

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

Facility Number: 198603444  
Report Date: 01/17/2023  
Date Signed: 01/17/2023 02:03:51 PM

**Document Has Been Signed on 01/17/2023 02:03 PM - It Cannot Be Edited**

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: WALNUT VALLEY SENIOR LIVING COMMUNITY	FACILITY NUMBER: 198603444
ADMINISTRATOR: MATSUMOTO, CHRISTINIA	FACILITY TYPE: 740
ADDRESS: 19850 E COLIMA ROAD	TELEPHONE: (909) 595-5030
CITY: WALNUT STATE: CA	ZIP CODE: 91789
CAPACITY: 120	CENSUS: 60 DATE: 01/17/2023
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 11:00 AM
MET WITH: Christina Matsumoto (Executive Director)	TIME COMPLETED: 02:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Kruz Long conducted an unannounced visit to the facility to conduct
2	an Annual Inspection. Upon arrival, LPA met with Christina Matsumoto (Executive Director) and
3	explained the purpose of the visit.
4	
5	The facility is licensed to serve: AGE RANGE 60 AND OVER. 120 NON-AMBULATORY, OF WHICH 10
6	MAY BE BEDRIDDEN. ROOMS 129-145 AND ALL FIRST FLOOR ROOMS APPROVED FOR
7	BEDRIDDEN EXCEPT FOR 101,103,105,107,109,111. 3 EXTERIOR GATES. APPROVED FOR
8	DELAYED EGRESS. HOSPICE WAIVER FOR 10.
9	
10	During today's inspection, LPA observed the following: Facility maintains in conformity with the
11	regulations adopted by the State Fire Marshal for the protection of life and property against fire and
12	panic. Facility is not operating over capacity or beyond any conditions and limitation on the license. No
13	ammunition or firearms on the premises. Facility maintains a comfortable temperature for residents. All
14	outdoor and indoor passageways are free of obstruction. Hot water temperature measured between 105
15	degrees F and 120 degrees F in various bathrooms on each floor. The presence of grab bars for each
16	toilet, bathtub and shower used by residents was observed. Bathtub or shower have non-skid mats or
17	strips. Beds have the required linen/supplies which include pillowcase, mattress pads, fitted sheet,
18	blanket and bed spreads. Adequate supply of linens are stored in supply room. Facilities have a signal
19	system that operates from each resident's living unit. Minimum of one week supply of nonperishable
20	foods and 2 days of perishable foods was observed. All readily perishable foods or beverages capable
21	of growth of micro-organisms is stored in covered containers at appropriate temperature. Smoke and
22	Carbon Monoxide detectors are operable. The facility has sufficient and competent staff to provide the
23	services needed to meet resident needs. Delayed egress devices is not substituted for trained staff in
24	sufficient numbers to meet the needs of all dementia residents and to escort residents who leave the
25	facility. Items that could constitute a danger is stored inaccessible to dementia residents. Staff has
	criminal record clearance. Continue to LIC9099C.....

Fernando Fierros
Kruz Long

DATE: 01/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/17/2023

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

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:** WALNUT VALLEY SENIOR LIVING  
COMMUNITY

**FACILITY NUMBER:** 198603444

**VISIT DATE:** 01/17/2023

**NARRATIVE**

1 Staff responsible for direct care and supervision have current first aid training. Facility have a disaster  
2 and mass casualty plan. Employee of CCLD is allowed to enter the facility to conduct inspection. A  
3 certified administrator is on the premise for a sufficient number of hours to manage and oversee the  
4 business operation. Centrally stored medications are kept safe and locked in the medication room..  
5

6 No deficiencies were observed during today's visit.  
7

8 An exit interview was conducted and a copy of this report was provided to Christina Matsumoto,  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Fernando Fierros

**LICENSING EVALUATOR NAME:** Kruz Long

**LICENSING EVALUATOR SIGNATURE:**

DATE: 01/17/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/17/2023