

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603384
Report Date: 06/09/2021
Date Signed: 06/09/2021 03:39:28 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 CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: PASADENA HIGHLANDS	FACILITY NUMBER: 198603384
ADMINISTRATOR: CANO, KAY	FACILITY TYPE: 740
ADDRESS: 1575 E WASHINGTON BLVD	TELEPHONE: (801) 815-0808
CITY: PASADENA	STATE: CA
CAPACITY: 245	ZIP CODE: 91104
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 147
MET WITH: Brodey DeBorde, Executive Director	DATE: 06/09/2021
	UNANNOUNCED TIME BEGAN: 01:30 PM
	TIME COMPLETED: 02:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Galarza conducted a Case Management-Deficiencies visit due to
2	observations made during complaint control #: 28-AS-20210607141758 visit. LPA met with Executive
3	Director Brodey DeBorde and explained the purpose of the visit.
4	
5	
6	<u>The following were observed/inspected:</u>
7	
8	• At 10:59 am LPA tested the two delayed egress exit doors in the memory care unit. They require
9	a manual code to enter/exit. The main delayed egress door was not working properly. The right
10	side of the door did not open after the delayed egress time of 15 seconds, nor did the alarm
11	sound off. Executive Director also tested the door.
12	
13	
14	• The facility currently does not have displayed in the main entry of the facility the required poster
15	that contains information on the appropriate reporting agency in case of a complaint as per
16	Senate Bill 895 (Corbett), Chapter 704, Statutes of 2014. This law became effective January 1,
17	2015. LPA conducted a tour of the 1st and 2nd floor lobby entrance areas determined that the
18	poster was not displayed as required. Administration confirmed the CDSS Let Us No poster is not
19	posted anywhere in the facility.
20	
21	
22	
23	Deficiencies are cited in LIC 809D.
24	
25	Exit interview conducted with Executive Director Brodey DeBorde. Appeal Rights were issued.

Lisa Hicks Noemi Galarza

DATE: 06/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/09/2021

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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Created By: Noemi Galarza On 06/09/2021 at 01:14 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: PASADENA HIGHLANDS

FACILITY NUMBER: 198603384

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 06/09/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 06/10/2021 Section Cited	1 87705(j) Care of Persons with 2 Dementia. The licensee shall have an 3 auditory device or other staff alert 4 feature to monitor exits, if exiting 5 presents a hazard to any resident. 6 7 This requirement was not met by evidence of:		
	8 Based on observation at 10:59 am 9 during the delayed egress door 10 testing in the memory care unit, as a 11 part of a complaint investigation it 12 was observed the right door did not 13 open after the delayed egress time of 14 15 seconds. In addition, the alarm did not sound off on that door. The left side door was operable. This poses an immediate health and safety risk.	8 9 10 11 12 13 14	
Type B 06/10/2021 Section Cited	1 1569.33(i)(1)(2) Unannounced 2 inspections; notification of 3 deficiencies; compliance; reports. 4 The department shall design, or 5 cause to be designed, a poster that 6 contains information on the 7 appropriate reporting agency in case of a complaint or emergency. Each residential care facility for the elderly shall post this poster in the main entryway of its facility.		
	8 Based on physical plant observation 9 with Health and Wellness Director a 10 complaint poster with DSS/CCLD 11 complaint phone number was not 12 observed in the 1st and 2nd floor 13 main entryway areas. 14	8 9 10 11 12 13 14	

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	Lisa Hicks
LICENSING EVALUATOR NAME:	Noemi Galarza
LICENSING EVALUATOR SIGNATURE:	
	DATE: 06/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 06/09/2021