

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 107202403  
Report Date: 02/17/2022  
Date Signed: 02/17/2022 02:15:08 PM

Document Has Been Signed on 02/17/2022 02:15 PM - It Cannot Be Edited

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES<br>COMMUNITY CARE LICENSING DIVISION<br>CCLD Regional Office, 1314 E SHAW AVE<br>FRESNO, CA 93710 |
| <b>FACILITY EVALUATION REPORT</b>                      |  |

|   |                                  |
|---|----------------------------------|
| FACILITY NAME: GRAYSFUL LIVING                        | FACILITY NUMBER: 107202403       |
| ADMINISTRATOR: FLAUTA, VICTOR S.                      | FACILITY TYPE: 740               |
| ADDRESS: 1552 E. MUNCIE AVE                           | TELEPHONE: (559) 297-0233        |
| CITY: FRESNO  | STATE: CA                        |
| CAPACITY: 6   | ZIP CODE: 93720                  |
| TYPE OF VISIT: Required - 1 Year                      | CENSUS: 6                        |
| MET WITH: Assistant Administrator, Patricia Hernandez | DATE: 02/17/2022                 |
|   | UNANNOUNCED TIME BEGAN: 10:58 AM |
|   | TIME COMPLETED: 12:30 PM         |

| NARRATIVE |   |
|-----------|---|
| 1         | On 02/17/2022, Licensing Program Analyst (LPA) Walton arrived unannounced at the above facility to          |
| 2         | conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit and requested to meet    |
| 3         | with the Administrator. Administrator is not present in the facility at this time. Facility staff contacted |
| 4         | Administrator. LPA met with Assistant Administrator, Patricia Hernandez who arrived a short time later.     |
| 5         |   |
| 6         | COVID-19 guidelines are in place. Facility has one central entrance and exit. Facility has implemented a    |
| 7         | sign-in policy for visitors.  |
| 8         |   |
| 9         | Facility appeared cleaned with no obstruction or fire clearance issues. Hand sanitizer was readily          |
| 10        | available to residents and visitors. Social distancing is maintained in the common and dining areas.        |
| 11        | Bathrooms have trash cans with lids. Hand washing posters were observed by the bathroom sink. 4             |
| 12        | bedrooms are single occupant and 1 bedroom is shared. Beds in the shared bedroom appeared to be at          |
| 13        | least 6 feet apart.   |
| 14        |   |
| 15        | LPA checked residents' locked medications and observed a 30-day supply. Food supply was checked             |
| 16        | and there appeared to be an adequate supply. Cleaning and PPE supplies were checked. Staff records          |
| 17        | were reviewed for good health. Facility staff was observed with mask on. Residents wear masks when          |
| 18        | away from the community. 4 of 6 Resident's files have updated emergency contact information.                |
| 19        |   |
| 20        |   |
| 21        | CONTINUED TO LIC809C  |
| 22        |   |
| 23        |   |
| 24        |   |
| 25        |   |

|   |
|---|
| <b>NAME OF LICENSING PROGRAM MANAGER:</b> Melinda Hoffmann  |
| <b>NAME OF LICENSING PROGRAM ANALYST:</b> Alexandria Walton |

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/17/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/17/2022

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

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 (Cont)**

FACILITY NAME: GRAYSFUL LIVING

FACILITY NUMBER: 107202403

VISIT DATE: 02/17/2022

**NARRATIVE**

- 1 LPA is requesting the following documents be submitted to the Fresno CCL office by 03/03/2022:
- 2 Current copy of Administrator Certificate, Designation of Facility Responsibility (LIC308), Administrator
- 3 Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC 400), Liability
- 4 Insurance, Emergency and Disaster Plan LIC 610E, Personnel Report (LIC500), Register of Facility
- 5 Clients/Residents for, Surety Bond\*.
- 6
- 7 No deficiencies issued during today's inspection.
- 8
- 9 Exit interview conducted. A copy of this report will be provided via email due to COVID-19 precautionary
- 10 measures. Report signed on site by Facility Representative.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: Alexandria Walton

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/17/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/17/2022