

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

Facility Number: 107208900

Report Date: 04/04/2022

Date Signed: 04/06/2022 07:55:05 AM

**Document Has Been Signed on 04/06/2022 07:55 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	
<b>FACILITY EVALUATION REPORT</b>			
FACILITY NAME: CALIMYRNA ASSISTED LIVING		FACILITY NUMBER: 107208900	
ADMINISTRATOR: PETERS, TYSON		FACILITY TYPE: 740	
ADDRESS: 1545 W CALIMYRNA AVE		TELEPHONE: (559) 412-2335	
CITY: FRESNO	STATE: CA	ZIP CODE: 93711	
CAPACITY: 6	CENSUS: 6	DATE: 04/04/2022	
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 10:50 AM		
MET WITH: Carlo Santos - Administrator	TIME COMPLETED: 12:00 PM		
<b>NARRATIVE</b>			
1	Licensing Program Analyst(LPA) D. Ayers arrived at the facility unannounced to conduct a		
2	required annual inspection. LPA met with administrator Carlo Santos and announced the		
3	purpose of the visit. Administrator certificate is current with expiration date 10/30/2023.		
4			
5	LPA toured the facility inside and outside. The facility was adequately furnished and lit		
6	throughout. All passageways and exits were clear and free from obstruction. The facility had		
7	multiple fire extinguishers. All smoke and carbon monoxide detectors were observed to be		
8	functional. LPA observed a two-day supply of perishable food stuffs and a seven-day supply		
9	of nonperishable food stuffs which were stored properly in the facility. Medications were		
10	secured in a locked closet and appeared to be administered properly. LPA toured resident		
11	bedrooms and bathrooms. Resident bedrooms were adequately furnished, and bathrooms		
12	have required secure grab bars and nonskid mats. Facility emergency/disaster plan was		
13	reviewed. LPA's reviewed infection control guidelines and best practices with Administrator.		
14	Administrator agreed to provide LPA with LIC 610E, LIC 500, LIC 9020, and proof of		
15	liability insurance.		
16			
17	No deficiencies cited during the inspection. Exit interview conducted. A copy of the report		
18	was provided via email.		
19			
20			
21			
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Andy Xiong			
NAME OF LICENSING PROGRAM ANALYST: David Ayers			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 04/04/2022

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 04/04/2022

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