

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107201415

Report Date: 12/17/2021

Date Signed: 12/21/2021 01:33:43 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:	ROYAL GARDENS II	FACILITY NUMBER:	107201415
ADMINISTRATOR:	AULAKH, GURMIT	FACILITY TYPE:	740
ADDRESS:	4238 E. ALAMOS AVENUE	TELEPHONE:	(559) 226-3320
CITY:	FRESNO	STATE:	CA
CAPACITY:	6	CENSUS:	5
TYPE OF VISIT:	Required - 1 Year	DATE:	12/17/2021
MET WITH:	Administrator Gurmit Aulakh	UNANNOUNCED TIME BEGAN:	12:20 PM
		TIME	01:10 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Darius Wiliams conducted an unannounced Annual Insepection visit.
2	LPA Williams met with Administrator, Gurmit Aulakh, and discussed the purpose of the visit.
3	
4	LPA Williams toured the facility with staff.
5	
6	LPA Williams observed a visitor/temperature log at the front entrance. Facility has one entry and exit point. Social distancing is maintained in the common areas. Hand washing and other various Covid-19 related signs were observed in the common areas.
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10	LPA Williams observed a two day supply of perishable food and seven day supply of non-perishable food. Cleaning supplies and medication were observed behind a locked door. Facility has the following Personal Protective Equipment available in storage; masks, gloves, gowns, and face shields.
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15	Staff have received training in Covid-19 mitigation and infection control. 5 of 5 residents files reviewed had up to date emergency contact information.
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17	
18	Licensee shall submit the following documents to Community Care Licensing by 12/22/2021: Personnel Report (LIC 500), Designation of Facility Responsibility (LIC 308), and Administrator Certificate.
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20	
21	No deficiencies were cited at this time.
22	
23	An exit interview was conducted. Due to technical issues a copy of this report was provided via e-mail. Signature of Administrator will be on original copy.
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25	

NAME OF LICENSING PROGRAM MANAGER: Serigy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Darius Williams

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 12/17/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/17/2021

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