

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206795

Report Date: 08/18/2021

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

Document Has Been Signed on 08/18/2021 12:09 PM - **It Cannot Be Edited**

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	ZIP CODE: 93727	
CAPACITY: 6	CENSUS: 3	DATE: 08/18/2021	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 11:13 AM		
MET WITH: Baljinder Singh, Designated Representative	TIME COMPLETED: 12:30 PM		
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.		
15			
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.