

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
FACILITY EVALUATION REPORT	

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	11:20 AM		
		COMPLETED:			

NARRATIVE	
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.
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10	No deficiencies issued.
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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.
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NAME OF LICENSING PROGRAM MANAGER: Melinda Hoffmann

NAME OF LICENSING PROGRAM ANALYST: 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.