

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107201415

Report Date: 12/17/2021

Date Signed: 12/21/2021 01:33:43 PM

Document Has Been Signed on 12/21/2021 01:33 PM - **It Cannot Be Edited**

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	ZIP CODE: 93726	
CAPACITY: 6	CENSUS: 5	DATE: 12/17/2021	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 12:20 PM		
MET WITH: Administrator Gurmit Aulakh	TIME COMPLETED: 01:10 PM		
NARRATIVE			
1	Licensing Program Analyst (LPA) Darius Williams 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		
7	point. Social distancing is maintained in the common areas. Hand washing and other various Covid-19		
8	related signs were observed in the common areas.		
9			
10	LPA Williams observed a two day supply of perishable food and seven day supply of non-perishable		
11	food. Cleaning supplies and medication were observed behind a locked door. Facility has the following		
12	Personal Protective Equipment available in storage; masks, gloves, gowns, and face shields.		
13			
14	Staff have received training in Covid-19 mitigation and infection control. 5 of 5 residents files reviewed		
15	had up to date emergency contact information.		
16			
17			
18	Licensee shall submit the following documents to Community Care Licensing by 12/22/2021: Personnel		
19	Report (LIC 500), Designation of Facility Responsibility (LIC 308), and Administrator Certificate.		
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.		
24	Signature of Administrator will be on original copy.		
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.