

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 561703573

Report Date: 07/09/2021

Date Signed: 07/10/2021 09:01:02 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, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: ELMS RESIDENTIAL CARE	FACILITY NUMBER: 561703573
ADMINISTRATOR:HIGGINS, FE LILIA 98	FACILITY TYPE: 740
ADDRESS: 67 EAST BARNETT	TELEPHONE: (805) 643-2176
CITY: VENTURA	STATE: CA ZIP CODE: 93001
CAPACITY: 54	CENSUS: 41 DATE: 07/09/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCEDTIME BEGAN: 10:17 AM
MET WITH: Fe Higgins	TIME COMPLETED: 02:55 PM

NARRATIVE	
1	Licensing Program Analysts (LPA) Angel Ascencio arrived at the facility unannounced to conduct a
2	required annual visit at 10:17 AM. This annual had a specific emphasis on infection control practices and
3	procedures. The LPA met with Administrator Fe Higgins and staff member Amor Aquino and discussed
4	the reason for the visit. Entrance interview conducted.
5	
6	The LPA, along with staff member, toured the physical plant areas inside and outside at 11:27 AM to
7	ensure there are no health and safety hazards and the facility is in compliance with Title 22 Regulations.
8	
9	<b>BEDROOMS:</b> The LPA observed the resident bedrooms, which were furnished appropriately with clean
10	linens, appropriate furnishings and sufficient lighting. There are 20 total bedrooms for resident use – all
11	of which are shared.
12	
13	<b>RESTROOMS:</b> Public restrooms are clean and sanitary and in operating condition with grab bars and
14	non-skid surfaces. LPA observed sufficient amounts of soap and paper products in each restroom, as
15	well as hand washing posters.
16	
17	<b>COMMON SPACES:</b> In the common areas, walls and flooring were checked for cleanliness and good
18	condition. At the time of the visit, common seating area and dining room furniture was observed to be in
19	good condition. Chairs were observed to be at least 6 (six) feet apart for social distancing. The LPA
20	observed the required postings in the common hallway. Fire extinguishers were observed to be serviced
21	within the last year.
22	
23	<b>Continued on LIC 809-C</b>
24	
25	

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Kristin Heffernan
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Angel Ascencio

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/09/2021

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, 21731 VENTURA BLVD.  
#250  
WOODLAND HILLS, CA 91364

**FACILITY EVALUATION REPORT (Cont)**

FACILITY NAME: ELMS RESIDENTIAL CARE

FACILITY NUMBER: 561703573

VISIT DATE: 07/09/2021

**NARRATIVE**

1 The backyard has a covered outdoor area equipped with furniture for resident use. There were no  
 2 bodies of water noted. Laundry room contains a locked storage cabinet for laundry supplies. Back office  
 3 was observed locked and contained the emergency food supply. Another room contained locked  
 4 resident files and medication.  
 5  
 6 **KITCHEN:** Kitchen appliances were in operable condition. The facility has a sufficient supply of  
 7 perishable and non-perishable food. All knives and cleaning supplies were observed to be locked and  
 8 properly stored at the time of the visit.  
 9  
 10 **INFECTION CONTROL:** During today's visit, the LPA spoke with the Administrator and staff regarding  
 11 the facility's infection control practices at 11:10 AM. There are 1 entry into the facility. Upon entry, the  
 12 facility has does not a symptom screening checking, but was advised to do so. The facility is allowing  
 13 visitors, however the LPA noted that the facility is allowing visitation in the outdoor area. The LPA  
 14 observed an adequate supply of Personal Protective Equipment (PPE) and the facility is able to obtain  
 15 additional supplies as needed. The facility's cleaning protocol is sufficient. The facility has not had a  
 16 confirmed case of COVID-19 at this time. If needed, the facility has the capacity to designate a single  
 17 isolation room if the facility has a confirmed case of COVID-19. The facility's policies and procedures as  
 18 it pertains to infection control are adequate.  
 19  
 20 The following recommendations were made:  
 21  
 22  
 23 - **Post PINs and educate staff, residents, and families on changing policies and procedures from**  
 24 **the Department**  
 25 - **Staff, Visitation and resident screening log to continue daily at least 1 (one) time a day**  
 26  
 27 No citations were issued during today's visit. Exit interview conducted. A copy of the report was provided  
 28 via email.  
 29  
 30  
 31  
 32

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

NAME OF LICENSING PROGRAM ANALYST: Angel Ascencio

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/09/2021