

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 107209372
Report Date: 11/18/2024
Date Signed: 11/18/2024 02:59:22 PM

Document Has Been Signed on 11/18/2024 02:59 PM - It Cannot Be Edited

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 8	FACILITY NUMBER: 107209372
ADMINISTRATOR/MURCHISON, DAVID BRUCE	FACILITY TYPE: 740
DIRECTOR:	
ADDRESS: 8437 N PAULA AVE	TELEPHONE: (559) 213-7251
CITY: FRESNO	STATE: CA
CAPACITY: 6	ZIP CODE: 93720
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
	DATE: 11/18/2024
	UNANNOUNCED TIME VISIT/INSPECTION: 11:30 AM
	BEGAN: TIME VISIT/INSPECTION: 03:30 PM
MET WITH: Admonistrator - David Murchison	COMPLETED:

NARRATIVE	
1	On 11/18/2024, Licensing Program Analyst (LPA) M Vega conducted announced Pre-licensing visit. LPA
2	met with Licensee, David Murchison, certification number 6023864740, expiration date 02/03/2025 and
3	discussed the purpose of the visit.
4	
5	LPA began the tour at the entrance of the facility that has one entrance point. LPA toured the inside and
6	outside of the facility. LPA observed no obstruction to emergency exit from back yard of the facility.
7	
8	The facility was observed at an average comfortable temperature of 74 degrees Fahrenheit, in good
9	repair, and no passageway obstructions or fire hazards were observed inside or outside. Common areas
10	furnished and well-lit throughout. LPA observed the kitchen to be absent of any trash or debris, sharp
11	objects are secured and inaccessible to residents. A two day supply of perishable and seven day supply
12	of non-perishable food observed.
13	
14	Medications and chemicals kept locked in cabinets. Resident's six individual bedrooms were observed
15	to be furnished with bed, dresser, night stand, and overhead lightning. Mattresses, box springs, sheets,
16	and linens, were absent of any tears and stains.
17	
18	All bathrooms and showers were equipped with non-skid mats and securely fastened grab bars. Towels,
19	linens, and personal hygiene supplies were observed in storage. There are no bodies of water observed
20	at the facility.
21	
22	
23	Continued on LIC 809C
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Martin Vega
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/18/2024

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

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION FRESNO RO, 1314 E SHAW AVE FRESNO, CA 93710
---	---

FACILITY NAME: A PLACE CALLED HOME RESIDENTIAL CARE 8 **FACILITY NUMBER:** 107209372

VISIT DATE: 11/18/2024

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	All Fire extinguishers were serviced on 02/2024 and current. Carbon monoxide and smoke detectors were observed to be operational. Emergency exit plan, required phone numbers, and required postings were observed. A working facility telephone number (559-940-7135) was present and functional. LPA reviewed Staff and Resident files. Resident files observed to have updated information. No deficiencies were observed and cited. Exit interview conducted. Report was signed and copy of this report was provided for facility records.
---	---

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan
NAME OF LICENSING PROGRAM ANALYST: Martin Vega
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/18/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/18/2024