

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206750

Report Date: 01/22/2026

Date Signed: 01/22/2026 03:51:48 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/DIRECTOR:	COLIN MURCHISON	FACILITY TYPE:	740
ADDRESS:	4085 N NEWPORT BAY	TELEPHONE:	(559) 900-7437
CITY:	CLOVIS	STATE:	CA
CAPACITY:	6	ZIP CODE:	93619
TYPE OF VISIT:	Required - 1 Year	CENSUS:	6
		DATE:	01/22/2026
		UNANNOUNCED TIME VISIT/INSPECTION BEGAN:	01:30 PM
MET WITH:	Administrator - David Murchison	TIME VISIT/INSPECTION COMPLETED:	04:30 PM

NARRATIVE

1	On 01/21/2026, Licensing Program Analyst (LPA) Martin V arrived unannounced at the above facility to
2	conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was granted
3	entry to the facility, Administrator (AD) David Murchison was notified of Licensing visit over the phone.
4	LPA toured facility with 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
7	yard, fenced and emergency exit gate for residents' safety.
8	
9	The facility was observed to be at a comfortable temperature, of 73 degrees F. Facility is free of debris,
10	in good repair, and no passageway obstructions or fire hazards were observed. Common areas were
11	properly furnished and well-lit throughout. LPA observed residents in their rooms resting. Department
12	phone number and infection prevention information signs were posted throughout the facility.
13	
14	Inspecting kitchen LPA observed the required 7-day supply of non-perishable food and 2-day supply of
15	fresh perishables to be properly stored. An emergency disaster supply was observed.
16	
17	Fire extinguisher was observed with a service date of 02/2025. All 6 residents' bedrooms were observed
18	to be with comfortable temperature. Bathroom water temperature was tested and recorded reading of
19	107.7 degrees F.
20	
21	Continuation on LIC 809C
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Martin Vega

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/22/2026

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

DATE: 01/22/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.**FACILITY EVALUATION REPORT** California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.**DEFICIENCIES** A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.**CORRECTION NOTIFICATION** The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.**CIVIL PENALTIES** The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.**PENALTY NOTICE GIVEN** The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.**APPEAL RIGHTS** The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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: 01/22/2026

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>AD authorized staff to sign report. 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>

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan NAME OF LICENSING PROGRAM ANALYST: Martin Vega LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 01/22/2026
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