

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 565850111

**Report Date:** 05/24/2021

**Date Signed:** 05/24/2021 04:05:59 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:	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.
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**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

**FACILITY EVALUATION REPORT (Cont)**

CALIFORNIA DEPARTMENT OF SOCIAL

SERVICES

COMMUNITY CARE LICENSING DIVISION

, 21731 VENTURA BLVD. #250

WOODLAND HILLS, CA 91364

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