

FACILITY EVALUATION REPORT

Facility Number: 107209128
Report Date: 04/18/2025
Date Signed: 04/18/2025 01:42:20 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710	
FACILITY EVALUATION REPORT			
FACILITY NAME: A PLACE CALLED HOME RESIDENTIAL CARE 7		FACILITY NUMBER:	107209128
ADMINISTRATOR/MURCHISON, COLIN		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	2238 MONTANA AVE	TELEPHONE:	(559) 213-7251
CITY:	CLOVIS	STATE: CA	ZIP CODE: 93619
CAPACITY: 6		CENSUS: 6	DATE: 04/18/2025
TYPE OF VISIT: Required - 1 Year		UNANNOUNCED TIME VISIT/	
		INSPECTION	11:00 AM
		BEGAN:	
MET WITH: Administrator - Colin Murchison		TIME VISIT/	
		INSPECTION	02:00 PM
		COMPLETED:	
NARRATIVE			
1	On 04/18/2025, Licensing Program Analyst (LPA) M Vega arrived unannounced at the above facility to		
2	conduct an Annual Inspection. LPA introduced self, stated the purpose of the visit, and was granted		
3	entry to the facility. LPA toured the facility with staff 1 (S1). Administrator (AD) Colin Murchison was		
4	notified of Licensing visit over the phone.		
5			
6	The facility was observed to be at a comfortable temperature, of 76 degrees F. Facility is free of debris,		
7	in good repair, and no passageway obstructions or fire hazards were observed. Common areas were		
8	properly furnished and well-lit throughout. LPA observed some residents in common area after breakfast		
9	watching television, others in their rooms resting. Department phone number and infection prevention		
10	information signs were posted thought the facility.		
11			
12	Inspecting kitchen LPA observed the required 7-day supply of non-perishable food and 2- day supply of		
13	fresh perishables to be properly stored. An emergency disaster supply was observed.		
14			
15	A fire extinguisher was observed in compliance. All six private residents' bedrooms were observed to be		
16	at comfortable temperatures. The bathroom's water temperature was tested and recorded reading of		
17	105.9 degrees F.		
18			
19	Continuation on LIC 809C		
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan			

NAME OF LICENSING PROGRAM ANALYST: Martin Vega

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 04/18/2025

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 04/18/2025

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

FACILITY EVALUATION REPORT California law requires a public report of each licensing visit/inspection. This report is a record for the facility and the licensing agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance, and contents of these reports may be directed to the Licensing Program Analyst or Regional Office whose address and telephone number are listed on the front of this form.

DEFICIENCIES A deficiency is an instance of noncompliance with licensing requirements, including applicable statutes, regulations, interim licensing standards, operating standards, and written directives. Applicants/ licensees must be notified in writing of all licensing deficiencies. Deficiencies are listed on the left side of this form, and the applicable licensing requirement upon which the deficiency is identified. There are two types of deficiencies:

- Type A deficiencies are violations of licensing requirements that, if not corrected, have a direct and immediate risk to the health, safety, or personal rights of persons in care.
- Type B deficiencies are violations of licensing requirements that, without correction, could become a risk to the health, safety, or personal rights of persons in care, a recordkeeping violation that could impact the care of said persons and/or protection of their resources, or a violation that could impact those services required to meet the needs of persons in care.

PLANS OF CORRECTION (POCs) The licensing agency is required to establish a reasonable length of time to correct a deficiency. In order to set the time, the licensing agency must take into consideration the seriousness of the violation, the number of persons in care involved, and the availability of equipment and personnel necessary to correct the violation. Applicants/licensees are requested to provide a specific plan for each violation on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/licensee who encounters problems beyond their control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the licensing agency.

CORRECTION NOTIFICATION The applicant/licensee is responsible for completing all corrections and promptly notifying the licensing agency of corrections. Applicants/licensees are advised to keep a dated copy of any correspondence sent to the licensing agency concerning corrections, or if corrections are telephoned to the licensing agency, the date, person contacted, and information given.

CIVIL PENALTIES The licensing agency is required by law to issue a Penalty Notice, when applicable, to all facilities holding a license issued by the licensing agency, or subject to licensure, except Certified Family Homes, Resource Families, and Foster Family Homes, or any governmental entity.

PENALTY NOTICE GIVEN The statement concerning civil penalties serves as a penalty notice on this Licensing Report and failure to correct cited licensing deficiencies will result in civil penalties. Applicants/ licensees are required to pay civil penalties when administrative appeals have been exhausted and in accordance with any payment arrangements made with the licensing agency.

APPEAL RIGHTS The applicant/licensee has a right without prejudice to discuss any disagreement in this report with the licensing agency concerning the proper application of licensing requirements. The applicant/ licensee may request a formal review by the licensing agency to amend or dismiss the notice of deficiency and/ or civil penalty. Requests for review shall be made in writing within 15 business days of receipt of a

deficiency notification or civil penalty assessment. Licensing deficiencies may be appealed pursuant to the procedures in the LIC 9058 Applicant/Licensee Rights.

AGENCY REVIEW The licensing agency review of an appeal may be conducted based upon information provided in writing by the applicant/licensee. The applicant/licensee may request an office meeting to provide additional information. The applicant/licensee will be notified in writing of the results of the agency review within 60 business days of the date when all necessary information has been provided to the licensing agency.

EMAIL REQUIREMENT Adult Community Care Facilities, Residential Care Facilities for the Chronically Ill, and Residential Care Facilities for the Elderly are required to provide and maintain an active email address of record with the licensing agency.

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FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A PLACE CALLED HOME RESIDENTIAL CARE 7

FACILITY NUMBER: 107209128

VISIT DATE: 04/18/2025

NARRATIVE	
1	Medications observed to be locked in a cabinet in the common area. LPA reviewed medication records
2	appears to be administered properly. Cleaning supplies were observed to be in a locked cabinet in the
3	storage it the laundry room. An outdoor seating area was observed operational for residents in care with
4	pool gated and locked for residents safety.
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6	LPA reviewed staff and residents' files. No deficiencies were observed during this visit.
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8	Exit interview conducted. A report was signed, and a copy of this report was provided for facility.
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NAME OF LICENSING PROGRAM MANAGER: Brenda Chan	
NAME OF LICENSING PROGRAM ANALYST: Martin Vega	
LICENSING PROGRAM ANALYST SIGNATURE:	DATE: 04/18/2025
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 04/18/2025

LIC809 (FAS) - (06/04)

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