

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 107208838

Report Date: 02/22/2022

Date Signed: 03/02/2022 04:59:49 PM

**Document Has Been Signed on 03/02/2022 04:59 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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: MAGNOLIA CROSSING		FACILITY NUMBER: 107208838	
ADMINISTRATOR: RANCOUR, MANDY		FACILITY TYPE: 740	
ADDRESS: 32 W SIERRA AVE		TELEPHONE: (559) 765-4916	
CITY: CLOVIS	STATE: CA	ZIP CODE: 93612	
CAPACITY: 60	CENSUS: 37	DATE: 02/22/2022	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN: 10:26 AM	
MET WITH: Administrator, Frances Hernandez		TIME COMPLETED: 01:12 PM	
<b>NARRATIVE</b>			
1	On 2/22/2021, Licensing Program Analyst, M. Garza arrived at the facility unannounced to conduct the		
2	required Infection Control Inspection. LPA was greeted by Administrator, Frances Hernandez. Due to		
3	facility having positive COVID staff/residents LPA conducted video tele-visit. LPA observed a central		
4	entry point with a supply of hand sanitizer and a sign in policy that includes documented routine		
5	symptom screening for resident's, staff and visitors. Residents observed in common area and in room.		
6			
7	Mitigation plan was reviewed and approved. COVID-19 procedures described in the plan include		
8	required postings, symptoms screenings (for staff, persons in care and visitors), testing,		
9	quarantine/isolation cohorts, infection control plan to include donning and doffing of Personal Protective		
10	Equipment. Staffing and sick leave plans are in place for emergency staffing and/or PPE shortages.		
11			
12	LPA toured the facility inside and out. Required postings of signs to include hand washing, coughing		
13	etiquette and physical distancing were observed throughout the facility. Staff observed coming out of		
14	building without face coverings. Facility has designated visitation areas. Covered trash bins were not		
15	observed. LPA observed a 30 day supply of PPE and resident medications. Sinks are well stocked and		
16	liquid soap for hand washing and paper towels for hand drying were observed.		
17			
18	Through LPA observation of documentation and interview with Administrator and staff, the required		
19	infection control practices are found to be in compliance. No deficiencies cited on today's inspection.		
20	TA's given for masking and trash bins.		
21			
22			
23	A copy of this report will be emailed. A delivered and read receipt serves as confirmation.		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann			
NAME OF LICENSING PROGRAM ANALYST: Mary Garza			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 02/22/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 02/22/2022

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