

Department of

# SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336405886

Report Date: 11/09/2021

Date Signed: 11/09/2021 11:03:24 AM

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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: INTEGRATED CARE COMMUNITIES - B2	FACILITY NUMBER: 336405886
ADMINISTRATOR: EMELY C. RODRIGUEZ	FACILITY TYPE: 740
ADDRESS: 14315 NASON STREET	TELEPHONE: (951) 601-9170
CITY: MORENO VALLEY	STATE: CA
CAPACITY: 20	ZIP CODE: 92555
TYPE OF VISIT: Required - 1 Year	CENSUS: 15
MET WITH: Emely Rodriguez - Administrator	DATE: 11/09/2021
	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Crystal Colvin and Venus Mixon arrived at the facility unannounced
2	for the purpose of completing the facility's Annual Inspection. LPAs Colvin and Mixon met with
3	Administrator Emely Rodriguez and advised of the purpose of the visit, and that the Annual Inspection
4	will be limited to Infection Control only. Below is a summary of what was observed:
5	
6	<b>Infection Control:</b> LPA Colvin went over COVID-19 best practices for infection control and prevention
7	with Administrator Emely Rodriguez, who LPA Colvin found to be successfully incorporating the several
8	aspects of the facility's Mitigation Plan. LPA Colvin was unable to locate a copy of the facility's Mitigation
9	Plan at the Riverside Community Care Licensing (CCL) office, so Administrator Rodriguez emailed LPA
10	Colvin a copy during today's inspection. Residents have hand sanitizer available to them, and the
11	private bathrooms (located in each residents' room) were stocked with hand soap and paper towels.
12	While touring the facility, LPA Colvin observed postings throughout the facility for cough etiquette, social
13	distancing, and infection control. LPA Colvin requested to view the facility's PPE supplies (gloves,
14	masks, and sanitizer, and isolation gowns) which LPA Colvin observed to not be sufficient for a 30-day
15	supply. Administrator Rodriguez informed LPA Colvin that there were additional supplies in a shed, but
16	these were not readily available to staff in the building. LPA Colvin will be issuing a Technical Assistance
17	(TA) Advisory Note instead of a deficiency as it is recommended that the facility maintain a 30-day
18	supply of PPE at all times.
19	
20	LPA Colvin went over the various recommended training for facility staff with Administrator Emely
21	Rodriguez in relation to COVID-19 and confirmed that staff have been trained on various aspects of
22	infection control, recognition of symptoms of COVID-19, and donning/doffing PPE. LPA Colvin inquired
23	as to if staff have been fit tested for N95 masks, and Administrator Emely Rodriguez informed LPA
24	Colvin that at this time staff have not been fit tested, but that the Licensee was purchasing a machine to
25	conduct fit testing for all staff of each facility. A TA Advisory Note will be cited due to CCL recommendation for all staff to be fit tested for N95 masks.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Joel Esquivel
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Crystal Colvin

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/09/2021

**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  
CCLD Regional Office, 1650 SPRUCE ST STE 200  
MS29-27  
RIVERSIDE, CA 92507

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** INTEGRATED CARE COMMUNITIES - B2

**FACILITY NUMBER:** 336405886

**VISIT DATE:** 11/09/2021

**NARRATIVE**

1 LPA Colvin will be issuing a Technical Assistance Advisory Note during today's inspection for staff not  
2 being fit tested for N95 masks. LPA Colvin will not be issuing a deficiency for this item due to the facility  
3 not currently having any COVID-19 positive residents, and N95 masks only needing to be worn when a  
4 resident is COVID-19 positive or under observation while awaiting test results. Additionally, most  
5 residents have been vaccinated and are practicing other COVID-19 precautions, which minimize the risk  
6 of them contracting COVID-19. Additionally, CalOSHA also requires staff to be fit tested for N95 masks if  
7 staff will be using N95s and providing personal care to residents who are positive for COVID-19. LPA  
8 Colvin went over the facility's schedule for checking inventory for hygiene supplies for residents as well  
9 as checking each resident's room individually to assess the need for restocking. Administrator  
10 Rodriguez informed LPA Colvin that inventory and shopping is done on a weekly basis. A TA Advisory  
11 Note will be cited today instead of a deficiency as all resident restrooms that were inspected had the  
12 necessary supplies for hand hygiene, though it is recommended for facility staff to inspect resident  
13 bathrooms and need for restocking their person supply on a daily basis.  
14  
15 LPA Colvin inquired about if the facility is still conducting COVID-19 surveillance testing of their  
16 unvaccinated staff members. Administrator Rodriguez informed LPA Colvin that the majority of their staff  
17 is vaccinated, but that they are conducting weekly testing of unvaccinated residents. In addition to going  
18 over the facility's policy for testing staff and residents for COVID-19, LPA Colvin also inquired about if  
19 the facility is still screening their residents daily for COVID-19 symptoms, which includes checking their  
20 temperature. Administrator Rodriguez confirmed that staff are continuing to monitor residents' symptoms  
21 during medication pass, and that both staff and visitors are screened for COVID-19 symptoms prior to  
22 entering the facility. LPAs Colvin and Mixon additionally observed a sign-in log for visitors, where their  
23 temperature is recorded as well as answers to screening questions. LPA Colvin inquired about staff and  
24 residents wearing masks in the facility, as LPA Colvin observed all staff to be wearing face coverings,  
25 but several residents in the dining room were not. Administrator Rodriguez informed LPA Colvin that the  
26 majority of residents are vaccinated, and staff still encourage them to wear masks, but some refuse. LPA  
27 Colvin acknowledged that the facility cannot force residents to wear masks but can only encourage them  
28 to do so.  
29  
30 Lastly, apart from the Infection Control portion of the annual, LPA Colvin and Mixon observed a cabinet  
31 containing medication to be unlocked in the medication room, which was also supervised at the time of  
32 today's inspection. LPA Colvin showed the unlocked cabinet to Administrator Rodriguez, who  
immediately locked the cabinet.

**NAME OF LICENSING PROGRAM MANAGER:** Joel Esquivel

**NAME OF LICENSING PROGRAM ANALYST:** Crystal Colvin

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/09/2021

# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** INTEGRATED CARE COMMUNITIES - B2

**FACILITY NUMBER:** 336405886

**VISIT DATE:** 11/09/2021

## NARRATIVE

1 No other cabinets containing medication were noted to be unlocked, however, LPA Colvin will be citing a  
 2 deficiency for the unsecured medication in the one cabinet.  
 3  
 4 An exit interview was conducted with Administrator Emely Rodriguez and a copy of this report, LIC809D,  
 5 appeal rights, and LIC9102 TA Advisory Notes were provided.  
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**NAME OF LICENSING PROGRAM MANAGER:** Joel Esquivel

**NAME OF LICENSING PROGRAM ANALYST:** Crystal Colvin

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/09/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/09/2021

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**Created By: Crystal Colvin On 11/09/2021 at 10:42 AM**

**Link to Parent Document Below:**

# FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** INTEGRATED CARE COMMUNITIES - B2

**FACILITY NUMBER:** 336405886

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE:** 11/09/2021

**DEFICIENCIES & PLANS OF CORRECTION (POCs)**

	<b>Type A</b>	<b>Section Cited</b>	<b>CCR</b>	<b>87465(h)(2)</b>	
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Incidental Medical and Dental Care: (h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

This requirement is not met as evidenced by:

<b>Deficient Practice Statement</b>	
1 2 3 4	Based on observation, the licensee did not comply with the section cited above in 1 cabinet for medication storage, which poses an immediate health and safety risk to persons in care.
<b>POC Due Date:</b> 11/10/2021	
<b>Plan of Correction</b>	
1 2 3 4	Licensee states that they will have an all-staff meeting or training regarding proper storage of medication and ensuring that it is locked and secured at all times. Licensee to provide LPA Colvin with proof of training or all-staff meeting by Plan of Correction date of 11/10/21.

		<b>Section Cited</b>			
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<b>Deficient Practice Statement</b>	
1 2 3 4	
<b>POC Due Date:</b>	
<b>Plan of Correction</b>	
1 2 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.**

<b>SUPERVISOR'S NAME:</b>	Joel Esquivel
<b>LICENSING EVALUATOR NAME:</b>	Crystal Colvin
<b>LICENSING EVALUATOR SIGNATURE:</b>	
	<b>DATE:</b> 11/09/2021
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	
	<b>DATE:</b> 11/09/2021