

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 331880550

Report Date: 05/21/2021

Date Signed: 08/27/2021 08:32:22 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, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: PACIFICA SENIOR LIVING PALM SPRINGS		FACILITY NUMBER:	331880550
ADMINISTRATOR: MILLER, CRISTINA		FACILITY TYPE:	740
ADDRESS: 1780 E BARISTO RD		TELEPHONE:	(760) 322-3444
CITY: PALM SPRINGS	STATE: CA	ZIP CODE:	92262
CAPACITY: 95	CENSUS: 63	DATE:	05/21/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	12:40 PM
MET WITH: Melissa Polendo, Memory Care Director		TIME COMPLETED:	02:30 PM
<b>NARRATIVE</b>			
1	Licensing Program Analysts (LPAs) Yolanda Delgado and Javina George made an unannounced visit to		
2	the facility to conduct an annual inspection with an emphasis on infection control. LPAs arrived at 12:40		
3	PM, LPAs were met by Memory Care Director Melissa Polendo and explained the purpose of the visit.		
4	Present in the facility during time of visit were eighteen (18) staff as well as sixty-three (63) residents.		
5	There are currently no cases of COVID-19 within the facility.		
6			
7	During today's visit, LPAs toured the facility and made observations pertaining to the facility's infection		
8	control measures. LPAs observed proper signage throughout the facility, sufficient hand hygiene		
9	supplies, sufficient cleaning and disinfecting provisions, and proper use of face coverings. The facility		
10	has a designated infection control lead person who has been tasked with tracking all COVID-19 cases		
11	and/or suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are		
12	in adequate quantities, and that staff are trained in the proper use and disposal of PPE and overall		
13	infection control. The facility has a plan in place which follows Community Care Licensing guidelines for		
14	when and how long to test staff and residents for COVID-19, when and how to isolate/quarantine		
15	residents, and when to schedule cleaning and disinfection times of high traffic and frequently touched		
16	areas. The facility also has a plan in place to monitor residents regularly for any changes in condition		
17	and to subsequently notify the resident's physician and to notify all emergency agencies in the event of		
18	any COVID-19 related and/or suspected illnesses.		
19			
20	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,		
21	of the California Code or Regulations. An exit interview to review this report was conducted and a copy		
22	of this report was provided.		
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Efren Malagon			
NAME OF LICENSING PROGRAM ANALYST: Yolanda Delgado			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 05/21/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/21/2021

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