

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 198603479
Report Date: 08/24/2021
Date Signed: 08/24/2021 01:34:27 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: OAKMONT OF WHITTIER	FACILITY NUMBER: 198603479
ADMINISTRATOR: YOUNAN, HEATHER	FACILITY TYPE: 740
ADDRESS: 13617 WHITTIER BLVD.	TELEPHONE: (562) 693-8222
CITY: WHITTIER	STATE: CA
CAPACITY: 97	ZIP CODE: 90605
TYPE OF VISIT: Prelicensing	CENSUS: 68
MET WITH: Patricia Gustin, Associate Executive Director	ANNOUNCED
	DATE: 08/24/2021
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 01:50 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Angelica Rea conducted an announced visit to Oakmont of Whittier
2	for the purpose of a Pre-Licensing visit. Upon arrival LPA met with Patricia Gustin, Associate Executive
3	Director, who
4	provided assistance with the tour of the physical plant.
5	
6	An application was submitted to CCLD on 04/30/2021, for a Change of Ownership for a Residential
7	Care Facility for the Elderly, licensed to serve Adults 60 years and older. The requested capacity is for
8	90, Non-Ambulatory Adults, 7 of which may be bedridden. The fire clearance was approved by the L.A.
9	County Fire Department on 05/13/2021. There facility consists of assisted living residences and memory
10	car residences. There are currently 41 residents in the assisted living facility and 27 memory care
11	residents.
12	
13	This property is comprised of one large two story building and contains (74) Units. The first floor
14	contains: Lobby/Front desk reception area, Administrative offices, Computer room, Salon, Coffee
15	Lounge, Dining room, Kitchen, Men/Women restroom, Living Room, Reading Room, Activity Room,
16	Medication Room, Wellness Center, Beauty Salon, Massage Room, Fitness Center, Laundry room,
17	Private Dining room and Resident rooms. The memory care side of the facility consists of: Resident
18	rooms, dining room, activity room, quiet area, and medication room. The second floor contains: Staff
19	break Room, Theater, Men/Women restroom, Laundry Room and Resident rooms. The outdoor grounds
20	contained body of water in a fountain in the center of a courtyard which contains sufficient patio furniture
21	with umbrellas for shade. Passageways, walkways and patios are free from obstructions and hazards.
22	The facility is equipped with central air and heat.
23	
24	LPA toured resident bedrooms, all contained required beds, bedding, furniture, storage space and
25	lighting. The water temperature was tested in resident rooms and measured between 120.2 *F - 125.6*F
	respectively. The signal system was checked and observed to be functioning properly. All bathrooms
	have a working toilet, sink faucet, shower, and have grab bars located inside the shower and near the
	toilet.

Angelica Rea



DATE: 08/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/24/2021

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: OAKMONT OF WHITTIER

FACILITY NUMBER: 198603479

VISIT DATE: 08/24/2021

NARRATIVE

- 1 Emergency Phone Numbers, Emergency Disaster Plan, Personal Rights, Ombudsman poster, Exit Plan
- 2 & Menu were observed to be clearly marked and accessible to the residents. Resident rooms contained
- 3 facility sketch attached to the doors for resident orientation. Fire Extinguishers were located on each
- 4 floor mounted on the wall.
- 5
- 6 The food supply was checked and contained an adequate amount of perishable and non-perishables,
- 7 canned goods, meats, fruits and vegetables. The kitchen and dining room was inspected, refrigerator
- 8 and freezers were observed to be clean and sanitary. An assortment of dishware, commercial pots and
- 9 pans and utensils stored in kitchen. Sharps and hazardous materials were inaccessible to residents in
- 10 the commercial kitchen. Cleaning agents/toxins are locked in the housekeeping storage closet.
- 11 Knives/sharps are not accessible to residents.
- 12
- 13 The smoke detectors were reviewed to be battery operated and functioning properly. Carbon monoxide
- 14 detector is operational. The Associate Executive Director stated the hard-wired alarm system is tested bi
- 15 -annually. In addition, the facility has a resident emergency response system for pendants and push
- 16 buttons inside the resident bathrooms. A first aid kit has been inspected and includes thermometer,
- 17 tweezers, scissors, a supply of bandages and gauze including, a current first aid manual, which are
- 18 stored in medication room on the second floor, first floor front desk and in the kitchen locked and
- 19 inaccessible to residents. The facility does not manage resident cash resources.
- 20
- 21 The following items must be corrected and proof of correction shall be submitted to the CCLD office to
- 22 the attention of LPA, Angelica Rea by 08/30/2021.
- 23
- 24 Associate Executive Director was advised if additional time is required to correct and complete the noted
- 25 exceptions above, then an extension in writing should be requested prior to the due date.
- 26
- 27 The Component III Orientation will be reviewed with Associate Executive Director, upon return during the
- 28 Plan of Correction visit 8/30/2021.
- 29
- 30 An Exit interview was conducted and a copy of this report given to Patricia Gustin, Associate Executive
- 31 Director.
- 32

SUPERVISOR'S NAME: Lisa Hicks

LICENSING EVALUATOR NAME: Angelica Rea

LICENSING EVALUATOR SIGNATURE:

DATE: 08/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/24/2021