

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306004712  
Report Date: 04/11/2022  
Date Signed: 04/14/2022 01:22:52 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ADELYA SENIOR HOME	FACILITY NUMBER: 306004712
ADMINISTRATOR: LAWRENCE LINDSEY	FACILITY TYPE: 740
ADDRESS: 16912 SAGA DRIVE	TELEPHONE: (323) 326-9062
CITY: YORBA LINDA	STATE: CA
CAPACITY: 6	ZIP CODE: 92886
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 04/11/2022
MET WITH: Jennylyn Maget	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Claudia Gutierrez conducted this unannounced required/annual
2	inspection. LPA was greeted by caregiver Ugene and Jennylyn Maget. Administrator (AD) Larry Lindsey
3	was contacted by phone but could not be present stating they were out of town. LPA Gutierrez
4	discussed the purpose of the inspection with AD over the phone and present caregivers. AD stated
5	caregivers would be able to complete inspection. During the inspection LPA and caregivers conducted a
6	tour of the inside and outside of the facility, common areas, resident rooms, kitchen, garage and
7	observed the following:
8	
9	This is a single-story house with five bedrooms and two bathrooms, with one bedroom being used for
10	live-in staff. During the inspection, LPA observed there were 2 staff present and 5 residents in care.
11	Residents were observed relaxing watching tv in the living room and in their respective bedrooms. LPA
12	inspected common areas, resident rooms, kitchen, and garage and observed a 2-day supply of
13	perishables and a 7-day supply of non-perishable food is available. LPA observed hallways and
14	walkways were free of obstruction. Resident files were also review and three of five resident files were
15	found to have incomplete emergency contact information; a deficiency was cited on this day.
16	
17	LPA reviewed and confirmed facility policies and practices regarding resident screening, staff screening,
18	visitation, COVID-19 surveillance testing, COVID-19 clearance testing, quarantine, isolation, cohorting,
19	infection control training, PPE, staffing and staffing shortages.
20	
21	Based on the observations made during today's inspection, one deficiency is being cited per Title 22
22	Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this
23	report was left at the facility.
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Alisa Ortiz
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Claudia Gutierrez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/11/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/11/2022

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: Claudia Gutierrez On 04/11/2022 at 10:24 AM**

**Link to Parent Document Below:**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY  <b>FACILITY EVALUATION REPORT (Cont)</b>	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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**FACILITY NAME:** ADELYA SENIOR HOME

**FACILITY NUMBER:** 306004712

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 04/11/2022

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	Type B	Section Cited	CCR	87465(f)(1)	
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**Incidental Medical and Dental Care Services**

(f) Emergency care requirements shall include the following: (1) The name, address, and telephone number of each resident's physician and dentist shall be readily available to that resident, the licensee, and facility staff.

This requirement is not met as evidenced by:

	<b>Deficient Practice Statement</b>
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in three out of five resident files which poses a potential health and safety risk to persons in care.
	<b>POC Due Date:</b> 04/15/2022
	<b>Plan of Correction</b>
1 2 3 4	Facility needs to update forms and email LPA Claudia Gutierrez a copy of forms completed by 04/15/2022.

		Section Cited			
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	<b>Deficient Practice Statement</b>
1 2 3 4	
	<b>POC Due Date:</b>
	<b>Plan of Correction</b>
1 2 3 4	

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

<b>SUPERVISOR'S NAME:</b>	Alisa Ortiz
<b>LICENSING EVALUATOR NAME:</b>	Claudia Gutierrez
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 04/11/2022

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 04/11/2022