

Department of

SOCIAL SERVICES

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	ZIP CODE: 93727	
CAPACITY: 356	CENSUS: 280	DATE: 03/08/2022	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 12:20 PM		
MET WITH: Administrator Paul Rocha	TIME COMPLETED: 03:00 PM		
NARRATIVE			
1	On 03/08/2022, Licensing Program Analyst (LPA) K. Kaur arrived unannounced at the above facility to		
2	conduct an Annual Inspection- Infection Control. LPA introduced self, stated the purpose of the visit, and		
3	was granted entry to the facility by Caregiver. Caregiver contacted Administrator Paul Rocha, who		
4	arrived shortly thereafter.		
5			
6	Visitor log-in/temperature check, masks, and disinfection station were observed upon entry. Facility		
7	buildings have one entrance/exit point. Hand sanitizer was readily available to residents and visitors.		
8	Hand washing and other various Covid-19 related signs were observed in the common areas.		
9			
10	Facility tour conducted with Administrator. All pathways, entrances and exits were clear from		
11	obstructions. No fire clearance issues. Facility staff observed with facial coverings. LPA toured vacant		
12	resident rooms. LPA toured the community kitchen and observed a 7-day supply of non-perishable foods		
13	and a 2-day supply of perishable foods. LPA observed a 30-day supply of PPE and cleaning supplies.		
14	LPA checked residents' medication and observed a 30-day supply.		
15			
16	No deficiencies were observed.		
17			
18			
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		
22	Organization		
23	(LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Emergency and Disaster Plan,		
24	Personnel Report (LIC500), Register of Facility Clients/Residents for LIC9020.		
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.