

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107201156

Report Date: 03/25/2022

Date Signed: 03/25/2022 12:32:09 PM

Document Has Been Signed on 03/25/2022 12:32 PM - It Cannot Be Edited

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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: FAIRWINDS - WOODWARD PARK | | FACILITY NUMBER: 107201156 | |
| ADMINISTRATOR: EDWARDS, DEANNE | | FACILITY TYPE: 740 | |
| ADDRESS: 9525 N FT WASHINGTON RD | | TELEPHONE: (559) 434-6444 | |
| CITY: FRESNO | STATE: CA | ZIP CODE: 93730 | |
| CAPACITY: 270 | CENSUS: 184 | DATE: 03/25/2022 | |
| TYPE OF VISIT: Required - 1 Year | UNANNOUNCED | TIME BEGAN: 09:14 AM | |
| MET WITH: Desiree Valero, Administrator | | TIME COMPLETED: 12:35 PM | |
| NARRATIVE | | | |
| 1 | On 3/25/22, Licensing Program Analyst, M. Medina arrived at the facility unannounced to conduct the | | |
| 2 | required Infection Control Inspection. LPA observed a central entry point with a supply of hand sanitizer | | |
| 3 | located upon entry. A sign in policy that includes documented routine symptom screening for visitors is | | |
| 4 | currently being implemented to follow current visitation guidelines. All staff are screened upon arrival for | | |
| 5 | shift. Mitigation plan was received and approved by Department on 2/23/2021. | | |
| 6 | | | |
| 7 | LPA toured the facility inside and out. Staff were all observed wearing face coverings. Facility has | | |
| 8 | designated visitation areas. LPAs observed a 30 day supply of PPE and resident medications. Several | | |
| 9 | residents rooms in Assisted Living apartments toured and observed to have adequate soap and paper | | |
| 10 | products available. | | |
| 11 | | | |
| 12 | Administrator to submit LIC 500, LIC 610E and resident roster to Fresno CCL office no later than | | |
| 13 | 4/1/2022. | | |
| 14 | | | |
| 15 | Through LPA's observation of documentation and interview with Administrator, the required infection | | |
| 16 | control practices are found to be in compliance. No deficiencies were observed. Exit interview was | | |
| 17 | conducted and report signed. Administrator was informed that as a COVID-19 precautionary measure, | | |
| 18 | this report will be emailed. | | |
| 19 | | | |
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| 24 | | | |
| 25 | | | |
| NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann | | | |
| NAME OF LICENSING PROGRAM ANALYST: Melinda Medina | | | |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/25/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/25/2022

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