

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005581
Report Date: 05/16/2022
Date Signed: 05/19/2022 10:12:06 AM

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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: LOVING CARE FACILITY FOR THE ELDERLY	FACILITY NUMBER: 306005581
ADMINISTRATOR: VIJAY KANASE	FACILITY TYPE: 740
ADDRESS: 2622 W OLIVE AVE	TELEPHONE: (657) 354-7340
CITY: FULLERTON	STATE: CA
CAPACITY: 6	ZIP CODE: 92833
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Flor De Guzman- staff	DATE: 05/16/2022
	UNANNOUNCED TIME BEGAN: 01:01 PM
	TIME COMPLETED: 03:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Andrea Mendivil conducted an unannounced visit for the purpose of
2	conducting a required/ annual visit. LPA was greeted and granted entry into the facility by Caregiver Flor
3	De Guzman and explained the reason for the visit. Administrator Vijay Kanase arrived at 1:45pm.
4	
5	At 1:03PM, LPA toured the facility with Caregiver Flor De Guzman. Facility is 4 bedroom, 1 staff/storage
6	room, 3 bathroom, single story home with an attached garage. Facility has 3 residents present during
7	today's visit. LPA observed residents relaxing in the facility and in their respective rooms. Facility
8	appears clean and sanitary. All residents rooms had the required elements as well as restrooms stocked
9	with soap/ sanitizer. LPA observed ring cameras in 2 out of 4 resident bedrooms. LPA observed postural
10	supports in 2 out of 4 resident bedrooms. Administrator was unable to provide physician's orders for
11	postural support. LPA observed the screening/ sanitizing station in the entrance of the facility. The facility
12	mitigation plan has been completed and approved. LPA observed emergency food and water. LPA
13	observed unsecured pre-poured prescription medication in kitchen cabinet. LPA observed locked
14	medication cabinet .LPA observed unsecured cleaning supplies under sink. LPA toured the outside
15	grounds and observed outside shaded visitation area. LPA observed 2 out of 2 exit gates were locked.
16	Facility has a plan for covid testing residents and staff as needed as well as a plan for isolation. LPA
17	observed PPE supply. LPA reviewed all residents files and all contained required documentation
18	including updated emergency information. All staff and residents are vaccinated for Covid 19.
19	
20	Based on the observations made during today's visit, deficiencies are being cited per Title 22 Division 6
21	of the California Code of Regulations. This report was discussed with the facility representative and a
22	copy was provided as well as appeal rights
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz
NAME OF LICENSING PROGRAM ANALYST: Andrea Mendivil

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/16/2022

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: Andrea Mendivil On 05/16/2022 at 01:38 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
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FACILITY NAME: LOVING CARE FACILITY FOR THE ELDERLY

FACILITY NUMBER: 306005581

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/16/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87465(h)(2)	
Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation, the licensee did not comply with the section cited above. LPA observed				
2	unsecured medication in the kitchen which poses an immediate health and safety risk to persons in				
3	care.				
4					
POC Due Date: 05/17/2022					
Plan of Correction					
1	Licensee to correct issue and forward proof to LPA by POC due date.				
2					
3					
4					

	Type A	Section Cited	CCR	87705(f)(2)	
The following shall be stored inaccessible to residents with dementia: (2) Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation the licensee did not comply with the section cited above. LPA observed				
2	unsecured cleaning supplies which poses an immediate health and safety risk to persons in care.				
3					
4					
POC Due Date: 05/17/2022					
Plan of Correction					
1	Licensee corrected during visit.				
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.

SUPERVISOR'S NAME:	Alisa Ortiz
LICENSING EVALUATOR NAME:	Andrea Mendivil
LICENSING EVALUATOR SIGNATURE:	
	DATE: 05/16/2022

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 05/16/2022

LIC809 (FAS) - (06/04)

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Created By: Andrea Mendivil On 05/16/2022 at 02:43 PM
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DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/16/2022

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87468(a)(1)	
<p>(a) In addition to the rights listed in Section 87468.1, Personal Rights of Residents in All Facilities, residents in privately operated residential care facilities for the elderly shall have all of the following personal rights: (1) To have a reasonable level of personal privacy in accommodations, medical treatment, personal care and assistance, visits, communications, telephone conversations, use of the Internet, and meetings of resident and family groups</p> <p>This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					
1	Based on observation, the licensee did not comply with the section cited above in 2 out of 4 resident				
2	bedrooms.LPA observed surveillance cameras in 2 out of 4 bedrooms which poses an immediate				
3	personal rights risk to persons in care.				
4					
POC Due Date: 05/17/2022					
Plan of Correction					
1	Licensee to remove cameras and forward proof to LPA by POC due date.				
2					
3					
4					

	Type B	Section Cited	CCR	87608(a)(3)	
<p>Postural Support(a)Based on the individual's preadmission appraisal, and subsequent changes to that appraisal... Postural supports may be used...(3)A written order from a physician indicating the need for This requirement is not met as evidenced by:</p>					
Deficient Practice Statement					

1	Based on observation the licensee did not comply with the section cited above in 2 out of 4 beds. LPA observed partial bed rails without physician's orders which poses a potential health and safety risk to persons in care.
2	
3	
4	
POC Due Date: 05/17/2022	
Plan of Correction	
1	Licensee to remove rails and forward proof to LPA by POC due date.
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.

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LICENSING EVALUATOR NAME:	Andrea Mendivil
LICENSING EVALUATOR SIGNATURE:	
	DATE: 05/16/2022
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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87203	
All facilities shall be maintained in conformity with the regulations adopted by the State Fire Marshal for the protection of life and property against fire and panic.					
This requirement is not met as evidenced by:					
Deficient Practice Statement					
1	Based on observation , the licensee did not comply with the section cited above in 2 out of 2 exit gates. LPA observed 2 out of 2 exit gates in backyard were locked which poses an immediate health and safety risk to persons in care.				
2					
3					
4					
POC Due Date: 05/17/2022					
Plan of Correction					
1	Licensee to unlock gates and forward proof to LPA by POC due date.				
2					
3					
4					
		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
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.

SUPERVISOR'S NAME:	Alisa Ortiz
LICENSING EVALUATOR NAME:	Andrea Mendivil
LICENSING EVALUATOR SIGNATURE:	
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