

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107206929

Report Date: 06/18/2021

Date Signed: 06/21/2021 08:04:18 AM

Document Has Been Signed on 06/21/2021 08:04 AM **- 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: PAINTBRUSH ASSISTED LIVING AND MEMORY CARE		FACILITY NUMBER:	107206929
ADMINISTRATOR: JENNIFER VASQUEZ		FACILITY TYPE:	740
ADDRESS: 4356 W ASHLAN AVE		TELEPHONE:	(559) 275-2000
CITY: FRESNO	STATE: CA	ZIP CODE:	93722
CAPACITY: 110	CENSUS: 83	DATE:	06/18/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:30 AM
MET WITH: Jennifer Vasquez		TIME COMPLETED:	12:45 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Katie Brown arrived at the facility unannounced to conduct the		
2	Infection Control Inspection. LPA met with Administrator, Jennifer Vasquez and completed the Covid		
3	Contact questionnaire. LPA entered through the central entry point where hand sanitizer and visitor		
4	policy was posted. LPA observed the Staff and Visitor sign in and Covid Symptom Screening area.		
5			
6	Facility Mitigation plan has been approved by CCL. Infection control procedures described in the plan		
7	which were observed and reviewed by LPA include: Daily symptoms screenings (for staff, persons in		
8	care and visitors), testing, visitation, quarantine/isolation procedures, emergency staffing plan, PPE		
9	storage, use and training, as well as daily infection control procedures. The Administrator is identified as		
10	the Infection Control Lead for the facility.		
11			
12	LPA toured the facility inside and out including 8 resident apartments. Postings to encourage face		
13	coverings and hand washing were observed. Furniture in common and dining areas are spaced to		
14	promote distancing. Staff were all observed wearing face coverings. Facility has multiple designated		
15	visitation areas available. LPA observed 30-day medication supply and PPE accessible to staff.		
16	Common and resident bathroom sinks are well stocked with liquid soap and paper towels for hand		
17	washing.		
18			
19	Through LPA's observations, documentation review and interview with Administrator, the required		
20	infection control practices are found to be in compliance. No deficiencies cited on today's inspection.		
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny			
NAME OF LICENSING PROGRAM ANALYST: Katie Brown			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 06/18/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/18/2021

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