

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306005835
Report Date: 08/17/2022
Date Signed: 08/22/2022 10:29:19 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: KIRKWOOD ORANGE	FACILITY NUMBER: 306005835
ADMINISTRATOR: ZEHRA, SYED	FACILITY TYPE: 740
ADDRESS: 1525 E TAFT AVENUE	TELEPHONE: (714) 282-1409
CITY: ORANGE	STATE: CA
CAPACITY: 66	ZIP CODE: 92865
TYPE OF VISIT: Required - 1 Year	CENSUS: 54
MET WITH: ED Sarah John	DATE: 08/17/2022
	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 11:55 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Shobhana Frank conducted an unannounced visit for the purpose of
2	conducting a Required 1 Year inspection. LPA was greeted and granted entry by Executive Director
3	Sarah John and reason for visit was explained.
4	
5	Upon entry LPA was screened per COVID guidelines. LPA tour the facility with Executive Director Sarah
6	John. The facility currently has 54 residents in care, of which 11 are receiving Hospice services. LPA
7	observed residents watching TV in family room. Facility appears clean and sanitary. All resident's rooms
8	had the required elements as well as restrooms stocked with soap/sanitizer. LPA observed the
9	screening/sanitizing station in the entrance of the facility. Visitors sign in and are screened for
10	temperature. Facility takes resident temperatures daily and documents. Facility has COVID precaution
11	postings as well as all required department postings. Facility has completed the Mitigation Plan and is
12	approved. LPA observed adequate emergency food and water supply as well as the First Aid kit which
13	contained all required items. Facility has all required items of PPE on site. LPA toured the outside
14	grounds and observed ample shaded outside visitation area. LPA observed the medication locked in
15	medication cart. Facility has a plan for COVID testing residents and staff as needed as well as a plan for
16	isolation. Staff and most residents are vaccinated for COVID-19. LPA Frank tested the hot water
17	temperature, which measured 113.1 degrees F in resident bathroom. Resident areas were noted to be a
18	comfortable temperature. Smoke detectors and carbon monoxide detector were tested and are
19	operational. Fire extinguishers were fully charged. Fire drill was conducted 8/02/22.
20	LPA Frank reviewed Emergency Disaster Plan (LIC610E); LIC 9020A Client Roster; LIC 808) Mitigation
21	Plan and Current Liability Insurance; Designation of Administrative Responsibility (LIC308) and
22	Personnel Report (LIC500).
23	Based on the observations made during today's visit, no deficiencies are being cited in area inspected.
24	This report was discussed with the facility representative and a copy was provided.
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Shobhana Frank

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/17/2022

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