

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208852
Report Date: 09/15/2021
Date Signed: 09/21/2021 10:21:03 AM

Document Has Been Signed on 09/21/2021 10:21 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: A PLACE CALLED HOME RESIDENTIAL CARE 6 | FACILITY NUMBER: 107208852 |
| ADMINISTRATOR: MURCHISON, COLIN | FACILITY TYPE: 740 |
| ADDRESS: 3041 SERENA AVE | TELEPHONE: (559) 213-7251 |
| CITY: CLOVIS | STATE: CA |
| CAPACITY: 6 | ZIP CODE: 93619 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 6 |
| MET WITH: Colin Murchison | DATE: 09/15/2021 |
| | UNANNOUNCED TIME BEGAN: 01:13 PM |
| | TIME COMPLETED: 02:29 PM |

| NARRATIVE | |
|-----------|---|
| 1 | Today, Licensing Program Analyst L. Xiong arrived at the facility unannounced to conduct the Infection |
| 2 | Control Inspection. LPAs met Administrator, Colin Murchison and inform her the purpose of the visit. LPA |
| 3 | completed the Covid-19 Contact questionnaire prior to entrance into the facility. |
| 4 | |
| 5 | LPAs observed a central entry point with a supply of hand sanitizer and a sign in policy that includes |
| 6 | documented routine symptom screening for resident's, staff and visitors. |
| 7 | |
| 8 | Mitigation plan has been submitted to Community Care Licensing. Infection control procedures |
| 9 | described in the plan and observed by LPAs include: Daily symptoms screenings (for staff, persons in |
| 10 | care and visitors), visitation policy, quarantine/isolation procedures, surveillance testing, infection control |
| 11 | plan and identification of <u>Colin Murchison</u> as the Infection Control Lead, emergency staffing, PPE use, |
| 12 | infection control training and procedures, documentation, postings and communication. LPAs reviewed |
| 13 | Mitigation Plan and procedures with the Administrator. |
| 14 | |
| 15 | LPAs toured the facility inside and out. Required postings of signs to include hand washing, coughing |
| 16 | etiquette and physical distancing were observed in the facility. Staff were all observed wearing face |
| 17 | coverings. Facility has designated visitation areas. LPAs observed a 30day supply of PPE and resident |
| 18 | medications. Sinks are well stocked and liquid soap for hand washing and paper towels for hand drying |
| 19 | were observed. |
| 20 | |
| 21 | |
| 22 | Through LPA's observations, documentation review and interview with Administrator, the required |
| 23 | infection control practices are found to be in compliant. No deficiencies cited on today's inspection. |
| 24 | |
| 25 | Licensee to submit the following information to Fresno CCL within 7 calendar days: |
| | |
| | 1.) Current Facility Staff Work Schedule form LIC500 |
| | 2.) Current Register of Facility Clients/Residents form LIC9020 |

- 3.) Copy/copies of current Administrator Certificate(s)
- 4.) Copy of current liability insurance coverage.

NAME OF LICENSING PROGRAM MANAGER: Sergiy Pidgirny

NAME OF LICENSING PROGRAM ANALYST: Les Xiong

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/15/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/15/2021

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