

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603348
Report Date: 10/07/2021
Date Signed: 10/07/2021 01:56:58 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: MERRILL GARDENS AT WEST COVINA		FACILITY NUMBER:	198603348
ADMINISTRATOR: FISCHER, SHERRY		FACILITY TYPE:	740
ADDRESS: 1400 WEST COVINA PKWY		TELEPHONE:	(206) 676-5300
CITY: WEST COVINA	STATE: CA	ZIP CODE:	91790
CAPACITY: 150	CENSUS: 69	DATE:	10/07/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	11:26 AM
MET WITH: Patricia Colin; Business Office Director		TIME COMPLETED:	02:06 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) David Sicairos conducted an unannounced annual visit using the
2	Infection Control Evaluation Tool. LPA met with Patricia Colin and explained the reason for the visit.
3	Physical Plant was toured, sample record of medications were reviewed, and food supply was
4	inspected.
5	
6	The following was observed/inspected:
7	
8	• LPA and Ms. Colin toured the facility which included the following: Mailroom, Beauty Salon,
9	Exercise Room, Medication Room, Movie Theater, Activity Room, Dining Room, Kitchen, and
10	Memory Care Unit. There is a shaded seating area for the residents located in the 5th floor open
11	area. Passageways and exits are free of obstruction. The water temperature was tested in a
12	random selection of resident bathrooms in each floor and measured between 110F - 114.9F
13	which is within the required 105F - 120F. Resident bedrooms have the required furniture such as
14	bed frames, dressers, lamps and chairs. Bedrooms also have sufficient closet space. Resident
15	beds have the required linen and the linen is in good condition. Smoke detectors and carbon
16	monoxide detectors were observed throughout the facility and in each resident apartment and
17	were tested and operable during the visit. LPA observed multiple fire extinguishers throughout the
18	facility which were fully charged. Kitchen appliances are clean and were operating at the time of
19	the visit. Sharps are locked in the kitchen and are inaccessible to residents. Cleaning supplies
20	and toxins are locked and are inaccessible to residents. Multiple First Aid kits were inspected and
21	were fully stocked with current manuals.
22	• Signs are posted throughout the facility to promote hand washing, cough/sneeze etiquette, and
23	physical distancing.
24	• Sufficient supply of 2 days perishable & 7 days non-perishable foods were observed.
25	• 6 resident medications were randomly selected for review. Medications are centrally stored in the
	medication room. Medications are documented properly and given as prescribed.
	• Staff and Resident files were not reviewed during today's visit.

Per California Code of Regulations, Title 22, and California Health and Safety Code, there were no deficiencies observed during the visit. Exit interview held and a copy of the report was provided.

Rebecca Orendain
David Sicairos



DATE: 10/07/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/07/2021

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