

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 198603267

Report Date: 03/04/2021

Date Signed: 03/05/2021 01:16:41 PM

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|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 1000 CORPORATE CNTR<br>DR. ST 500<br>MONTEREY PARK, CA 91754 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|                |                                      |                         |                  |
|----------------|--------------------------------------|-------------------------|------------------|
| FACILITY NAME: | SILVERADO SENIOR LIVING-SIERRA VISTA | FACILITY NUMBER:        | 198603267        |
| ADMINISTRATOR: | GWINN, VIDA                          | FACILITY TYPE:          | 740              |
| ADDRESS:       | 125 E. SIERRA MADRE AVE              | TELEPHONE:              | (949) 240-7200   |
| CITY:          | AZUSA                                | STATE: CA               | ZIP CODE: 91702  |
| CAPACITY:      | 87                                   | CENSUS: 50              | DATE: 03/04/2021 |
| TYPE OF VISIT: | Prelicensing                         | UNANNOUNCED TIME BEGAN: | 01:00 PM         |
| MET WITH:      | Vida Gwinn & Selene Rangel           | TIME COMPLETED:         | 03:30 PM         |

| NARRATIVE |  |
|-----------|--|
| 1         | Licensing Program Analyst (LPA) David Sicairos conducted an announced pre licensing visit. Due to the      |
| 2         | situation surrounding the Coronavirus Disease 2019 (COVID-19), and to implement mitigation                 |
| 3         | measures, today's visit was conducted via Microsoft Teams with Administrator Vida Gwinn & Selene           |
| 4         | Rangel Director of Health Care Services.   |
| 5         |  |
| 6         | The facility has a fire clearance from the local Fire Department approved for 87 non-ambulatory            |
| 7         | residents aged 60 and older. Hospice Waiver approved for 12 residents. Approved for delayed egress,        |
| 8         | secured perimeter, and secured locked perimeter. This is a 2 story building which includes Terrace Park    |
| 9         | (1st floor and 2nd floor) and Canyon View (1st floor).   |
| 10        |  |
| 11        | The following areas were inspected during the televisit tour of the physical plant with the Administrator: |
| 12        | Common areas, kitchen, dining room, activity room, living room, and laundry room. A random sample of       |
| 13        | resident rooms were inspected in each floor. Resident bedrooms have the required furniture with            |
| 14        | sufficient closet space. Bathrooms were clean, toilets and water faucets worked properly and included      |
| 15        | all functional fixtures such as secure grab bars. Emergency call buttons were observed in every resident   |
| 16        | room. A random sample were tested and operable. Showers were free of mold/ mildew and non-skid             |
| 17        | mats or strips were properly in place. Water temperature was measured in various different resident        |
| 18        | bathrooms throughout the facility and measured between 105.2F - 118.5F which meets Title 22                |
| 19        | Regulations. A locked storage area for central storage of medications were observed in both medication     |
| 20        | rooms. The walls, ceilings, floors, window screens and areas around the facility were clean and in good    |
| 21        | repair. Several fire extinguishers were observed throughout the facility in the hallways. Smoke detectors  |
| 22        | and carbon monoxide detectors were observed throughout the facility which are hardwired and operable       |
| 23        | in the common areas. Each resident bedroom also has carbon monoxide detectors. Doors, exits,               |
| 24        | hallways, and passageways were clear and free of obstruction. There is a pool on the premises that is      |
| 25        | surrounded by fencing and in compliance with state and local building codes.                               |

(CONTINUED ON 809C)

Rebecca Orendain

David Sicairos



DATE: 03/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/04/2021

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 CNTR  
DR. ST 500  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SILVERADO SENIOR LIVING-SIERRA  
VISTA

FACILITY NUMBER: 198603267

VISIT DATE: 03/04/2021

### NARRATIVE

1 All necessary postings were observed to be posted in appropriate places. A current disaster and mass  
2 casualty plan is maintained at the facility. An operating telephone was observed on the premises, which  
3 is easily accessible and available for resident use.  
4  
5 Several first aid kits were observed throughout the facility which included all required supplies. The  
6 refrigerators were observed to be at 45 degrees Fahrenheit and the freezer at 0 degrees Fahrenheit.  
7 Food storage and preparation areas, which includes pantries, cupboards, drawers and counters were  
8 observed to be clean and appropriate for food preparation. Appliances such as a microwaves,  
9 refrigerators, and stoves were observed to be clean and operating properly. Food utensils were clean  
10 and sufficient for the number of residents to be served. The outdoor patio areas were observed to have  
11 well shaded areas and were furnished for outdoor use.  
12  
13  
14 No outstanding or pending items were observed by LPA requiring additional pre-licensing visits. LPA  
15 Sicairos will notify the assigned Centralized Applications Bureau (CAB) Analyst of the completed pre-  
16 licensing facility evaluation visit conducted, which included the Component III Orientation.  
17  
18 Exit interview conducted and a copy of this report was emailed to the Administrator and Director of  
19 Health Care Services for signature.  
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SUPERVISOR'S NAME: Rebecca Orendain

LICENSING EVALUATOR NAME: David Sicairos

LICENSING EVALUATOR SIGNATURE:

DATE: 03/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/04/2021