

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 306005187

Report Date: 04/05/2022

Date Signed: 04/12/2022 08:05:45 AM

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|--|---|
| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 770 THE CITY DR., SUITE 7100<br>ORANGE, CA 92868 |
| <b>FACILITY EVALUATION REPORT</b>                      |   |

|  |                                  |
|--|----------------------------------|
| FACILITY NAME: FOREVER YOUNG MEMORY CARE | FACILITY NUMBER: 306005187       |
| ADMINISTRATOR: YOUNG, WILLIAM            | FACILITY TYPE: 740               |
| ADDRESS: 12792 DEAN STREET               | TELEPHONE: (714) 420-2210        |
| CITY: SANTA ANA                          | STATE: CA                        |
| CAPACITY: 6                              | ZIP CODE: 92705                  |
| TYPE OF VISIT: Required - 1 Year         | CENSUS: 6                        |
| MET WITH: William Young                  | DATE: 04/05/2022                 |
|  | UNANNOUNCED TIME BEGAN: 03:45 PM |
|  | TIME COMPLETED: 05:30 PM         |

| NARRATIVE |  |
|-----------|--|
| 1         | Licensing Program Analyst (LPA) Michelle Reed made an unannounced visit to the         |
| 2         | facility to conduct an Annual visit. Upon arrival LPA met with Staff Sam Gamboa and    |
| 3         | Susan Lanser. Administrator William Young was contacted via telephone and arrived      |
| 4         | a short time after LPA. The focus of the visit was Infection Control. The facility was |
| 5         | toured with Ms. Gamboa and then Mr. Young when he arrived. The following was           |
| 6         | observed:  |
| 7         |  |
| 8         |  |
| 9         | Covid signs were posted outside and inside the facility and a sanitization             |
| 10        | station(portable sink) was set up just inside the front entrance. LPA's temperature    |
| 11        | was taken upon arrival and a sign in sheet and questionnaire was available. Facility   |
| 12        | has required Department postings. Restrooms observed contained soap and toilet         |
| 13        | paper. Paper towels were also available. Hand sanitizer, soap, wipes and gloves        |
| 14        | were present and in sufficient supply. The Licensee has at least a 30 day supply of    |
| 15        | PPE. LPA observed an outside visitation area with ample shading. There were six        |
| 16        | residents present. Administrator Certificate for William Young expires 12/2/22. Social |
| 17        | Distancing and masks were observed. Licensee has required Mitigation plan and          |
| 18        | Emergency Disaster Plan. Facility has emergency food and water supply. Facility        |
| 19        | has a secured medication cart for resident medication. Resident files were locked.     |
| 20        |  |
| 21        |  |
| 22        |  |
| 23        |  |
| 24        | During the visit, LPA consulted with staff regarding the importance of maintaining a   |
| 25        | 30 day supply of PPE on site. Additionally, LPA advised the importance of masks and    |
|           | hand washing for staff, visitors, as well as residents. Administrator is reminded to   |
|           | review all Department PINS in regards to Masks, Staff and Resident Testing,            |
|           | Visitation, Dining, Group Activities, Non-essential services, Outings, New Admissions  |

and Entertainment. No deficiencies noted during visit. An exit interview was conducted and a copy of this report was provided to William Young.

**NAME OF LICENSING PROGRAM MANAGER:** Sheila Santos

**NAME OF LICENSING PROGRAM ANALYST:** Michelle Reed

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/05/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/05/2022

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