

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 502700581

Report Date: 05/21/2021

Date Signed: 05/21/2021 02:48:39 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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT	

FACILITY NAME: GATE OF BEAUTIFUL II, THE	FACILITY NUMBER: 502700581
ADMINISTRATOR: ELL, NICOLE	FACILITY TYPE: 740
ADDRESS: 3300 SHARON AVE	TELEPHONE: (209) 526-2425
CITY: MODESTO	STATE: CA ZIP CODE: 95355
CAPACITY: 6	CENSUS: 3 DATE: 05/21/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Sharon Martin	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Arlene Garcia and (LPA) Albert Johnson conducted an
2	unannounced annual / Infection Control visit on this date. LPAs met with Administrator,
3	Sharon Martin at The Gate of the Beautiful II.
4	
5	LPAs and administrator inspected physical plant including but not limited to the main
6	kitchen, residents bedrooms and bathrooms, medications rooms and dining room areas. LPAs
7	observed sufficient seven days non-perishable and two days perishable food supplies in the
8	main kitchen. Hot water temperature was measured in residents bathroom with the
9	Administrator and measured at 108 degrees which is in the required range of 105 to 120
10	degrees. LPAs observed there was no Carbon Monoxide in facility. LPAs observed oxygen in
11	the garage with no visible signs. Administrator stated resident keeps a tank in his room. LPAs
12	observed no visible signs in residents room. Administrator did not have the Fire Drill log on
13	site. LPAs could not verify when the last Fire Drill was conducted.,
14	
15	LPAs reviewed 5 staff files and 3 resident files. While reviewing resident files, LPAs
16	observed: R1 missing TB test and R2 Pre-appraisal signed but incomplete, 602, and
17	Physicians Report.
18	
19	Cont 809-C >>>>>>>>>>>>>>>>
20	
21	
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub

NAME OF LICENSING PROGRAM ANALYST: Arlene D Garcia

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.

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, 2525 NATOMAS PARK DR.
STE.270
SACRAMENTO, CA 95833**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** GATE OF BEAUTIFUL II, THE**FACILITY NUMBER:** 502700581**VISIT DATE:** 05/21/2021**NARRATIVE**

1 Prior to visit, LPA Garcia completed a File Review. LPAs observed License Fee has not been
2 received.

4 LPAs reviewed resident and staff files. LPAs requested:

5 1. LIC 309 Administrative Organization
6 2. LIC 500 Personnel Report

10 Per California Code of Regulations, Title 22 Division 6, Chapter 8, deficiencies are being cited today in violation
11 of California Code of Regulations. Exit interview held with Sharon Martin and a copy of report given at the
12 conclusion of the visit.

NAME OF LICENSING PROGRAM MANAGER: Stephenie Doub**NAME OF LICENSING PROGRAM ANALYST:** Arlene D Garcia**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

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, 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GATE OF BEAUTIFUL II, THE

FACILITY NUMBER: 502700581

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/21/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 05/21/2021 Section Cited	80020(a) - Fire Clearance All facilities shall secure and maintain a fire clearance approved by the city or county fire department, the district providing fire protection services, or the State Fire Marshal. 1 This requirement is not met as evidenced by: 2 3 4 Liability Insurance 5 Theft and Loss Policy Procedures 6 7 Per California Code of Regulations, Title 22 Division 6, Chapter 8, deficiencies are being cited today in violation of California Code of Regulations. Exit interview held with Remy Raqueno and a copy of report given at the conclusion of the visit.		
	8 Based on LPA observation the Licensee did not have a Carbon Monoxide on site. 9 This poses an immediate health and safety risk to clients in care. 10 11 12 13 14	8 9 10 11 12 13 14	
Type B 05/21/2021 Section Cited	1 Disaster and Mass Casualty Plan - 2 Disaster drills shall be conducted at least every six months. The drills shall be documented and the documentation maintained in the facility for at least one year. 3 4 5 6 7		
	8 This requirement was not met as evidenced by records reviewed, facility did not have record of fire Drills log on site. This poses a potential safety risk to the residents in care 9 10 11 12 13 14	8 9 10 11 12 13 14	

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: LICENSING EVALUATOR NAME: LICENSING EVALUATOR SIGNATURE:	Stephenie Doub Arlene D Garcia 	DATE: 05/21/2021
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I acknowledge receipt of this form and understand my appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

 DATE: 05/21/2021

LIC809 (FAS) - (06/04)

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: GATE OF BEAUTIFUL II, THE

FACILITY NUMBER: 502700581

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/21/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 05/21/2021 Section Cited	1 87618 (b)(3)(B) Oxygen 2 Administration - Gas and Liquid - 3 Oxygen in Use signs shall be posted 4 in appropriate areas. 5 This regulation was not met 6 7		
	8 Based on observation and interview 9 the Administrator did not post oxygen 10 in use signs of the resident(s) rooms 11 that had oxygen. 12 13 14	8 9 10 11 12 13 14	
Type B 05/21/2021 Section Cited	1 80036. Licensing Fees(b)(1) In 2 addition to fees set forth in 3 subdivision (a), the department shall 4 charge the following fees: 5 (F) A late fee that represents an 6 additional 50 percent of the 7 established annual fee when any 8 licensee fails to pay the annual 9 licensing fee on or before the due 10 date as indicated by postmark on the 11 payment. 12 13 14 This requirement is not met as evidenced by:		
	8 Based on record review, the licensee 9 did not comply with the section cited 10 above in paying annual fees timely, 11 which poses/posed a potential 12 health, safety or personal rights risk 13 to persons in care. 14	8 9 10 11 12 13 14	

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:
LICENSING EVALUATOR NAME:

Stephenie Doub
Arlene D Garcia

LICENSING EVALUATOR SIGNATURE:**DATE:** 05/21/2021**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 05/21/2021

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	FACILITY EVALUATION REPORT (Cont)
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CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 2525 NATOMAS PARK DR. STE.270 SACRAMENTO, CA 95833
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FACILITY NAME: GATE OF BEAUTIFUL II, THE**FACILITY NUMBER:** 502700581**DEFICIENCY INFORMATION FOR THIS PAGE:****VISIT DATE:** 05/21/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 05/21/2021 Section Cited	<p>1 87506(b)(1-17) (A-F) 2 Resident Records 3 The licensee shall ensure that a 4 separate, complete, and current 5 record is maintained for each 6 resident in the facility or in a central 7 administrative location readily available to facility staff and to licensing agency staff.</p>		
	<p>8 This requirement is not met as 9 evidenced by: Based on review of 10 resident files and observation of 11 documentation, the licensee did not 12 ensure resident records are 13 competet signed and dated as 14 required by Title 22 Regulations. This violation poses a potential health, and safety risk to residents in care.</p>	8 9 10 11 12 13 14	
	1 2 3 4 5 6 7		
	1 2 3 4 5 6 7		

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:**

Stephenie Doub

LICENSING EVALUATOR NAME: Arlene D Garcia
LICENSING EVALUATOR SIGNATURE:



DATE: 05/21/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/21/2021