

FACILITY EVALUATION REPORT

FACILITY NAME:	RAYA'S PARADISE, INC.	FACILITY NUMBER:	197604445
ADMINISTRATOR:	MOTI GAMBURD	FACILITY TYPE:	740
ADDRESS:	1156 N. GARDNER ST.	TELEPHONE:	(323) 851-2517
CITY:	WEST HOLLYWOOD	STATE:	CA
CAPACITY:	11	ZIP CODE:	90046
TYPE OF VISIT:	Annual/Required	CENSUS:	10
MET WITH:	Michael Gamburd	UNANNOUNCED	
		DATE:	04/07/2010
		TIME BEGAN:	10:25 AM
		TIME COMPLETED:	12:30 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Claudia Romero conducted an unannounced ANNUAL REQUIRED visit to
2 this facility and met with Michael Gamburd.
3

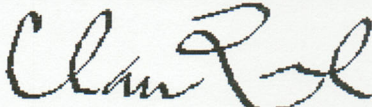
4 LPA conducted a tour of the physical plant areas inside and outside to ensure there are no health and safety
5 hazards and in compliance with Title 22 Regulations. LPA measured the hot water temperature to ensure it is
6 maintained within the required range of 105-120°F for resident safety and comfort. Hot water temperature
7 measured approximately 109-113.7°F, which is within the required range. All toilets observed with grab bars,
8 non-skid floor mats in shower areas are maintained. LPA reviewed the personal accommodations, food
9 service areas, food supply (perishable and non-perishable), emergency supplies, and the storage of
10 hazardous items including knives, tools and cleaning supplies. The fire extinguishers were all charged and
11 checked dated 9/23/09. Facility is equipped with sprinkler system. LPA reviewed the centrally stored
12 medications and medication documentation. LPA also reviewed staff and resident records (refer to LIC 858
13 and LIC 859 for record review).
14

15 At the time of the visit residents were observed. When LPA arrived at the facility, nine residents were found
16 in the patio. One resident was taking a nap. Mr. Gamburd stated there are currently no residents receiving
17 hospice or home health care services at this time.
18

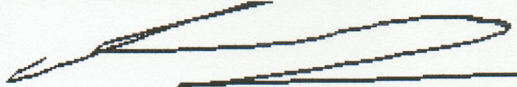
19 Facility does not have a bedridden fire clearance and licensee is working on obtaining the bedridden fire
20 clearance.
21

22 There are no Health and Safety Hazards noted at time of visit.
23

24 No deficiencies cited at this time.
25 Exit Interview Conducted / A Copy of Report Issued.

SUPERVISOR'S NAME: Jeralyn Ann Pfannenstiel**TELEPHONE:** (818) 596-4343**LICENSING EVALUATOR NAME:** Claudia Romero**TELEPHONE:** (818) 596-4334**LICENSING EVALUATOR SIGNATURE:****DATE:** 04/07/2010

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 04/07/2010

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