

Department of

# SOCIAL SERVICES

*Community Care Licensing*

## *FACILITY EVALUATION REPORT*

**Facility Number:** 107209035

**Report Date:** 03/30/2021

**Date Signed:** 03/30/2021 11:13:25 AM

**Document Has Been Signed on 03/30/2021 11:13 AM - 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: ORCHARD PARK ASSISTED LIVING		FACILITY NUMBER: 107209035	
ADMINISTRATOR: FLAHERTY, TRACY		FACILITY TYPE: 740	
ADDRESS: 675 W ALLUVIAL AVENUE		TELEPHONE: (559) 325-8400	
CITY: CLOVIS		STATE: CA ZIP CODE: 93611	
CAPACITY: 148		CENSUS: 106 DATE: 03/30/2021	
TYPE OF VISIT: Case Management - Incident		UNANNOUNCED TIME BEGAN: 11:02 AM	
MET WITH: Administrator, Tracy Flaherty		TIME COMPLETED: 11:20 AM	
<b>NARRATIVE</b>			
1	On 3/30/2021, Licensing Program Analyst (LPA) A. Walton contacted Administrator, Tracy Flaherty to		
2	conduct a Case Management visit via telephone due to COVID-19 and precautionary measures. The		
3	purpose of today's visit is to follow up on an incident report submitted to the Fresno CCL office.		
4			
5	On 3/24/2021, it was reported that R1 had money stolen from R1's apartment by facility staff.		
6			
7	LPA is requesting the following documents be submitted to the Fresno CCL office by 4/02/2021:		
8	Resident R1 records and a copy of the video.		
9			
10	No deficiencies issued.		
11			
12	Exit interview conducted with Administrator. A copy of this report was provided to Administrator, Tracy		
13	Flaherty via email and an electronic read receipt confirms receiving these documents. Facility		
14	Representative signature on file.		
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
<b>NAME OF LICENSING PROGRAM MANAGER:</b> Melinda Hoffmann			
<b>NAME OF LICENSING PROGRAM ANALYST:</b> Alexandria Walton			

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 03/30/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 03/30/2021

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