

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206795

Report Date: 08/18/2021

Date Signed: 08/18/2021 12:09:08 PM

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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:	BLOSSOM CREEKS ASSISTED LIVING	FACILITY NUMBER:	107206795
ADMINISTRATOR:	SAMRA, RAJVINDER K	FACILITY TYPE:	740
ADDRESS:	501 SOUTH APRICOT AVE	TELEPHONE:	(559) 598-9515
CITY:	FRESNO	STATE:	CA
CAPACITY:	6	CENSUS:	3
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME BEGAN:	08/18/2021 11:13 AM
MET WITH:	Baljinder Singh, Designated Representative	TIME	12:30 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Lady Cabrera conducted an Annual Inspection on this date. LPA was
2	met by Designated Representative Baljinder Singh and stated the purpose of the visit. Administrator
3	Rajvinder Samra was available via phone. A tour of the facility was conducted. COVID-19 guidelines are
4	in place. Visitor log-in/temperature check was observed upon entry. Facility has one entrance/exit point.
5	
6	Facility appeared cleaned with no obstruction or fire clearance issues. Hand sanitizer was readily
7	available to residents and visitors. Social distancing is maintained in the common and dining areas.
8	Bathrooms have trashcans with lid. Hand washing posters were observed by the bathroom sink.
9	Bedrooms were checked.
10	
11	LPA checked residents' medications and observed a 30-day supply. Food supply was checked and there
12	appeared to be an adequate supply. Cleaning and PPE supplies were checked. Staff records were
13	reviewed for good health and infection control training. Facility staff was observed with mask on.
14	Residents wear masks when away from the community.
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16	No deficiencies were observed. Exit interview was conducted. Designated Representative was provided
17	with the LIC809.
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NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Lady Cabrera

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 08/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/18/2021

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