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Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 306006122
Report Date: 04/09/2024
Date Signed: 04/09/2024 03:15:55 PM

Document Has Been Signed on 04/09/2024 03:15 PM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		CCLD Regional Office, 770 THE CITY DR., SUITE 7100	
		ORANGE, CA 92868	
FACILITY NAME: EUROPEAN CHRISTIAN HOME IV		FACILITY NUMBER:	306006122
ADMINISTRATOR/TRICE, THOMAS		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(562) 397-2591
ADDRESS: 980 FLAMINGO WAY		ZIP CODE:	90631
CITY: LA HABRA	STATE: CA	DATE:	04/09/2024
CAPACITY: 6	CENSUS: 6	UNANNOUNCED TIME VISIT/INSPECTION	12:40 PM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Liza Trice		TIME VISIT/INSPECTION	03:30 PM
		COMPLETED:	

NARRATIVE	

1 This unannounced inspection is being conducted by Licensing Program Analyst (LPA) Sean Haddad for
 2 the purpose of conducting a Required – 1 Year Inspection. LPA met with Staff #1 (S1) Mencyalda
 3 Magistrado and discussed the purpose of the inspection. Administrator (AD) Liza Trice arrived during the
 4 inspection.
 5 LPA reviewed Infection Control requirements. At about 1:15PM, LPA and S1 conducted a tour of the
 6 inside and outside of the facility, common areas, resident rooms, kitchen, and garage and observed the
 7 following: Structure: facility is a 7-bedroom, 2-bathroom, one-story house with detached garage that is
 8 being used for storage. There is a back yard with a patio cover for the residents. LPA and AD observed
 9 3 staff and 6 residents present at the facility. Resident Bedrooms: the 6 resident bedrooms are spacious
 10 and will easily accommodate the residents' furnishings. Furniture for each resident bedroom inspected.
 11 Staff Bedrooms: LPA inspected the 1 staff bedroom. Bathrooms: the bathrooms were clean, faucets and
 12 toilets were operational. Water temperature: tested at 115 degrees F and 112 in the bathrooms. Linens
 13 & Hygiene Supplies: new linens and fully stocked linen closets were observed. Emergency Phone
 14 Numbers, Exit Plan & Menu: reviewed. Food Service: LPA observed the facility has a 2-day supply of
 15 perishables and a 7-day supply of non-perishable food is available as required by regulations. Carbon
 16 Monoxide, Smoke Detectors, Fire Extinguisher: observed and tested. Appliances: stove burners,
 17 microwave, washer, and dryer inspected. Knives: observed locked in the kitchen. Toxins: observed
 18 locked in laundry room. Medication cabinet: observed to be locked. First-Aid Kit and Activity Supplies:
 19 observed and available. Facility's licensing fees are paid. At about 1:45PM, LPA reviewed 6 resident
 20 files and 3 staff files, interviewed 4 residents and 3 staff, and inspected medications for 6 residents.
 21 Facility does not handle resident money.
 22 During the inspection, LPA and AD observed the following: based on observation, the licensee did not
 23 ensure supplements and Tylenol were inaccessible to residents in the non-lockable staff bedroom.
 24 During the inspection, the licensee secured these items and LPA confirmed.
 25 Based on the observations made during today's inspection, deficiencies are being cited per Title 22
 Division 6 of the California Code of Regulations. An exit interview was conducted and a copy of this
 report and appeal rights was discussed with and provided to facility representative.

NAME OF LICENSING PROGRAM MANAGER: Armando J Lucero
NAME OF LICENSING PROGRAM ANALYST: Sean Haddad
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 04/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 04/09/2024

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

Created By: Sean Haddad On 04/09/2024 at 02:42 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: EUROPEAN CHRISTIAN HOME IV **FACILITY NUMBER:** 306006122
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 04/09/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)					
	Type A	Section Cited	CCR	87309(a)	

Storage Space

(a) Disinfectants, cleaning solutions, poisons, firearms and other items which could pose a danger if readily available to clients shall be stored where inaccessible to clients.

This requirement is not met as evidenced by:

Deficient Practice Statement	
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1	Based on observation, the licensee did not ensure supplements and tylenol were inaccessible to residents in the non-lockable staff bedroom, which poses an immediate health risk to persons in care.
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3	
4	
POC Due Date: 04/10/2024	
Plan of Correction	
1	During the inspection, the licensee secured these items and LPA confirmed. Licensee stated they will retrain staff on securing hazardous items and submit proof to LPA by April 16, 2024.
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3	
4	

		Section Cited			
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Deficient Practice Statement	
1	
2	
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4	
POC Due Date:	
Plan of Correction	
1	
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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:	Armando J Lucero
LICENSING EVALUATOR NAME:	Sean Haddad
LICENSING EVALUATOR SIGNATURE:	
	DATE: 04/09/2024

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

FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 04/09/2024