

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 198603319  
Report Date: 05/17/2021  
Date Signed: 05/18/2021 09:15:49 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
FACILITY NAME: BEVERLY HILLS TERRACE		FACILITY NUMBER:	198603319
ADMINISTRATOR: STRIKS, AHARON		FACILITY TYPE:	740
ADDRESS: 1470 S ROBERTSON BLVD		TELEPHONE:	(818) 293-2007
CITY: LOS ANGELES	STATE: CA	ZIP CODE:	90035
CAPACITY: 110	CENSUS: 76	DATE:	05/17/2021
TYPE OF VISIT: Case Management - Incident	UNANNOUNCED	TIME BEGAN:	11:00 AM
MET WITH: Clifford Johnson, Assistant Administrator		TIME COMPLETED:	12:00 PM

NARRATIVE	
1	On 05/17/2021 around 11:00am Licensing Program Analyst (LPA) Martessa Brown conducted an
2	unannounced Case Management – Incident to conduct a Health & Safety check and follow-up on an
3	incident reported to Community Care Licensing (CCL). During today's visit LPA met with Clifford
4	Johnson and the purpose of the visit was explained. On 5/14/21, CCL received an incident report
5	regarding Resident #1. According to the incident report R1 jumped off a freeway overpass and is now
6	deceased.
7	
8	During today's visit LPA toured facility's physical Plant. The tour consisted of a 3--story building, all
9	common areas which included but were not limited to; building entrances, reception areas, office,
10	hallways, public restrooms, dining room, kitchen, pantry, medication storage and patio area. LPA also
11	reviewed the facility's entry procedures, body temperature monitoring practices, social distancing
12	practices, protective facial covering practices and disinfection/sanitation practices.
13	
14	LPA requested copies of the staff and resident rosters along with a copy of the following from Resident
15	#1 facility's record by 5/19/2021.
16	• Pre-Placement Appraisal's
17	• Admission Agreement
18	• Identification and Emergency Information's
19	• Reappraisals
20	• Needs and Services Plans
21	• Behavior assessments
22	• Physicians Reports
23	• Medication Logs
24	• Incident Reports
25	• Progress Notes
	• Hospital discharge notes
	• Death Certificate
	Due to insufficient information further investigation is needed.

A telephonic exit interview was conducted with administrator and a hard copy was provided.

**NAME OF LICENSING PROGRAM MANAGER:** Janae Hammond

**NAME OF LICENSING PROGRAM ANALYST:** Martessa Brown

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/17/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/17/2021

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