

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 565850281  
Report Date: 11/07/2022  
Date Signed: 11/08/2022 07:31:45 AM

Document Has Been Signed on 11/08/2022 07:31 AM - 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: NAVITA RESIDENCES TULL	FACILITY NUMBER: 565850281
ADMINISTRATOR: VIJAYAKUMAR, KARTHIGA	FACILITY TYPE: 740
ADDRESS: 5603 TULL ST	TELEPHONE: (805) 494-4121
CITY: VENTURA	STATE: CA
CAPACITY: 6	ZIP CODE: 93003
TYPE OF VISIT: Prelicensing	CENSUS: 6
MET WITH: Karthiga Vijayakumar	DATE: 11/07/2022
	UNANNOUNCED TIME BEGAN: 02:04 PM
	TIME COMPLETED: 04:15 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Angel Ascencio conducted a pre-licensing visit to the above noted
2	facility. The LPA met with applicant, Karthiga Vijayakumar. This is a change of ownership application. A
3	dementia program was included in the plan of operation. A Hospice Waiver has been requested and
4	approved.
5	
6	The facility is a one story facility. At 2:06 p.m., a physical plant tour was conducted inside and out. An
7	approved fire clearance was received, clearing them for five (5) non-ambulatory residents and, one (1)
8	bedridden residents. The bedridden room is located Room #2. The facility has six (6) private resident
9	bedrooms. Only Room #2 has direct exit to the outside. All resident rooms are set up with beds,
10	nightstands, lamps, chests of drawers, chairs and closet space. The beds are furnished with box
11	springs, comfortable mattress and clean linen; which includes, a mattress pad, top and bottom linens,
12	pillowcases, blanket (if needed) and a bedspread. Lighting in the rooms appeared adequate. The
13	bedrooms were large enough to allow for easy passage between the beds and furniture with a
14	wheelchair or walker. In addition, no bedroom was used as a passageway to another room, bath or
15	toilet. There are no staff rooms – awake night staff only. All rooms were free of odors. All window
16	screens were clean and maintained in good repair.
17	
18	There are three (3) bathrooms in the home. One (1) is designated as a staff bathroom. The resident
19	bathroom(s) have a shower with non-skid materials. The toilet and shower have grab bars. The master
20	bathroom has a shower and bathtub located near Bedroom #2. The hot water temperature was tested in
21	the bathrooms and the kitchen and was found to be within the range of 105°F and 120°F.
22	
23	Resident and staff records are stored in the cabinet which is currently located in a locked closet in the
24	kitchen. Medications are centrally stored in a locked cabinet in the kitchen. The first aid supplies were
25	complete, including a thermometer and a current version of a first aid manual. They were stored in the
	kitchen closet.
	Continued on LIC 809 - C

NAME OF LICENSING PROGRAM MANAGER: Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Angel Ascencio

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/07/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/07/2022

**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:** NAVITA RESIDENCES TULL

**FACILITY NUMBER:** 565850281

**VISIT DATE:** 11/07/2022

**NARRATIVE**

1 Kitchen knives are stored in a locked drawer in the kitchen. Stove burners are rendered inaccessible to  
2 the residents by removing them when not in use. The supply of dishes, utensils, pots, pans and  
3 drinkware is adequate. The freezer was maintained at zero degrees Fahrenheit (0°F) and the  
4 refrigerator was maintained at 40°F. The supply of perishable and nonperishable food is adequate.  
5 There are no pesticides (poisons) or toxins stored in any food storage area or preparation area with  
6 utensils. Appliances in the kitchen were clean and all appeared functional. Trash cans had tight fitting  
7 lids. Kitchen, laundry and house cleaning supplies are stored in a locked cabinet located in the garage.  
8 No flies or other vermin were observed.  
9

10 The common areas were appropriately furnished, and the lighting was adequate. There are televisions  
11 and other entertainment equipment, games and/or activity supplies in the living room and dining area.  
12 There was sufficient space to accommodate both indoor and outdoor activities. Night lights were  
13 maintained in hallways and passageways to nonprivate bathrooms. All ramps were secure and non-  
14 slippery and were positioned at the level where wheelchairs and walkers may enter and exit the facility  
15 safely. There is a fireplace in the living room. It is screened and there are no tools. Alarms on all exterior  
16 doors were engaged at the time of visit and functional. In addition, the physical plant not is consistent  
17 with the submitted facility sketch/floor plan. The facility had emergency lighting, which included  
18 flashlights, or other battery powered lighting, and batteries. The facility has a furnace, which is able to  
19 heat rooms that residents occupy to a minimum of 68 degrees Fahrenheit; and, they have central air  
20 conditioning and are able to cool rooms to a comfortable range, not to exceed 85 degrees Fahrenheit.  
21

22 The facility smoke alarm system is hard wired. The smoke detector and carbon monoxide detectors  
23 were tested and functioned properly during the time of visit. There are 2 fire extinguishers throughout  
24 the house. They are fully charged and do not exceed the expiration date. Hot water was tested in each  
25 bathroom, which included the resident bathroom(s) and any common bathrooms. The laundry area is  
26 located in the Laundry Room. The supply of extra bed and bath linens is adequate. Personal hygiene  
27 items (shampoos, soaps) were adequate and are stored in a closet in the hallway. Extra incontinence  
28 supplies are stored in the hallway. There is a functioning telephone on the premises. The emergency  
29 exiting plans/sketch are posted in every room. The emergency telephone numbers are posted in the  
30 office area. Other required postings are posted in the office area.  
31

32 Continued on LIC 809-C.

**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan

**NAME OF LICENSING PROGRAM ANALYST:** Angel Ascencio

**LICENSING PROGRAM ANALYST SIGNATURE:**

**DATE:** 11/07/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 11/07/2022

**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** NAVITA RESIDENCES TULL**FACILITY NUMBER:** 565850281**VISIT DATE:** 11/07/2022**NARRATIVE**

1 The exterior passageways were clean and clear of any obstructions. There is an umbrella, covered patio  
2 area at the back of the house with tables and chairs where residents can sit. The entire property is  
3 fenced. The back and sides of the house are separated from the front yard by gate at the West side  
4 passageway. There is a door with a gate with a self-latching mechanism for persons to enter the front  
5 yard. There are no other structures on the property. There are no bodies of water on the premises at the  
6 present time. The garage is accessible from the house; the doors were locked.

7  
8 The following items must be corrected prior to licensure.

- 9  
10 - Coordinate with Hospice and families for the relocation of resident to bedridden room.  
11 - Submit new facility sketch with staff room.

12  
13 Submit proof of corrections, along with a copy of this report, to LPA Angel Ascencio, so that your  
14 application may be completed.

15  
16  
17 This report will be sent to the Centralized Application Bureau (CAB) once  
18 all corrections are received. You will be notified by the CAB Analyst when  
19 your license has been approved. You are not allowed to begin operating  
20 until you have been notified that your license has been approved by the  
21 CAB Analyst. Failure to comply could affect approval of your license.  
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**NAME OF LICENSING PROGRAM MANAGER:** Kristin Heffernan**NAME OF LICENSING PROGRAM ANALYST:** Angel Ascencio**LICENSING PROGRAM ANALYST SIGNATURE:****DATE:** 11/07/2022

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**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 11/07/2022