

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306000961
Report Date: 06/08/2022
Date Signed: 06/08/2022 12:56:53 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, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: WALNUT VILLAGE	FACILITY NUMBER: 306000961
ADMINISTRATOR: NADINE A. ROISMAN	FACILITY TYPE: 741
ADDRESS: 891 WALNUT STREET	TELEPHONE: (714) 776-7150
CITY: ANAHEIM	STATE: CA
CAPACITY: 300	ZIP CODE: 92802
TYPE OF VISIT: Required - 1 Year	CENSUS: 184
MET WITH: Joel Goldfain, Pamela Lowe, Debbie Infield	DATE: 06/08/2022
	UNANNOUNCED TIME BEGAN: 09:14 AM
	TIME COMPLETED: 01:05 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Edward Tapia made an unannounced required annual inspection at
2	this facility. LPA met with staff Joel Goldfain and Pamela Lowe and stated the purpose of this visit.
3	Executive Director Debbie Infield arrived during the visit at 11:30 AM and provided assistance.
4	
5	The facility is a three level structure and licensed for 138 non-ambulatory with a hospice waiver for 20.
6	This facility is a Residential Care For the Elderly Continuing Care.
7	
8	At 9:14 AM, LPA Tapia was granted entry after completing the Coronavirus 2019 (COVID 19) screening
9	procedure. For this visit, LPA did not observe the PUB475 See Something, Say Something poster
10	posted by the front desk. LPA toured the interior and exterior portions of the facility. LPA Tapia inspected
11	seventeen rooms at random. Rooms were provided with furniture in good repair, clean linens, adequate
12	storage space, and kept free of tripping hazards. Hardwired smoke, carbon monoxide, and auditory exit
13	alarms were tested to be operational. All bathrooms were provided with grab bars and non-skid floor
14	mats, and hot water measured between the ranges of 72.8 to 109.9 degrees Fahrenheit. LPA made staff
15	aware that water temperature needs to be from 105 to 120 degrees Fahrenheit. LPA Tapia observed
16	hand washing signs in the community bathrooms but none in the resident's bathrooms. Facility had
17	hand sanitizers mounted on the wall throughout the facility and in the common areas. Facility met the
18	minimum two-day supply of perishable and seven-day supply of non-perishable food stock
19	requirements. Medications, cleaning supplies and sharp items were inaccessible to residents in care.
20	Facility had adequate supplies of personal protective equipment in place. Fire extinguishers were
21	mounted and charged. For the exterior portion, facility had outside furniture in good repair; and grounds
22	were free of tripping hazards.
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24	
25	

NAME OF LICENSING PROGRAM MANAGER: Sheila Santos
NAME OF LICENSING PROGRAM ANALYST: Edward Tapia

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/08/2022

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, 770 THE CITY DR., SUITE 7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: WALNUT VILLAGE

FACILITY NUMBER: 306000961

VISIT DATE: 06/08/2022

NARRATIVE

1 Facility did have two fountains and rose bushes. Facility had an underground garage LPA Tapia
 2 reviewed the COVID 19 mitigation plan of the facility. LPA discussed Assembly Bill 665 that requires a
 3 licensee of any adult care residential facility that has internet service to provide at least one internet
 4 access device, such as a computer, smart phone, tablet or other device, that: can support real-time
 5 interactive applications; is equipped with video conferencing technology, including microphone and
 6 camera functions; and is dedicated for client or resident use.
 7
 8 For this visit, no deficiency was noted in areas observed. No citation was issued. Three advisories were
 9 issued.
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 11 LPA Tapia conducted an exit interview with Executive Director Debbie Infield ; and copy of this report
 12 was left at the facility.
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NAME OF LICENSING PROGRAM MANAGER: Sheila Santos

NAME OF LICENSING PROGRAM ANALYST: Edward Tapia

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 06/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/08/2022