

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 306006019

Report Date: 01/10/2023

Date Signed: 01/10/2023 01:36:27 PM

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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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: CRESCENT LANDING AT GARDEN GROVE MEMORY CARE	FACILITY NUMBER: 306006019
ADMINISTRATOR: SOTO FLORES, JESUS	FACILITY TYPE: 740
ADDRESS: 11848 VALLEY VIEW STREET	TELEPHONE: (419) 247-2800
CITY: GARDEN GROVE	STATE: CA ZIP CODE: 92845
CAPACITY: 72	CENSUS: 43 DATE: 01/10/2023
TYPE OF VISIT: Prelicensing	ANNOUNCED TIME BEGAN: 10:07 AM
MET WITH: Jesus Soto	TIME COMPLETED: 12:45 PM

NARRATIVE	
1 Licensing Program Analyst (LPA) Kimberly Lyman made an announced visit to conduct a pre-licensing 2 inspection. LPA identified herself and discussed the purpose of the visit with Executive Director Jesus 3 Soto. An initial application to operate a Residential Care Facility for the Elderly was received by CCL for 4 a capacity of thirty eight non-ambulatory and thirty four ambulatory residents. Facility has a covid 5 screening area in the entrance of the facility. LPA observed ample PPE supply in the facility. 6 LPA Lyman along with Executive Director toured the facility at 10:20 AM and observed the following: 7 <b>Structure:</b> Facility is a one story building with delayed egress exits specializing in memory care. Facility 8 is "U" shaped around a courtyard. Facility has multiple activity areas as well as a beauty salon. 9 <b>Common Areas:</b> Adequate seating is available for residents and visitors. <b>Bedrooms Residents:</b> 10 Rooms are single and double occupancy. All rooms are equipped with appropriate lighting, furnishings 11 and ample closet space. <b>Bathrooms:</b> All resident bathrooms have a working toilet/ wash basin as well 12 as grab bars. Facility has sanitizer/ soap in the restrooms and disposable paper towels. Facility utilizes 13 common shower rooms as well for residents. <b>Linens &amp; Hygiene Supplies:</b> Facility has ample bedding 14 and towels for residents in care. <b>Emergency Phone Numbers and Exit Plan:</b> Posted in entrance of 15 facility. <b>Food Service:</b> Facility has ample 2 day perishables and 7 day non-perishables. Freezers and 16 refrigerator temperatures are monitored daily and LPA observed documentation. <b>Smoke Detectors:</b> 17 Carbon monoxide detectors tested operational during today's visit. Outside agency, Cal Building 18 Systems, conducted the last smoke detector inspection on 08/03/2022. Fire Marshall conducted an 19 annual visit on 12/01/2022 with no concerns noted. Fire extinguishers are mounted and charged. 20 <b>Appliances:</b> Kitchen appliances as well as washers and dryers are clean and operational. <b>Toxins/</b> 21 <b>Sharps:</b> Facility has toxins and sharps secured. <b>Water Temperature:</b> Tested and recorded between 22 112.6 and 120 degrees F. in facility bathrooms. <b>Emergency Supplies:</b> LPA observed ample emergency 23 food and water in the facility as well as emergency supplies. <b>Medications, First-Aid Kit &amp; Book:</b> 24 Facility has multiple first aid kits which contained required items. Medication is stored and locked in 25 medication carts. Facility uses an electronic medication record. CONT ON LIC 809C DATED 01/10/2022.	

NAME OF LICENSING PROGRAM MANAGER: Alisa Ortiz

NAME OF LICENSING PROGRAM ANALYST: Kimberly Lyman

**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/10/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/10/2023

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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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 (Cont)****FACILITY NAME:** CRESCENT LANDING AT GARDEN GROVE  
MEMORY CARE**FACILITY NUMBER:** 306006019**VISIT DATE:** 01/10/2023**NARRATIVE**

1   **Resident & Staff File:** Resident records are stored in medication room. Staff files are stored in the  
2 business office. **Reading Material, Games, and Equipment:** LPA observed posted daily activity  
3 schedule with activities such as exercise, arts and crafts, and gardening. **Outside areas:** LPA observed  
4 multiple outdoor shaded areas for visiting. **Fire Clearance:** Approved for thirty eight non-ambulatory  
5 residents and thirty four ambulatory residents on 09/14/2021.

6  
7 During the visit, LPA observed the following:  
8

9   • The "Let Us No" poster is not regulation size. Please post 20" X 26."  
10   • Facility does not have a menu posted. Please post menu.

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19 Component III waived during visit as Executive Director is an experienced Administrator. Executive  
20 Director to notify LPA when corrections have been made.

21  
22 Facility is ready to be licensed.

23  
24  
25  
26 Exit interview conducted and a copy of this report was left at the facility.

**NAME OF LICENSING PROGRAM MANAGER:** Alisa Ortiz**NAME OF LICENSING PROGRAM ANALYST:** Kimberly Lyman**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 01/10/2023

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 01/10/2023