

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 107208983

**Report Date:** 07/12/2021

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

**Document Has Been Signed on** 07/12/2021 02:59 PM - 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: 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
<b>NARRATIVE</b>			
1	On this date, Licensing Program Analyst (LPA) David Ayers arrived unannounced to conduct a Case		
2	Management inspection. LPA identified himself and discussed the purpose of the visit with Executive		
3	Director Jennifer Fowler. The purpose of the visit was to verify the health and safety of residents in the		
4	facility.		
5			
6	LPA toured the facility and interviewed residents. LPA observed residents being served lunch. LPA		
7	observed adequate supply of food stuffs and incontinence supplies. LPA verified facility staffing and		
8	record-keeping procedures. No deficiencies were cited during the inspection. A copy of the report was		
9	provided via email. Exit interview conducted.		
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<b>NAME OF LICENSING PROGRAM MANAGER:</b> Andy Xiong			
<b>NAME OF LICENSING PROGRAM ANALYST:</b> 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.**