

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 198603362

**Report Date:** 09/09/2021

**Date Signed:** 09/09/2021 02:17:43 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754
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<b>FACILITY NAME:</b> DUNGARVIN CALIFORNIA - SIGNAL HILL	<b>FACILITY NUMBER:</b> 198603362
<b>ADMINISTRATOR:</b> MARTIN, ALLISON	<b>FACILITY TYPE:</b> 775
<b>ADDRESS:</b> 695 EAST 27TH STREET	<b>TELEPHONE:</b> (510) 727-9448
<b>CITY:</b> SIGNAL HILL	<b>ZIP CODE:</b> 90755
<b>CAPACITY:</b> 30	<b>DATE:</b> 09/09/2021
<b>TYPE OF VISIT:</b> Required - 1 Year	<b>TIME BEGAN:</b> 12:30 PM
<b>MET WITH:</b> Ollie Martin	<b>TIME COMPLETED:</b> 02:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jade Jordan made an unannounced visit to Dungarvin California
2	(ADP) located at 695 E. 27th Street Signal Hill Ca. The purpose of today's visit was to conduct an
3	Annual Inspection with an emphasis on infection control. During today's visit LPA was met by Program
4	Director Ollie Martin.
5	
6	As part of today's inspection LPA reviewed infection control measures set in place at the facility. LPA
7	was screen prior to entry, and then filled out a questioner regarding Covid 19 related symptoms. The
8	facility has has this screening in place for all staff, consumers and visitors. The program is currently
9	operating virtually, but plans to have a small group of consumers return on site effective 09/13/21. The
10	LPA and Director toured the entire facility. The property consists of 1 large building with 10 large activity
11	area, which include a Garden room, music room, art room, tech room offices, sewing room, gaming
12	room, exercise room, library, conference room, kitchen and 3 unisex bathrooms and an outside patio.
13	
14	The Facility walls and floors were in good condition, adequate lighting, fire extinguishers were properly
15	charged. Plenty of storage space and chemicals were properly locked. The restrooms were clean and
16	within Title 22 regulations. An emergency water and food supply was available. The kitchen was clean,
17	and a refrigerator was available for consumer use. The day program does not provide meals at this time
18	due to Covid, but emergency snacks/food are available to consumers if they forget to bring a meal. The
19	first aid kit was available; Walkways throughout the day program were clear of hazards and all exits
20	were clear of debris. Lpa sampled staff and resident files, all of which had the required documentation.
21	
22	LPA observed all staff to be wearing masks, and practicing social distancing. Lpa observed over a 30
23	day supply of PPE present within the facility, and ample sanitizing and disinfectant products. . No
24	citations were issued during this visit and a copy of this report was provided.
25	

<b>SUPERVISOR'S NAME:</b> Michael Cava	<b>TELEPHONE:</b> (323) 400-7397
<b>LICENSING EVALUATOR NAME:</b> Jade Jordan	<b>TELEPHONE:</b> (650) 388-2300
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 09/09/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/09/2021

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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# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 198603362

**Report Date:** 09/09/2021

**Date Signed:** 09/09/2021 02:17:43 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
<b>FACILITY EVALUATION REPORT</b>			
<b>FACILITY NAME:</b> DUNGARVIN CALIFORNIA - SIGNAL HILL		<b>FACILITY NUMBER:</b> 198603362	
<b>ADMINISTRATOR:</b> MARTIN, ALLISON		<b>FACILITY TYPE:</b> 775	
<b>ADDRESS:</b> 695 EAST 27TH STREET		<b>TELEPHONE:</b> (510) 727-9448	
<b>CITY:</b> SIGNAL HILL		<b>ZIP CODE:</b> 90755	
<b>CAPACITY:</b> 30		<b>DATE:</b> 09/09/2021	
<b>TYPE OF VISIT:</b> Required - 1 Year		<b>TIME BEGAN:</b> 12:30 PM	
<b>MET WITH:</b> Ollie Martin		<b>TIME COMPLETED:</b> 02:30 PM	
<b>STATE:</b> CA		<b>CENSUS:</b> 15	
<b>UNANNOUNCED</b>			

NARRATIVE	
1	Licensing Program Analyst (LPA) Jade Jordan made an unannounced visit to Dungarvin California
2	(ADP) located at 695 E. 27th Street Signal Hill Ca. The purpose of today's visit was to conduct an
3	Annual Inspection with an emphasis on infection control. During today's visit LPA was met by Program
4	Director Ollie Martin.
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6	As part of today's inspection LPA reviewed infection control measures set in place at the facility. LPA
7	was screen prior to entry, and then filled out a questioner regarding Covid 19 related symptoms. The
8	facility has has this screening in place for all staff, consumers and visitors. The program is currently
9	operating virtually, but plans to have a small group of consumers return on site effective 09/13/21. The
10	LPA and Director toured the entire facility. The property consists of 1 large building with 10 large activity
11	area, which include a Garden room, music room, art room, tech room offices, sewing room, gaming
12	room, exercise room, library, conference room, kitchen and 3 unisex bathrooms and an outside patio.
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17	and a refrigerator was available for consumer use. The day program does not provide meals at this time
18	due to Covid, but emergency snacks/food are available to consumers if they forget to bring a meal. The
19	first aid kit was available; Walkways throughout the day program were clear of hazards and all exits
20	were clear of debris. Lpa sampled staff and resident files, all of which had the required documentation.
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22	LPA observed all staff to be wearing masks, and practicing social distancing. Lpa observed over a 30
23	day supply of PPE present within the facility, and ample sanitizing and disinfectant products. . No
24	citations were issued during this visit and a copy of this report was provided.
25	

<b>SUPERVISOR'S NAME:</b> Michael Cava	<b>TELEPHONE:</b> (323) 400-7397
<b>LICENSING EVALUATOR NAME:</b> Jade Jordan	<b>TELEPHONE:</b> (650) 388-2300
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 09/09/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/09/2021

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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# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 198010585

**Report Date:** 08/11/2021

**Date Signed:** 08/11/2021 01:11:17 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CENTER DR 200B MONTEREY PARK, CA 91754
<b>FACILITY EVALUATION REPORT</b>	

<b>FACILITY NAME:</b>	LONG BEACH COMMUNITY IMPROVEMENT LEAGUE	<b>FACILITY NUMBER:</b>	198010585
<b>ADMINISTRATOR:</b>	LAURA SIDNEY	<b>FACILITY TYPE:</b>	840
<b>ADDRESS:</b>	2399 CALIFORNIA AVENUE, SUITE A	<b>TELEPHONE:</b>	(562) 951-3500
<b>CITY:</b>	SIGNAL HILL	<b>ZIP CODE:</b>	90755
<b>CAPACITY:</b>	29	<b>DATE:</b>	08/11/2021
<b>TYPE OF VISIT:</b>	Required - 1 Year	<b>UNANNOUNCED TIME BEGAN:</b>	11:31 AM
<b>MET WITH:</b>	Latasha Haley-Lead Teacher	<b>TIME COMPLETED:</b>	01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Raul Navarro conducted an unannounced random inspection at
2	11:30am. LPA met with designated facility Lead Teacher, Latasha Haley, who guided LPA on a tour of
3	the facility. This is a school age program licensed for 29 children which operates Monday – Friday from
4	7:00 AM – 6:00 PM.
5	
6	All areas identified on the facility sketch were inspected. Upon arrival, LPA observed five children with
7	one staff. Teacher/child ratios were observed to be in accordance with Title 22 school age regulations.
8	The facility is within the conditions, limitations, and capacity specified on the license. Staff names were
9	recorded. All children were observed to be under visual supervision of a teacher at all times.
10	
11	Furniture and equipment was inspected for good repair, free of sharp, loose, or pointed parts. All indoor
12	classrooms were inspected to ensure that the floors have a surface that is safe and clean. Storage for
13	medication was inspected to ensure that medications are in a safe place inaccessible to children. All
14	toilets and hand washing facilities are in safe and sanitary operating conditions. All materials and
15	surfaces accessible to children are toxic free. At this time, the office is used as an isolation area. There
16	are chairs in the office. Parents are contacted immediately when children are determined to be ill.
17	
18	Snack menus were reviewed to ensure that they are being posted at least one week in advance and
19	visible to an authorized representative. The facility provides breakfast, lunch and PM snack. All kitchen,
20	food preparation, and storage areas are clean, free of litter, rubbish, and rodents/vermin. All food is
21	protected from contamination, and LPA inspected that any contaminated food is discarded immediately.
22	There is drinking water available in all indoor classrooms and there are drinking fountains outdoors
23	where children fill up their cups. All storage containers for solid waste, including moveable bins have
24	tight fitting covers on and are in good repair.
25	
Report continues- Page 1 of 3	

<b>SUPERVISOR'S NAME:</b> Karen Chambers	<b>TELEPHONE:</b> (323) 980-4934
<b>LICENSING EVALUATOR NAME:</b> Raul Navarro	<b>TELEPHONE:</b> 323-981-3388
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 08/11/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/11/2021

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CENTER DR 200B  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: LONG BEACH COMMUNITY

FACILITY NUMBER: 198010585

IMPROVEMENT LEAGUE

VISIT DATE: 08/11/2021

### NARRATIVE

- 1 Disinfectants, cleaning solutions, poisons and other items that are dangerous to children are stored in
- 2 an area inaccessible to children. Storage areas for poisons are locked. Facility has one or more
- 3 functioning carbon monoxide detectors that meet statutory requirements. The facility takes measures to
- 4 keep the facility free of flies, other insects and rodents.
- 5
- 6 Outdoor play equipment was observed to be in good condition, free of sharp, loose or pointed parts.
- 7 Outdoor activity space surface is maintained in a safe condition as is free of hazards. The Director
- 8 states that there are no bodies of water on the premises and LPA did not observe any bodies of water
- 9 during this visit.
- 10
- 11 Areas around and/or under climbing equipment have cushioning material to absorb a fall. Director states
- 12 there are no weapons or firearms on the premises.
- 13
- 14 Sign in and out sheets were reviewed to ensure that procedures are in accordance with Title 22
- 15 requirements. Staff Records were reviewed to ensure that a health screening report is on file. Children's
- 16 Records were reviewed. (Name, address, telephone of child's authorized representative, Medical
- 17 Assessment.) for completeness; Inspection of required forms was made and documented on the LIC
- 18 857.
- 19
- 20 LPA also reviewed staff records. The review of Staff records was documented on the LIC 859. Staff
- 21 present did have proof of the AB 1207 Mandated Reporter Training certificate on file. Staff present did
- 22 have proof against TB, measles, pertussis, and influenza. All staff have been given on the job training
- 23 sanitation principles, housekeeping, including universal health precautions.
- 24
- 25 All individuals present have obtained a criminal record clearance or criminal record exemption. There is
- 26 at least one person trained in CPR and Pediatric First Aid present during this inspection.
- 27
- 28 LPA also issued the Review of Staff records (LIC 859) to the Supervisor during this inspection. The LIC
- 29 857 and the LIC 859 documents the staff and children's files that were reviewed during this inspection.
- 30
- 31
- 32

Report continues- Page 2 of 3

SUPERVISOR'S NAME: Karen Chambers

TELEPHONE: (323) 980-4934

LICENSING EVALUATOR NAME: Raul Navarro

TELEPHONE: 323-981-3388

LICENSING EVALUATOR SIGNATURE:

DATE: 08/11/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/11/2021

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE CENTER DR 200B  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

**FACILITY NAME:** LONG BEACH COMMUNITY  
IMPROVEMENT LEAGUE

**FACILITY NUMBER:** 198010585

**VISIT DATE:** 08/11/2021

### NARRATIVE

1 Incidental Medical Services (IMS) policy was discussed. For IMS information see Evaluator Manual -  
2 Regulation Interpretations and Procedures for Child Care Centers Sections 101173 and 101226. When  
3 any IMS is provided, an updated Plan of Operation that includes IMS must be submitted to the  
4 Department. The following information regarding ADA was provided: US Department of Justice  
5 (USDOJ) toll-free ADA Information Line at (800) 514-0301 (voice)/ (800) 514-0383 (TTY) and link to  
6 publication: Commonly Asked Questions about Child Care Centers and the ADA, available at:  
7 <http://www.ada.gov/childqanda.htm>  
8  
9 At this time, the licensee is in compliance with California Title 22 Regulations. Therefore, there are no  
10 citations being issued today.  
11  
12 Exit interview was conducted with Executive Director Dr. Khaleghi. The Executive Director was provided  
13 a copy of their appeal rights (LIC 9058) and their signature on this form acknowledges receipt of these  
14 forms.  
15  
16  
17  
18 The Notice of Site Visit (LIC 9213) – must remain posted for *30 days* during the hours of operation after  
19 each site inspection by a licensing representative. Failure to maintain posting as required will result in a  
20 civil penalty of \$100.00.  
21  
22  
23 Report ends- Page 3 of 3  
24  
25  
26  
27  
28  
29  
30  
31  
32

**SUPERVISOR'S NAME:** Karen Chambers

**TELEPHONE:** (323) 980-4934

**LICENSING EVALUATOR NAME:** Raul Navarro

**TELEPHONE:** 323-981-3388

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 08/11/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**

**DATE:** 08/11/2021

# Department of SOCIAL SERVICES

## Community Care Licensing

# COMPLAINT INVESTIGATION REPORT

**Facility Number:** 197803342

**Report Date:** 06/01/2021

**Date Signed:** 06/01/2021 01:46:39 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, CA
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/05/2019** and conducted by Evaluator Mary G Flores

	<b>COMPLAINT CONTROL NUMBER:</b> 28-AS-20190905091349
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<b>FACILITY NAME:</b> <b>UNLIMITED QUEST INC LONG BEACH</b>	<b>FACILITY NUMBER:</b> 197803342
<b>ADMINISTRATOR:</b> RIEGER, RYAN	<b>FACILITY TYPE:</b> 775
<b>ADDRESS:</b> 3350 OLIVE AVE	<b>TELEPHONE:</b> (562) 595-0730
<b>CITY:</b> SIGNAL HILL	<b>ZIP CODE:</b> 90807
<b>CAPACITY:</b> 45	<b>DATE:</b> 06/01/2021
<b>STATE:</b> CA	<b>UNANNOUNCED TIME BEGAN:</b> 01:00 PM
<b>CENSUS:</b> 44	<b>TIME COMPLETED:</b> 02:30 PM
<b>MET WITH:</b> Cristina Serafico - Supervisor	

### ALLEGATION(S):

1	Administrator yells at the staff in the presence of the residents
2	
3	
4	
5	
6	
7	
8	
9	

### INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Mary Flores conducted an unnaunounced complaint investigation
2	regarding the above allegation(s). LPA Flores met with Cristina Serafico - Program Supervisor and
3	explained the reason for the visit.
4	
5	The investigation consisted of the following: On 9/11/19 LPA Wesley conducted an initial visit and
6	requested a copy of the staff and client roster, interviewed staff, and program director Josephine Santos.
7	On 4/8/21 LPA Flores requested staff/client roster, staff client's personal rights trainings to be email to
8	LPA, and interviewed staff #1(S1) and #2(S2) over the phone. On 4/9/21 LPA interviewed staff #3(S3)
9	and #4(S4). On 4/22/21 LPA Flores interviewed client #1(C1)'s family member over the phone and client
10	#2(C2). On 5/5/21 LPA Flores interviewed clients #4(C4), #5(C5) over the phone.
11	
12	The investigation revealed the following: Regarding allegation administrator yells at the staff in the
13	presence of the residents. It is alleged administrator came into a room with 6 clients and a few staff and
	began to yell at staff in Tagalog. (Continued 9099C)

<b>Unsubstantiated</b>	<b>Estimated Days of Completion:</b>
------------------------	--------------------------------------

<b>SUPERVISOR'S NAME:</b> Rebecca Orendain	<b>TELEPHONE:</b> (323) 981-3961
<b>LICENSING EVALUATOR NAME:</b> Mary G Flores	<b>TELEPHONE:</b> (323) 981-3965
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 06/01/2021

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/01/2021
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This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

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**Control Number 28-AS-20190905091349**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office,  
, CA

## COMPLAINT INVESTIGATION REPORT (Cont)

**FACILITY NAME:** UNLIMITED QUEST INC LONG BEACH

**FACILITY NUMBER:** 197803342

**VISIT DATE:** 06/01/2021

### NARRATIVE

1 During interviews with clients 5 out of 5 clients replied "no" when asked if staff or administrator yell at  
2 clients or staff at the facility during program hours. Family member interviewed stated that their family  
3 member attending the day program at the facility feels comfortable, does not feel afraid of staff, and has  
4 not shared to have hear staff or administrator mistreat or yelled at clients. 4 out of 4 staff interview stated  
5 to not have observed administrator yelled at clients or staff during business hours. LPA reviewed  
6 facility's in service training related to client's personal rights; On 1/31/19 "Clients Rights", 1/17/20  
7 "Client's Rights", 1/29/21 "Rights of Individuals". Review of documents revealed facility has on going  
8 training on individuals personal rights.

9  
10 Based on interviews conducted the preponderance of evidence is sufficient, therefore the above  
11 allegation(s) are UNSUBSTANTIATED.

12  
13 Exit interview was conducted with Cristina Serafico, program supervisor, and a copy of the report was  
14 provided.

<b>SUPERVISOR'S NAME:</b> Rebecca Orendain	<b>TELEPHONE:</b> (323) 981-3961
<b>LICENSING EVALUATOR NAME:</b> Mary G Flores	<b>TELEPHONE:</b> (323) 981-3965
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 06/01/2021

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

<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 06/01/2021
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LIC9099 (FAS) - (06/04)

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# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

**Facility Number:** 197803342

**Report Date:** 06/29/2021

**Date Signed:** 08/02/2021 09:57:33 AM

### COMPREHENSIVE INSPECTION

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE DR #100 MONTEREY PARK, CA 91754	
<b>FACILITY EVALUATION REPORT</b>			
<b>FACILITY NAME:</b> UNLIMITED QUEST INC LONG BEACH		<b>FACILITY NUMBER:</b>	197803342
<b>ADMINISTRATOR:</b> JOSEPHINE SANTOS		<b>FACILITY TYPE:</b>	775
<b>ADDRESS:</b> 3350 OLIVE AVE		<b>TELEPHONE:</b>	(562) 595-0730
<b>CITY:</b> SIGNAL HILL	<b>STATE:</b> CA	<b>ZIP CODE:</b>	90807
<b>CAPACITY:</b> 45	<b>CENSUS:</b> 0	<b>DATE:</b>	06/29/2021
<b>TYPE OF VISIT:</b> Required - 1 Year	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b>	09:00 AM
<b>MET WITH:</b> ADMINISTRATOR JOSEPHINE SANTOS	<b>TIME COMPLETED:</b>	12:00 PM	

NARRATIVE	
1	Licensing Program Analyst (LPA) Jose Calderon conducted an unannounced Annual required visit with a primary
2	focus on infection control measures. LPA Calderon was met by licensee Josephine Santos and the purpose of
3	today's visit was explained. The facility is licensed to serve 45 adult and behavioral 18 and older clients.
4	
5	There are currently 0 elder residents in care. ambulatory clients. The facility is a 1-story structure with 10
6	rooms and 5 bathrooms, activity room. kitchen and work out room, teaching rooms, computer room.
7	
8	LPA Calderon and staff toured the physical plant. There is no bodies of water or firearm/ammunition on
9	the premises. All client rooms were checked. and are in good condition, adequate lighting provided,
10	storage for client personal belongings was observed. Walls and floors were in good repair. All
11	equipment, computers, work stations are well maintained and there is adequately PPE stocked at the
12	time of visit. Bathrooms were found to be within Title 22 regulations and were clean and operational.
13	LPA observed the facility to be clean and appropriately furnished at the time of visit. Storage areas for
14	personal hygiene, cleaning agents, toxins, and sharps were not accessible to clients. Smoke detectors
15	were had wires, but only 1 Carbon Monoxide was found in the facility.
16	
17	During the visit, LPA observed the facility infection control practices. LPA did observe screening
18	protocols for visitors, staff and residents, sanitizing stations (Located in common areas and restrooms).
19	LPA observed staff were wearing face coverings, an isolation room is confirmed for the facility. LPA
20	observed the facility has a 30-day supply of Personal Protective Equipment (PPE).
21	
22	
23	
24	
25	

<b>SUPERVISOR'S NAME:</b> Janae Hammond	<b>TELEPHONE:</b> (323) 981-3328
<b>LICENSING EVALUATOR NAME:</b> Jose Calderon	<b>TELEPHONE:</b> (323) 213-1153
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 06/29/2021
<b>I acknowledge receipt of this form and understand my licensing appeal rights as explained and</b>	



received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/29/2021

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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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL  
SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1000 CORPORATE DR #100  
MONTEREY PARK, CA 91754

## FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: UNLIMITED QUEST INC LONG BEACH

FACILITY NUMBER: 197803342

VISIT DATE: 06/29/2021

## NARRATIVE

1 LPA advised the Administrator to continuously monitor the Centers for Disease Control (CDC) website  
2 and Community Care Liking Provider Informational Notices (PIN) for any updates relating to COVID-  
3 19 guidance.  
4  
5 During today's visit there were no deficiencies under California code of regulation title 22, division 6,  
6 chapter 8.  
7  
8 Exit interview held and appeal rights provided. A copy of the report was provided to licensee Teresa  
9 Guanlao.  
10  
11  
12  
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14  
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29  
30  
31  
32

SUPERVISOR'S NAME: Janae Hammond

TELEPHONE: (323) 981-3328

LICENSING EVALUATOR NAME: Jose Calderon

TELEPHONE: (323) 213-1153

LICENSING EVALUATOR SIGNATURE:

DATE: 06/30/2021

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 06/30/2021

LIC809 (FAS) - (06/04)

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