

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107208983

Report Date: 07/12/2021

Date Signed: 07/12/2021 02:59:08 PM

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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 | |

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| FACILITY NAME: | SOMERFORD PLACE-FRESNO | FACILITY NUMBER: | 107208983 | | |
| ADMINISTRATOR: | FOWLER, JENNIFER | FACILITY TYPE: | 740 | | |
| ADDRESS: | 6075 N. MARKS | TELEPHONE: | (559) 446-6226 | | |
| CITY: | FRESNO | STATE: | CA | ZIP CODE: | 93711 |
| CAPACITY: | 64 | CENSUS: | 46 | DATE: | 07/12/2021 |
| TYPE OF VISIT: | Case Management - Health Checks | UNANNOUNCED | | TIME BEGAN: | 10:45 AM |
| MET WITH: | Jennifer Fowler - Executive Director | | | TIME COMPLETED: | 01:30 PM |

| NARRATIVE | |
|------------------|---|
| 1 | On this date, Licensing Program Analyst (LPA) David Ayers arrived unannounced to conduct a Case Management inspection. LPA identified himself and discussed the purpose of the visit with Executive Director Jennifer Fowler. The purpose of the visit was to verify the health and safety of residents in the facility. |
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| 6 | LPA toured the facility and interviewed residents. LPA observed residents being served lunch. LPA observed adequate supply of food stuffs and incontinence supplies. LPA verified facility staffing and record-keeping procedures. No deficiencies were cited during the inspection. A copy of the report was provided via email. Exit interview conducted. |
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NAME OF LICENSING PROGRAM MANAGER: Andy Xiong

NAME OF LICENSING PROGRAM ANALYST: David Ayers

LICENSING PROGRAM ANALYST SIGNATURE:**DATE:** 07/12/2021

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/12/2021

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