

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306006005  
Report Date: 08/09/2022  
Date Signed: 08/09/2022 12:30:44 PM

Document Has Been Signed on 08/09/2022 12:30 PM - It Cannot Be Edited

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: OAKMONT OF HUNTINGTON BEACH	FACILITY NUMBER: 306006005
ADMINISTRATOR: ACOSTA-LOUER, SANDRA	FACILITY TYPE: 740
ADDRESS: 18922 DELAWARE STREET	TELEPHONE: (657) 204-4600
CITY: HUNTINGTON BEACH STATE: CA	ZIP CODE: 92648
CAPACITY: 111	CENSUS: 76 DATE: 08/09/2022
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 09:30 AM
MET WITH: Executive Director Sandra Acosta-Louer and Health Services Director Edith Ramirez	TIME COMPLETED: 12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jenifer Tirre conducted an unannounced visit for the purpose of an
2	annual visit. LPA Tirre was greeted and granted entry to the facility by front desk receptionist and had
3	temperature checked upon entrance. LPA met with Executive Director Sandra Acosta-Louer and Health
4	Services Director Edith Ramirez and discussed purpose of visit.
5	
6	At approximately 9:45 am, LPA Tirre observed facilities Infection Control Plan and Mitigation Plan. At
7	9:55 am LPA Tirre conducted tour with Executive Director and Health Services Director. During today's
8	inspection visit, LPA observed the following:
9	
10	
11	<b>Structure:</b> Facility is a three story building housing 46 apartments in the assisted living and 32
12	apartments in the memory care unit. Facility offers a beauty salon, media room, gym, activities room,
13	several dining areas as well as outside patio areas. <b>Living Room/ Dining Room:</b> Adequate seating is
14	available in the main dining room and visiting areas. <b>Bedrooms Residents:</b> LPA observed several
15	resident rooms on all three floors. All rooms are equipped with appropriate lighting, chair, night stand
16	and ample closet space. Rooms contain a kitchen area complete with a fridge. Bathrooms: All resident
17	bathrooms have a working toilet/ wash basin as well as grab bars and non-skid surface in the shower.
18	All common area restrooms have toilet paper, paper towels and proper hand washing signs.
19	<b>Emergency Phone Numbers and Exit Plan:</b> Posted in entrance of facility. <b>Food Service:</b> LPA
20	Observed Facility kitchen and food storage areas. Facility has ample perishable and non perishable
21	food supplies. LPA observed emergency food and water supply. LPA observed a posted menu with
22	multiple choices for residents. Facility has dining room areas for Memory care and Assisted
23	living. <b>Smoke Detectors:</b> LPA observed documentation on 4/7/2022 an annual inspection with Cal
24	Building Systems was done on Carbon monoxide and smoke detectors were tested operational. Fire
25	extinguishers observed are fully charged. <b>Toxins:</b> Facility has several secured areas which are
	inaccessible to residents in care. <b>Medications:</b> Facility uses electronic medication administration
	record. <b>Resident &amp; Staff File:</b> LPA reviewed staff and resident files during the visit. LPA observed 7 out
	of 7 resident files. All files reviewed have updated Emergency contact info and Updated Physician's
	report. <b>CONTINUED ON LIC 809C</b>

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** Jenifer Tirre  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 08/09/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 08/09/2022

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

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

**FACILITY NAME:** OAKMONT OF HUNTINGTON BEACH

**FACILITY NUMBER:** 306006005

**VISIT DATE:** 08/09/2022

**NARRATIVE**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPA observed outside patio areas with ample shade both located on first floor. Facility has several designated areas for visitation. LPA observed evacuation chair near stairwell. Facility has ample supply of PPE.</p> <p>During visit LPA observed staff members wearing face masks. LPA observed residents relaxing in apartments as well as engaged in group activities.</p> <p>No deficiencies found at this time. An exit interview was conducted with Executive Director and Health Services Director and a copy of this report was left at the facility</p>
---	---

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz  
**NAME OF LICENSING PROGRAM ANALYST:** Jenifer Tirre  
**LICENSING PROGRAM ANALYST SIGNATURE:**  
 **DATE:** 08/09/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**  
 **DATE:** 08/09/2022

