

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 107202520  
Report Date: 11/19/2024  
Date Signed: 11/19/2024 12:08:01 PM

Document Has Been Signed on 11/19/2024 12:08 PM - It Cannot Be Edited

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

FACILITY NAME:	ROYAL GARDENS IV	FACILITY NUMBER:	107202520
ADMINISTRATOR/DIRECTOR:	GURMIT K AULAKH	FACILITY TYPE:	740
ADDRESS:	1125 SUNNYSIDE AVE.	TELEPHONE:	(559) 765-4905
CITY:	CLOVIS	STATE:	CA
CAPACITY:	6	ZIP CODE:	93611
TYPE OF VISIT:	Required - 1 Year	CENSUS:	4
		DATE:	11/19/2024
		UNANNOUNCED TIME VISIT/INSPECTION	BEGAN: 09:30 AM
		TIME VISIT/INSPECTION	COMPLETED: 12:30 PM
MET WITH:	Administrator: Gurmit Aulakh		

NARRATIVE	
1	On 11/19/24 Licensing Program Analyst (LPA) J. Leffall arrived unannounced to conduct an Annual
2	Inspection. LPA introduced self, stated the purpose of the visit, and was greeted by Staff Joy Viernes
3	(S1). LPA was granted entry. 3 clients were present during inspection. 1 resident departed for Dr's
4	appointment with Staff (S2) Lorry Naval. Administrator (A1) Gurmit Aulakh arrived shortly after to
5	conduct inspection.
6	
7	LPA toured facility with A1. The facility was observed to be at a comfortable temperature, clean, in good
8	repair, and no passageway obstructions or fire hazards were observed inside. An adequate supply of
9	perishable and non-perishable food was observed. Freezer temperature was maintained at -3 degrees F
10	and refrigerator temperature was maintained at 35 degrees F. Cleaning chemicals was observed stored
11	and locked under kitchen sink. Fire extinguisher was observed with a service date of: 2/17/24. Fire drill
12	last completed on 10/5/24. Clients' bedrooms were toured and observed to be adequately furnished with
13	bed, dresser, and adequate lighting. All bathrooms are toured and observed to be operational. Hot water
14	temperature was tested at 112 degrees in both bathrooms. Outside of facility toured. Side gate was self-
15	closing and self-latching. Outside was observed with adequate outdoor seatings available for clients.
16	Medications were checked and observed kept locked in medication cart. Clients' MARS was reviewed.
17	
18	Carbon monoxide and smoke detectors were tested and observed to be operational. All clients' files
19	reviewed to have all the required documents. Samples of staff files were reviewed and observed to have
20	all the required documents.
21	
22	
23	
24	
25	No deficiencies issued during this inspection.

Exit Interview conducted. The following documents requested to be updated and submitted to Fresno CCL by 12/3/24: Lic 308, Lic 500, Lic 610D, Lic 9020 and Administrator Certificate. A copy of this report was provided to Administrator, whose signature on this form confirms receipt of these report.

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



**DATE:** 11/19/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/19/2024

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