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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 565850243
Report Date: 07/12/2024
Date Signed: 07/12/2024 02:56:19 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 21731 VENTURA BLVD. #250 WOODLAND HILLS, CA 91364

FACILITY NAME:	LAUREL HEIGHTS		FACILITY NUMBER:	565850243
ADMINISTRATOR/ DIRECTOR:	JOHNNY ORTIZ		FACILITY TYPE:	740
ADDRESS:	13960 PEACH HILL DRIVE		TELEPHONE:	(805) 292-0700
CITY:	MOORPARK	STATE: CA	ZIP CODE:	93021
CAPACITY: 112		CENSUS: 59	DATE:	07/12/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Sahar Mosalla -		TIME VISIT/ INSPECTION COMPLETED:	03:30 PM

NARRATIVE

Licensing Program Analysts (LPAs) Brian Balisi and Martha Arroyo arrived at the facility unannounced to conduct a required annual visit at 9:15 a.m. Upon arrival LPAs met with staff and explained the reason for the visit. Operations Specialist Sahar Mosalla arrived shortly after. LPAs toured the physical plant areas inside and outside to ensure there are no health and safety hazards and facility is in compliance with Title 22 Regulations. The following was noted:

At approx 10:30am, the LPA's began the physical plant, the furniture in the common areas were observed to be in good condition. The facility maintained a comfortable temperature. Smoke detector(s) and carbon monoxide detector were operational at the time of the visit. The fire extinguishers were fully charged and were last serviced 01/09/2024. The LPAs observed required postings throughout the common space. The LPAs observed the stairwells and they each had an emergency evacuation chair. Activity Rooms were observed and clean at the time of visit. Fireplaces were observed adequately screened. The LPA’s observed an adequate supply of emergency food and water.
The LPAs observed seven (7) randomly selected resident bedrooms, which were furnished appropriately with linens, appropriate furnishings, and sufficient lighting. The LPAs observed a sufficient supply of towels and linens.

The resident restrooms appeared clean and sanitary and in operating condition with grab bars and non-skid surfaces. The bathrooms were sufficiently stocked with

	supplies and paper towels; towels and washcloths are not shared in the private rooms. The hot water measured between 107.9 – 117 degrees Fahrenheit.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Brian Balisi
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 07/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/12/2024

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY NAME: LAUREL HEIGHTS **FACILITY NUMBER:** 565850243
VISIT DATE: 07/12/2024

	NARRATIVE
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	At approx 10:48 a.m.-, the LPA's observed several items accessible in Resident #1's (R1's) bathroom in Memory Care. Items observed unlocked and accessible to resident included: Mouthwash, shampoo and various lotions. Upon review of R1's most recent Physician's Report (LIC 602A) assessed within the year, R1 is at risk if allowed direct access to personal grooming and hygiene items. These items were stored away inaccessible to resident at the time of visit. The LPAs inspected the kitchen/food service area at 10:56 a.m. Knives are stored and inaccessible to residents. Kitchen appliances were in operable condition. The facility has a sufficient supply of perishable and non-perishable food. Refrigerator and food pantry were checked for proper labels and expiration dates. LPA's reviewed Resident Records at 11:45 a.m. Six (6) personnel files were reviewed for, but not limited to: personnel records, health assessments, criminal record clearances, first aid/CPR training, and the appropriate training. Personnel files were printed at the time of visit. Six (6) resident files were reviewed for, but not limited to, the following: signed admission agreements, current medical assessments with TB results, LIC627(c) Consent for Treatment form, and current needs and services plan. Daily vehicle inspection list and California Highway Patrol Inspection report was reviewed for facility vehicles. All records were in order. Medications review began at 01:30pm, The medications are centrally stored in the medication room. Medications are labeled and checked for expiration dates. Medications are properly documented on the centrally stored medications and destruction record. No errors observed during the medication review. Infection Control - Upon entry, the facility has a central entry point for symptom screening, temperature checks, and sanitation station. At this time, the staff will continue to keep up signs that promotes good hand hygiene. The facility has an adequate supply of Personal Protection Equipment (PPE), and the facility is able to obtain additional supplies as needed.

LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 07/12/2024

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FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/12/2024

NARRATIVE

Continued from 809

The facility's cleaning protocol is sufficient. If needed, the facility has the capacity to designate a single isolation room if the facility has a confirmed case of an infectious disease. The facility's policies and procedures as it pertains to infection control are adequate.

LPAs conducted interviews during the visit. LPAs obtained the following documents - Census, Staff schedule, Emergency Disaster plan and updated Limited Liability insurance.

The following deficiencies were observed (See LIC 809-D.) and cited from the California Code of Regulations, Title 22 and California Health and Safety Code. Failure to correct the deficiencies may result in civil penalties.

Exit interview conducted. A copy of the report and appeal rights were issued.

NAME OF LICENSING PROGRAM MANAGER: Desaree Perera
NAME OF LICENSING PROGRAM ANALYST: Brian Balisi
LICENSING PROGRAM ANALYST SIGNATURE: **DATE:** 07/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/12/2024

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Created By: Brian Balisi On 07/12/2024 at 01:53 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type A	Section Cited	CCR	87705(g)	

Care of Persons with Dementia

(g) As required by Section 87468(a)(12), residents with dementia shall be allowed to keep personal grooming and hygiene items in their own possession, unless there is evidence to substantiate that the resident cannot safely manage the items.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on LPA's observation, the licensee did not comply with the section cited above as R1 had personal grooming and hygiene items accessible in an unlocked cabinet which poses an immediate health, safety or personal rights risk to persons in care.
	POC Due Date: 07/15/2024
	Plan of Correction
1 2 3 4	The Licensee agreed to review Regulation cited and submit a statement of Understanding to CCL by 07/15/2024.

		Section Cited			

	Deficient Practice Statement
1 2 3 4	
	POC Due Date:
	Plan of Correction
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.

SUPERVISOR'S NAME: Desaree Perera
LICENSING EVALUATOR NAME: Brian Balisi
LICENSING EVALUATOR SIGNATURE:

DATE: 07/12/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/12/2024