

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 100400070

Report Date: 03/08/2022

Date Signed: 03/08/2022 09:07:31 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, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	CALIFORNIA ARMENIAN HOME	FACILITY NUMBER:	100400070
ADMINISTRATOR:	PAUL ROCHA	FACILITY TYPE:	741
ADDRESS:	6720 E KINGS CANYON RD	TELEPHONE:	(559) 251-8414
CITY:	FRESNO	STATE:	CA
CAPACITY:	356	CENSUS:	280
TYPE OF VISIT:	Required - 1 Year	DATE:	03/08/2022
MET WITH:	Administrator Paul Rocha	UNANNOUNCED TIME BEGAN:	12:20 PM
		TIME	03:00 PM
		COMPLETED:	

NARRATIVE	
1	On 03/08/2022, Licensing Program Analyst (LPA) K. Kaur arrived unannounced at the above facility to conduct an Annual Inspection- Infection Control. LPA introduced self, stated the purpose of the visit, and was granted entry to the facility by Caregiver. Caregiver contacted Administrator Paul Rocha, who arrived shortly thereafter.
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6	Visitor log-in/temperature check, masks, and disinfection station were observed upon entry. Facility buildings have one entrance/exit point. Hand sanitizer was readily available to residents and visitors.
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8	Hand washing and other various Covid-19 related signs were observed in the common areas.
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10	Facility tour conducted with Administrator. All pathways, entrances and exits were clear from obstructions. No fire clearance issues. Facility staff observed with facial coverings. LPA toured vacant resident rooms. LPA toured the community kitchen and observed a 7-day supply of non-perishable foods and a 2-day supply of perishable foods. LPA observed a 30-day supply of PPE and cleaning supplies. LPA checked residents' medication and observed a 30-day supply.
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16	No deficiencies were observed.
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19	LPA is requesting the following documents be submitted to the Fresno CCL office by 03/11/2022:
20	Current
21	copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator Organization
22	(LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Emergency and Disaster Plan, Personnel Report (LIC500), Register of Facility Clients/Residents for LIC9020.
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25	An exit interview was conducted with Administrator . As a COVID-19 precautionary measure, a copy of this report will be provided via email. Report signed on-site by Facility Representative.

NAME OF LICENSING PROGRAM MANAGER: Brenda White

NAME OF LICENSING PROGRAM ANALYST: Kamaldeep Kaur

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 03/08/2022

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 03/08/2022

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