

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 565850111

Report Date: 05/24/2021

Date Signed: 05/24/2021 04:05:59 PM

**Document Has Been Signed on 05/24/2021 04:05 PM - It Cannot Be Edited**

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: LEXINGTON ASSISTED LIVING		FACILITY NUMBER: 565850111	
ADMINISTRATOR: SANJUANA ENRIQUEZ		FACILITY TYPE: 740	
ADDRESS: 5440 RALSTON ST		TELEPHONE: (805) 644-6710	
CITY: VENTURA		STATE: CA ZIP CODE: 93003	
CAPACITY: 125		CENSUS: 75 DATE: 05/24/2021	
TYPE OF VISIT: Case Management - Deficiencies		UNANNOUNCED TIME BEGAN: 01:23 PM	
MET WITH: Matt DiGrigoli and Lidia Padilla		TIME COMPLETED: 04:05 PM	
<b>NARRATIVE</b>			
1	This Case management visit was conducted to address the deficiencies noted during complaint control		
2	# 29-AS-20210521142052 investigation visit conducted on 5/24/2021.		
3			
4	During facility tour on 5/24/2021 starting at 1:47 PM with Operations and Marketing Director Matt		
5	DiGrigoli and Wellness Director Lidia Padilla, LPAs Kelly Dulek and Martha Guzman Chavez observed		
6	at 1:53 PM, a maintenance closet on the 3rd (third) floor was left ajar. Inside the closet was paint		
7	storage with multiple gallons of paint accessible to the residents. At 1:58 PM, a storage closet on the		
8	2nd floor was observed to be open and unlocked.		
9			
10	Pursuant to Title 22 Division 6 Chapter 8 of the CA Code of Regulations, the following deficiencies were		
11	cited (refer to LIC 809-D).		
12			
13	Exit interview conducted, today's reports, appeal rights were reviewed and emailed to the Operations		
14	and Marketing Director.		
15			
16			
17			
18			
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21			
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23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan			
NAME OF LICENSING PROGRAM ANALYST: Kelly Dulek			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/24/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/24/2021

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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Created By: Kelly Dulek On 05/24/2021 at 03:31 PM

Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
21731 VENTURA BLVD. #250  
WOODLAND HILLS, CA 91364

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LEXINGTON ASSISTED LIVING

FACILITY NUMBER: 565850111

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 05/24/2021

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type B 05/31/2021 Section Cited	<p>87309 Storage Space (a)</p> <p>1 Disinfectants, cleaning solutions,</p> <p>2 poisons, firearms and other items</p> <p>3 which could pose a danger if readily</p> <p>4 available to clients shall be stored</p> <p>5 where inaccessible to clients.</p> <p>6</p> <p>7 This requirement is not met as</p> <p>8 evidenced by:</p>		
	<p>8 Based on observation, during the</p> <p>9 facility tour, a storage closet</p> <p>10 containing gallons of paint was left</p> <p>11 open and accessible to residents,</p> <p>12 which poses a potential health and</p> <p>13 safety risk to residents in care.</p> <p>14</p>	<p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p>	
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		
	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>		

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:

Kristin Heffernan

LICENSING EVALUATOR NAME:

Kelly Dulek

**LICENSING EVALUATOR SIGNATURE:**



**DATE:** 05/24/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 05/24/2021