

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206750
Report Date: 01/21/2025
Date Signed: 01/21/2025 12:39:42 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: A PLACE CALLED HOME RESIDENTIAL CARE 2	FACILITY NUMBER: 107206750
ADMINISTRATOR/COLIN MURCHISON	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 4085 N NEWPORT BAY	TELEPHONE: (559) 346-1527
CITY: CLOVIS	STATE: CA
CAPACITY: 6	ZIP CODE: 93619
TYPE OF VISIT: Required - 1 Year	CENSUS: DATE: 01/21/2025
	UNANNOUNCED TIME VISIT/INSPECTION: 10:00 AM
	BEGAN: TIME VISIT/INSPECTION: 01:00 PM
MET WITH: Administrator - Colin Murchison	COMPLETED:

NARRATIVE	
1	On 01/21/2025, Licensing Program Analyst (LPA) Martin V arrived unannounced at the above facility to conduct
2	an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was granted entry to the facility,
3	Administrator (AD) Colin Murchison was notified of Licensing visit over the phone. LPA toured facility with
4	Administrator when AD arrived at facility.
5	
6	Facility has one entrance/exit point. LPA toured facility with AD inside and out. LPA observed the back yard,
7	fenced and emergency exit gate for residents' safety.
8	
9	
10	The facility was observed to be at a comfortable temperature, of 70 degrees F. Facility is free of debris, in good
11	repair, and no passageway obstructions or fire hazards were observed. Common areas were properly furnished and
12	well-lit throughout. LPA observed residents in their rooms resting. Department phone number and infection
13	prevention information signs were posted throughout the facility.
14	
15	Inspecting kitchen LPA observed the required 7-day supply of non-perishable food and 2- day supply of
16	fresh perishables to be properly stored. An emergency disaster supply was observed.
17	
18	Fire extinguisher was observed with a service date of 02/2024. All 6 residents' bedrooms were observed to be with
19	comfortable temperature. Bathroom water temperature was tested and recorded reading of 109 degrees F.
20	
21	
22	Report continued on LIC 809-C
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Martin Vega
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 01/21/2025

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 01/21/2025

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 FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
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FACILITY NAME: A PLACE CALLED HOME RESIDENTIAL CARE 2 **FACILITY NUMBER:** 107206750

VISIT DATE: 01/21/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Medications observed to be locked in a cabinet in laundry room. LPA reviewed medication records, records accurate at time of inspection. Cleaning supplies were observed to be in a locked cabinet in the laundry room and under kitchen sink. An outdoor seating area was observed operational for residents in care.</p> <p>LPA reviewed Staff and Resident files. Resident files observed to have updated information.</p> <p>No deficiencies were observed and cited. Exit interview conducted.</p> <p>Exit interview conducted, report signed and copy of this report provided for facility records.</p>
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