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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107201415
Report Date: 12/17/2024
Date Signed: 12/17/2024 11:19:22 AM

Document Has Been Signed on 12/17/2024 11:19 AM **- It Cannot Be Edited**

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **FACILITY EVALUATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710

FACILITY NAME:	ROYAL GARDENS II		FACILITY NUMBER:	107201415
ADMINISTRATOR/DIRECTOR:	AULAKH, GURMIT		FACILITY TYPE:	740
ADDRESS:	4238 E ALAMOS AVE		TELEPHONE:	(559) 226-3320
CITY:	FRESNO	STATE: CA	ZIP CODE:	93726
CAPACITY: 6		CENSUS: 6	DATE:	12/17/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	08:20 AM
MET WITH:	Administrator: Gurmit Aulakh		TIME VISIT/ INSPECTION COMPLETED:	11:30 AM

NARRATIVE

On 12/17/24 Licensing Program Analyst (LPA) J. Leffall arrived unannounced to conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was greeted by Staff (S1) Evaliza Romero. LPA was granted entry. 5 residents were present during inspection. Administrator Gurmit Aulakh (A1) was called and arrived shortly after LPA's arrival.

LPA toured facility with A1. The facility was observed to be at a comfortable temperature, clean, in good repair, and no passageway obstructions or fire hazards were observed inside. An adequate supply of perishable and non-perishable food was observed. Freezer temperature was maintained at -7 degrees F and refrigerator temperature was maintained at 29 degrees F. Fire extinguisher was observed with a purchase date of: 2/19/24. Fire drill last completed on 10/6/24. Washer and dryer observed operational during visit. Carbon monoxide and smoke detectors were tested and observed to be operational. Residents' bedrooms were toured and observed to be adequately furnished with bed, dresser, and adequate lighting. All bathrooms are toured and observed to be operational. Hot water temperature was tested at a temperature of 106.8 in bathroom 1, 107.7 in bathroom 2 and 108.1 degrees F. in bathroom 3. Non-skid mat and grab bars observed in bathrooms. Outside of facility toured. Side gate was self-closing and self-latching. Outside was observed with adequate outdoor seatings available for residents. Samples of medications were checked and observed kept locked in the hall closet. Residents' MARS was reviewed. First aide kit observed with all of the required items.

All residents and samples of staff files reviewed to have all the required documents.

No deficiencies issued during this inspection.

	Exit Interview conducted. The following documents requested to be updated and submitted to Fresno CCL by 12/31/24: Lic 308, Lic 500, Lic 610E, Current Liability Insurance and current Administrator's certificate. A copy of this report was provided to Administrator, whose signature on this form confirms receipt of this report.

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 12/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/17/2024

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