

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 277209241
Report Date: 09/12/2022
Date Signed: 09/12/2022 04:13:18 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, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	PACIFIC GROVE SENIOR LIVING	FACILITY NUMBER:	277209241
ADMINISTRATOR:	FAY, SHARON	FACILITY TYPE:	741
ADDRESS:	551 GIBSON AVENUE	TELEPHONE:	(831) 657-5200
CITY:	PACIFIC GROVE	STATE:	CA
CAPACITY:	150	ZIP CODE:	93950
TYPE OF VISIT:	Prelicensing	CENSUS:	62
MET WITH:	Sarah Ehret Sharon Fay	DATE:	09/12/2022
		UNANNOUNCED TIME BEGAN:	01:15 PM
		TIME COMPLETED:	04:31 PM

NARRATIVE	
1	On 9/12/2022, Licensing Program Analyst (LPA) M. Medina conducted an unannounced Pre licensing
2	Inspection. LPA introduced self and stated purpose of the visit. LPA met with Sarah Ehret, Executive
3	Director and conducted facility tour.
4	
5	The facility has applied for license under change of ownership. There are currently 62 residents in care,
6	of which 45 are Independent Living and 17 are Assisted Living. The facility also has a Skilled Nursing on
7	site which is licensed by CDPH and was not toured.
8	
9	Facility tour conducted, facility appeared clean and in good repair. Rooms toured in Independent Living
10	include #318 and #319 toured in main building, #A22 in Cottage, and #31 in West Wing. Room toured in
11	Assisted Living include #242. All medication observed to be locked and secured in medication cart in
12	Assisted Living, additional supplies are locked and secured in medication room. Inside common areas of
13	facility have adequate seating and lighting. Resident rooms are equipped with call buttons that notify
14	nurses station and page staff. All residents are also provided with emergency pendant alarms to wear
15	for assistance.
16	
17	Kitchen toured, facility is equipped with enough plates, cups, utensils for residents in care. Facility
18	currently receives food deliveries for produce 4-6 times per week, canned goods 2 times per week, dairy
19	2 times per week and meat/poultry 2-4 times per week. LPA observed facility to have a minimum of 2
20	day supply of perishable food and a 7 day supply of non-perishable food available.
21	
22	
23	Water temperature measured at 120 degrees. Fire extinguishers present through out facility, with a
24	service date of 4/18/22. Carbon monoxide detectors present and observed operational. Facility is
25	equipped with pull stations and fire sprinklers.

NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann
NAME OF LICENSING PROGRAM ANALYST: Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/12/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/12/2022

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, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: PACIFIC GROVE SENIOR LIVING

FACILITY NUMBER: 277209241

VISIT DATE: 09/12/2022

NARRATIVE

- 1 Fitness center is primarily available for Independent Living residents with scheduled classes scheduled
- 2 on activity calendar. Additional modified activities are also available for Assisted Living residents.
- 3
- 4 LPA observed the required facility postings to include disaster plan, personal rights, discrimination
- 5 notice, theft and loss policy, facility sketch identifying the emergency exits, CCLD complaint poster and
- 6 Long Term Care Ombudsman poster.
- 7
- 8 Outside seating areas have adequate seating and shade available for residents.
- 9
- 10 Component III was conducted with Sarah Ehret, Executive Director and Sharon Fay, BSN
- 11 RN/Administrator.
- 12
- 13 Pre-Licensing is complete and this facility has no deficiencies.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: Melinda Medina

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 09/12/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/12/2022