

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107202828
Report Date: 09/15/2021
Date Signed: 09/21/2021 10:19:54 AM

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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:	A PLACE CALLED HOME RESIDENTIAL CARE 5	FACILITY NUMBER:	107202828
ADMINISTRATOR:	MURCHISON, COLIN	FACILITY TYPE:	740
ADDRESS:	10736 E MENDOCINO BAY	TELEPHONE:	(559) 213-7251
CITY:	CLOVIS	STATE:	CA
CAPACITY:	6	ZIP CODE:	93619
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
MET WITH:	Colin Murchison	DATE:	09/15/2021
		UNANNOUNCED TIME BEGAN:	02:35 PM
		TIME COMPLETED:	04:21 PM

NARRATIVE	
1	Today, Licensing Program Analyst L. Xiong arrived at the facility unannounced to conduct the Infection
2	Control Inspection. LPAs met Administrator, Colin Murchison and inform her the purpose of the visit. LPA
3	completed the Covid-19 Contact questionnaire prior to entrance into the facility.
4	
5	LPAs observed a central entry point with a supply of hand sanitizer and a sign in policy that includes
6	documented routine symptom screening for resident's, staff and visitors.
7	
8	Mitigation plan has been submitted to Community Care Licensing. Infection control procedures
9	described in the plan and observed by LPAs include: Daily symptoms screenings (for staff, persons in
10	care and visitors), visitation policy, quarantine/isolation procedures, surveillance testing, infection control
11	plan and identification of Colin Murchison as the Infection Control Lead, emergency staffing, PPE use,
12	infection control training and procedures, documentation, postings and communication. LPAs reviewed
13	Mitigation Plan and procedures with the Administrator.
14	
15	LPAs toured the facility inside and out. Required postings of signs to include hand washing, coughing
16	etiquette and physical distancing were observed in the facility. Staff were all observed wearing face
17	coverings. Facility has designated visitation areas. LPAs observed a 30day supply of PPE and resident
18	medications. Sinks are well stocked and liquid soap for hand washing and paper towels for hand drying
19	were observed.
20	
21	
22	Through LPA's observations, documentation review and interview with Administrator, the required
23	infection control practices are found to be in compliant. No deficiencies cited on today's inspection.
24	
25	Licensee to submit the following information to Fresno CCL within 7 calendar days:
	1.) Current Facility Staff Work Schedule form LIC500
	2.) Current Register of Facility Clients/Residents form LIC9020

- 3.) Copy/copies of current Administrator Certificate(s)
- 4.) Copy of current liability insurance coverage.

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Les Xiong

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/15/2021

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