

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208900

Report Date: 04/04/2022

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

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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:	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
CAPACITY:	6	CENSUS:	6
TYPE OF VISIT:	Required - 1 Year	DATE:	04/04/2022
MET WITH:	Carlo Santos - Administrator	UNANNOUNCED TIME BEGAN:	10:50 AM
		TIME	12:00 PM
		COMPLETED:	

NARRATIVE	
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.
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17	No deficiencies cited during the inspection. Exit interview conducted. A copy of the report
18	was provided via email.
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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.