

Department of

# SOCIAL SERVICES

Community Care Licensing

## FACILITY EVALUATION REPORT

Facility Number: 107208995

Report Date: 09/13/2021

Date Signed: 09/13/2021 01:13:17 PM

Document Has Been Signed on 09/13/2021 01:13 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: CARMEL VILLAGE AT CLOVIS	FACILITY NUMBER: 107208995
ADMINISTRATOR: POPE, LINDA	FACILITY TYPE: 740
ADDRESS: 1650 SHAW AVENUE	TELEPHONE: (559) 297-4900
CITY: CLOVIS	STATE: CA
CAPACITY: 127	ZIP CODE: 93611
TYPE OF VISIT: Required - 1 Year	CENSUS: 69
MET WITH: Linda Pope	DATE: 09/13/2021
	UNANNOUNCED TIME BEGAN: 09:40 AM
	TIME COMPLETED: 01:10 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Melinda Medina conducted an unannounced Annual Required
2	Infection Control Inspection. LPA Medina met with Senior Executive Director, Linda Pope and discussed
3	the purpose of the visit. LPA Medina toured entire facility and grounds with Senior Executive Director.
4	
5	Upon entrance, LPA Medina observed a visitor log/temperature check and disinfection station at the
6	front entrance. Facility has one entry and exit point. Hand sanitizer was readily available to residents
7	and visitors, as well as hand washing station. Hand washing and other various Covid-19 related signs
8	were observed in the common area and through out the halls in facility. LPA Medina observed residents
9	in various areas of the facility and physically distanced 6 feet apart. LPA Medina observed all facility staff
10	wearing masks.
11	
12	LPA Medina observed a two day supply of perishable food and seven day supply of non-perishable food.
13	LPA Medina observed the following personal protective equipment in a storage room; gowns, goggles,
14	gloves, and masks. Fire extinguisher has a service date of 6/24/2021. Water temperature measured at
15	120 degrees F. LPA Medina observed designated area for staff training records regarding Covid-19
16	mitigation and infection control. Resident's files have updated emergency contact information.
17	
18	
19	The following documents requested by LPA Medina to be updated and submitted to Fresno CCL by
20	9/20/21: LIC 500, LIC 610, LIC 9020. LPA received copy of Administrator Certificate and First Aid card
21	during facility inspection.
22	
23	No deficiencies were observed. Exit interview was conducted with Executive Director and a copy of this
24	report will be provided by e-mail..
25	

**NAME OF LICENSING PROGRAM MANAGER:** Melinda Hoffmann  
**NAME OF LICENSING PROGRAM ANALYST:** Melinda Medina

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 09/13/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 09/13/2021

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