

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006017
Report Date: 03/01/2023
Date Signed: 03/01/2023 12:32:34 PM

Document Has Been Signed on 03/01/2023 12:32 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION ORANGE & INLAND A/SC, 770 THE CITY DR., SUITE 7100 ORANGE, CA 92868
FACILITY EVALUATION REPORT	

FACILITY NAME: CRESCENT LANDING AT FULLERTON MEMORY CARE	FACILITY NUMBER: 306006017
ADMINISTRATOR: MCCASKILL, SHERYL YVETTE	FACILITY TYPE: 740
ADDRESS: 1510 E. COMMONWEALTH AVENUE	TELEPHONE: (419) 247-2800
CITY: FULLERTON STATE: CA	ZIP CODE: 92831
CAPACITY: 72 CENSUS: 26	DATE: 03/01/2023
TYPE OF VISIT: Prelicensing ANNOUNCED	TIME BEGAN: 09:00 AM
MET WITH: Patty Rager, Executive Director	TIME COMPLETED: 12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Ruth Martinez conducted an announced visit to the facility for purpose
2	of a pre-licensing evaluation.
3	
4	An <u>initial application</u> to operate an Adult Residential Facility for the Elderly, age 60 years and
5	over, for (72) capacity, (47) ambulatory, (25) non-ambulatory, and (0) bedridden resident was
6	submitted to CCL on 05/18/21.
7	
8	<u>Structure:</u>
9	The facility has a main building that is two stories and an additional one story building with buildings
10	adjacent to each other with 30 resident bedrooms, 10 full bathrooms, 1 theater room, a restaurant style
11	kitchen, 1 dining room, 1 rehab clinic, 1 kitchenet, private dining room and visitor center. The resident's
12	bedrooms are spacious and will easily accommodate the resident's furnishings. There is a large
13	courtyard with 1 exit walkway with covered seating for the residents and seating throughout the
14	courtyard. Facility main building is two stories and only used for administrative purposes.
15	
16	<u>Signal system:</u>
17	Facility has a monitored delayed egress in place.
18	
19	<u>Air/Heating:</u>
20	Central air/heating system installed with a central panel to control entire facility.
21	
22	
23	Continued on LIC809-C
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/01/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/01/2023

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
ORANGE & INLAND A/SC, 770 THE CITY DR.,
SUITE 7100
ORANGE, CA 92868

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CRESCENT LANDING AT FULLERTON
MEMORY CARE

FACILITY NUMBER: 306006017

VISIT DATE: 03/01/2023

NARRATIVE

- 1 **Bedrooms Residents:**
- 2 Bedrooms will accommodate residents with either a private bedroom or shared bedroom.
- 3
- 4 **Bedrooms Staff:**
- 5 No bedroom designated for awake-staff.
- 6
- 7 **Bathrooms:**
- 8 All bathrooms have a working toilet, wash basin, walk in shower. Resident bedrooms have a half
- 9 bathroom.
- 10 **Linens & Hygiene Supplies:**
- 11 Adequate supply of linen stored in storage space.
- 12
- 13 **Emergency Phone Numbers, Exit Plan & Menu:**
- 14 Posted & readily available for review an emergency disaster plan with means of exiting and emergency
- 15 phone numbers listed. Menus posted and available. Menus prepared one week prior and listed for food
- 16 serve for one week.
- 17
- 18 **Food Service:**
- 19 Adequate supply of 7-day non-perishable and 2-day perishables are stored in the kitchen with surplus
- 20 goods stored in designated kitchen storage unit.
- 21
- 22 **Smoke Detectors:**
- 23 Smoke detectors and carbon monoxide alert systems are hardwired. Inspections are done by a vendor
- 24 quarterly. The facility has monitored alarm system, sprinklers and delayed egress.
- 25
- 26 **Appliances:**
- 27 Facility main kitchen is equipped with ovens/ranges/microwaves, prep counters, refrigeration, freezer,
- 28 grill, steam tables, and ice makers. The facility has 2 laundry units with washers and dryers.
- 29
- 30
- 31 Continued on LIC809-C
- 32

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero

NAME OF LICENSING PROGRAM ANALYST: Ruth Martinez

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/01/2023

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 03/01/2023

FACILITY EVALUATION REPORT (Cont)**FACILITY NAME:** CRESCENT LANDING AT FULLERTON
MEMORY CARE**FACILITY NUMBER:** 306006017**VISIT DATE:** 03/01/2023**NARRATIVE****1 Toxins:**

2 All and any toxic chemicals, cleaning solutions and disinfectants are inaccessible to residents are stored
3 and locked in storage.

5 Water Temperature:

6 Tested and recorded maintained at a comfortable temperature and the water temperature measures
7 109.5 – 120.0 Fahrenheit degrees in resident restrooms and common bathrooms.

9 Medications, First-Aid Kit & Book:

12 Medication is stored in med room and First Aid kit stored in first aid cart.

15 Resident & Staff Files:

16 Records will be kept locked in the office in the administrative portion of facility.

18 Reading Material, Games, Equipment & Materials:

19 The facility has board games, books, and other recreational materials for the client's use, commensurate
20 with the plan of operation.

22 Fire clearance:

23 Was approved on 08/04/2021.

25 Component III:

26 Component three waived during visit. Applicant is Licensee/Administrator of other licensed facilities.

28 **Facility appears to be ready for licensure. Accordingly, LPA will submit file for approval to CCL**
29 **Supervisor.**

30 **Exit interview was conducted and a copy of this report was left with the applicant.**
31
32

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero**NAME OF LICENSING PROGRAM ANALYST:** Ruth Martinez**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 03/01/2023**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/01/2023