

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208900
Report Date: 02/19/2025
Date Signed: 03/04/2025 12:38:56 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME:	CALIMYRNA ASSISTED LIVING	FACILITY NUMBER:	107208900
ADMINISTRATOR/PETERS, TYSON DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	1545 W CALIMYRNA AVE	TELEPHONE:	(559) 412-2335
CITY:	FRESNO	STATE: CA	ZIP CODE: 93711
CAPACITY: 6		CENSUS: 3	DATE: 02/19/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/ INSPECTION	08:30 AM
MET WITH:	Administrator: Carlo Santos	BEGAN: TIME VISIT/ INSPECTION	01:00 PM
		COMPLETED:	

NARRATIVE	
1	On 2/19/25 Licensing Program Analyst (LPA) J. Leffail arrived unannounced to conduct an Annual
2	Inspection. LPA introduced self, stated the purpose of the visit, and was greeted by Staff (S1) Ginalyn
3	Quillopo, LPA was granted entry. 3 residents were present during inspection. Administrator (A1) Carlo
4	Santos arrived shortly after LPA's arrival.
5	
6	LPA toured facility with S1. The facility was observed to be at a comfortable temperature, clean, in good
7	repair, and no passageway obstructions or fire hazards were observed inside. An adequate supply of
8	perishable and non-perishable food was observed. Samples of resident's medications were checked
9	and observed unlocked in kitchen drawer and cabinet. Clients' MARS was reviewed. Samples of
10	medications were initialed before time for medications were to be administered. Fire extinguisher
11	reviewed with a service date of: 8/15/24. Fire drill completed on 1/10/25. Clients' bedrooms were toured
12	and reviewed. Cleaning chemicals were observed stored and locked in closet. Residents bedrooms
13	observed to be adequately furnished with bed, dresser, and adequate lighting. All bathrooms are toured
14	and observed to be operational. Hot water temperature was tested at a range of 105.8 to 114.9 degrees
15	F in 6 bathrooms.
16	
17	Outside of facility toured. Outside observed free of debris. Side gate was self-closing and self-latching.
18	Outside was observed with adequate outdoor seatings available for clients. Freezer temperature
19	observed at 0 degrees F and refrigerator temperature maintained at 42 degrees F. Smoke detectors and
20	carbon monoxide were tested and observed to be operational. All clients' files and staff's files reviewed
21	to have all the required documents.
22	
23	
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25	

NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/19/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/19/2025

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
FRESNO RO, 1314 E SHAW AVE
FRESNO, CA 93710

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CALIMYRNA ASSISTED LIVING

FACILITY NUMBER: 107208900

VISIT DATE: 02/19/2025

NARRATIVE

1	The following deficiencies are being cited on the attached 809D in accordance with California Code of
2	Regulations, Title 22, Division 6.
3	
4	Exit Interview conducted. LPA is requesting the following documents be submitted to the Fresno CCL
5	office by 3/5/25: Current copy of Administrator Certificate, Designation of Facility Responsibility
6	(LIC308), Administrator Organization (LIC 309), Affidavit regarding Client/Resident Cash Resources (LIC
7	400), Liability Insurance-RCFE, Emergency and Disaster Plan (LIC 610E), Personnel Report (LIC500),
8	Register of Facility Clients/Residents for (LIC9020A)
9	
10	A copy of this report, appeal rights and LIC-9102 were provided to A1, whose signature on this form
11	confirms receipt of these report.
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NAME OF LICENSING PROGRAM MANAGER: See Moua

NAME OF LICENSING PROGRAM ANALYST: Jacques Leffall

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/19/2025

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/19/2025

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: CALIMYRNA ASSISTED LIVING

FACILITY NUMBER: 107208900

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 02/19/2025

DEFICIENCIES & PLANS OF CORRECTION (POCs)

Type A	Section Cited	CCR	87465(h)(2)
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Incidental Medical and Dental Care Services

(h) The following requirements shall apply to medications which are centrally stored: (2) Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.

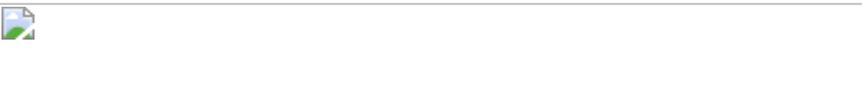
This requirement is not met as evidenced by:

Deficient Practice Statement	
1	Based on observation, and interview, the licensee did not comply with the section cited above in 5 out of 5 medications were unlocked which poses an immediate health, safety or personal rights risk to persons in care.
2	
3	
4	
POC Due Date: 02/20/2025	
Plan of Correction	
1	Licensee agrees to have all staff complete medication training. Licensee agrees to submit copies of completed medication training to Fresno CCL by POC due date.
2	
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Section Cited

Deficient Practice Statement	
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POC Due Date:	
Plan of Correction	
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME:	See Moua
LICENSING EVALUATOR NAME:	Jacques Leffall
LICENSING EVALUATOR SIGNATURE:	
	DATE: 02/19/2025

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FACILITY REPRESENTATIVE SIGNATURE:	
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Created By: Jacques Leffall On 02/19/2025 at 12:13 PM
 Link to Parent Document Below:

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DEFICIENCY INFORMATION FOR THIS PAGE:

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DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	CCR	87465(a)(6)	
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Incidental Medical and Dental Care Services

(6) When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1	Based on observation, interview, and record review, the licensee did not comply with the section cited above in 3 out of 5 medications were initialed before the required time of administering which poses/posed a potential health, safety or personal rights risk to persons in care.
2	
3	
4	
	POC Due Date: 03/05/2025
	Plan of Correction
1	Licensee agrees to have all staff complete medication training. Licensee agrees to submit copies of completed medication training to Fresno CCL by POC due date.
2	
3	
4	

		Section Cited			
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	Deficient Practice Statement
1	
2	
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4	
	POC Due Date:
	Plan of Correction
1	
2	
3	
4	

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LICENSING EVALUATOR NAME:	Jacques Leffall
LICENSING EVALUATOR SIGNATURE:	
	DATE: 02/19/2025

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