

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206901
Report Date: 12/17/2024
Date Signed: 12/17/2024 02:57:06 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 4	FACILITY NUMBER: 107206901
ADMINISTRATOR/DAVID C MURCHISON DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 2842 CALIMYRNA AVE	TELEPHONE: (559) 326-0953
CITY: CLOVIS	STATE: CA
CAPACITY: 6	ZIP CODE: 93611
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
	DATE: 12/17/2024
	UNANNOUNCED TIME VISIT/INSPECTION: 12:30 PM
	BEGAN: TIME VISIT/INSPECTION: 03:30 PM
MET WITH: Administrator: David Murchison	COMPLETED:

NARRATIVE	
1	On 12/17/24 Licensing Program Analyst (LPA) J. Leffall arrived unannounced to conduct an Annual
2	Inspection. LPA introduced self, stated the purpose of the visit, and was greeted by Facility Manager
3	(M1) April Salise. LPA was granted entry. All 6 residents were present during inspection.
4	
5	LPA toured facility with M1. The facility was observed to be at a comfortable temperature, clean, in good
6	repair, and no passageway obstructions or fire hazards were observed inside. An adequate supply of
7	perishable and non-perishable food was observed. Freezer temperature was maintained at 0 degrees F
8	and refrigerator temperature was maintained at 37 degrees F. Fire extinguisher was observed with a
9	purchase date of: 2/23/24. Fire drill last completed on 12/10/24. Washer and dryer observed operational
10	during visit. Carbon monoxide and smoke detectors were tested and observed to be operational.
11	Residents' bedrooms were toured and observed to be adequately furnished with bed, dresser, and
12	adequate lighting. All bathrooms are toured and observed to be operational. Hot water temperature was
13	tested at a temperature of 115.8 in bathroom 1, 117.8 in bathroom 2 and 119.6 degrees F. in bathroom
14	3. Non-skid mat and grab bars observed in bathrooms. Outside of facility toured. Side gate was self-
15	closing and self-latching. Outside was observed with adequate outdoor seatings available for residents.
16	Samples of medications were checked and observed kept locked in the cabinet. Residents' MARS was
17	reviewed. First aid kit observed with all the required items.
18	
19	All residents and samples of staff files reviewed to have all the required documents.
20	
21	
22	
23	
24	No deficiencies issued during this inspection.
25	
	Exit Interview conducted. The following documents requested to be updated and submitted to Fresno CCL by 12/31/24: Lic 308, Lic 500, Lic 610E, Current Liability Insurance and current Administrator's

certificate. A copy of this report was provided to Facility Manager, whose signature on this form confirms receipt of this report.

NAME OF LICENSING PROGRAM MANAGER: See Moua
NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall
LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 12/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/17/2024

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