PLACE	FACILITY NUMBER: 198603266
ADMINISTRATOR: BELSON, MYLA	FACILITY TYPE: 740
ADDRESS: 330 N. HAYWORTH AVE	TELEPHONE: (949) 240-7200
CITY: LOS ANGELES	STATE: CA
CAPACITY: 256	ZIP CODE: 90048
TYPE OF VISIT: Prelicensing	CENSUS: 99
MET WITH: Myla Belson, Administrator	DATE: 04/06/2021
	UNANNOUNCED TIME BEGAN: 01:00 PM
	TIME COMPLETED: 04:30 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Ana Soto, conducted a announced visit to the facility for the purpose
2	of a Pre-Licensing evaluation. Due to the situation surrounding the Corona virus Disease 2019 (COVID-
3	19), and to implement mitigation measures, today's complaint investigation was conducted a tele-visit
4	with Myla Belson, the facility administrator.
5	
6	An application was submitted to Community Care Licensing Department (CCLD) on 03/16/2021 for an
7	initial license for Residential Care For Elderly 60 years and above. The requested capacity is for (256)
8	Residents,(0) ambulatory, (164) non-ambulatory, and (92) bedridden. Structure: Facility is a yellow
9	stucco building. The facility has 3 floors, 114 rooms, and 2 elevator. The First floor it has a lobby,
10	receptionist counter, family visit room, kitchen, dining room, house keeping closet, TV room, common
11	areas, and medication room . They have the required Covid-19 posting on the front door, along with the
12	sign-in log sheet and sanitary station. They have the residents rooms are also on the 1st Floor, Patio
13	has(2 tables, 2 umbrellas, and 2/3 chairs.) The 2nd and 3rd floors are the same the design as the first
14	floor, except that on the 2nd floor they have a computer station for residents, Room 250 used for storage
15	for the facility and Room 252 is used for supplies for the nurses. Room 224 is used for PPE storage.
16	The 3rd floor has a beauty salon. Signal System: Signal system in facility. Bedroom Residents: There
17	shall be no more than two clients per bedrooms. bedrooms are designated resident bedrooms properly
18	equipped with regulation guidelines of two beds, two chairs, two night stands, two lamps and overhead
19	lighting. Presently, the 1st & 2nd Floors bedrooms are occupied by 2 clients. The 3rd floor are 1 resident
20	private rooms. Bedroom Staff: No bedrooms will be used for awake staff. Bathrooms: 124 bathrooms,
21	60 114 located in each room of the 3 floors of the facility: have working toilets and wash basin, a walk-in
22	shower with folding bench, grab bars, and mats. 12 other bathrooms are visitor bathrooms, located in
23	every floor. Linens & Hygiene Supplies: Beds have the required linen/supplies which include,
24	pillowcase, mattress pads, fitted sheet, blanket and bedspreads. Adequate supply of linen is stored in
25	garage where the Laundry room is located.

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond
NAME OF LICENSING PROGRAM ANALYST: Ana Soto

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/06/2021

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

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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: SILVERADO SENIOR LIVING-BEVERLY PLACE

FACILITY NUMBER: 198603266

VISIT DATE: 04/06/2021

NARRATIVE

1 **. Emergency Phone Numbers, Exit Plan, & Menu:** Emergency numbers and menu are posted and
2 readily available for review in lobby. Facility has a land line telephone located in the receptionist station/
3 Lobby. 3 Fire extinguisher, in the kitchen areas of the 3 floors, which are labeled, they are tagged with
4 current annual checks. **Food Service:** Dishes, cups, and flatware are stored in the kitchen cupboards,
5 inspected and in good repair. Knives, cutlery, and other sharp kitchen utensils are stored in locked
6 storage drawers in the kitchen cabinets. Adequate food supply is stored in kitchen, and consists of the
7 following: 2 day perishables, and 7 week non-perishables. **Smoke Detectors:** There are 118 hard wired
8 and inter-connected smoke detectors which are connected to the Fire Department. Carbon monoxide
9 detectors in all the rooms in the facility. **Appliances:** Stove burners, oven, microwave, freezers and
10 washers/dryers are in working condition. The residence is equipped with central heat and air
11 conditioning. There is thermostat's for each floor to regulate the temperature in the residents rooms.
12 **Toxins:** Cleaning supplies, and toxins are stored in the laundry room in the basement. **Water**
13 **Temperature:** Water was tested in bathrooms and kitchen sink within 105-120 degrees Fahrenheit
14 range. **Medication, First-Aid Kit & Book:** Designated area for centrally stored medication is located the
15 1st, 2nd, and 3rd floors in the wellness rooms. A first-aid kit has been inspected which has at least the
16 following: thermometer, tweezers, scissors, antiseptic, bandages, gauze and current first aid manual,
17 which are stored with medication in the wellness rooms, available for staff use but inaccessible to
18 clients. **Clients & Staff Files:** Designated area for files will be located in the administrators office.
19 **Pools/Jacuzzi & Pets:** No bodies of water on these premises. The facility has 10 pets (dogs) in the
20 facility. **Fire Clearance:** Fire clearance does indicate delayed egress or any locked perimeter.
21 **Component III was waived, due to facility already manages other facilities presently.** LPA also
22 explained ROM 20-28 at the time of the Pre-Licensing.

23
24 There are no corrections to be made.

25
26
27
28 A tele-visit exit interview was conducted and a copy of this report has been furnished to the applicant via
29 email for signature. Accordingly, LPA will submit a copy of this facility evaluation report to the Central
30 Applications Unit (CAU) for review. If the applicant has questions regarding the status of the application,
31 they have been instructed to communicate with the CAU Analyst assigned to their application.
32

NAME OF LICENSING PROGRAM MANAGER: Janae Hammond

NAME OF LICENSING PROGRAM ANALYST: Ana Soto

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 04/06/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/06/2021

LIC809 (FAS) - (06/04)

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