

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 197803648
Report Date: 06/04/2021
Date Signed: 06/10/2021 05:04:24 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1000 CORPORATE CNTR DR. ST 500 MONTEREY PARK, CA 91754
FACILITY EVALUATION REPORT	

FACILITY NAME: GENESIS MANOR II	FACILITY NUMBER: 197803648
ADMINISTRATOR: GERRY MARKIE	FACILITY TYPE: 740
ADDRESS: 2123 AQUINAS AVE.	TELEPHONE: (909) 262-9802
CITY: CLAREMONT	STATE: CA
CAPACITY: 6	ZIP CODE: 91711
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Alaina Hendrick	DATE: 06/04/2021
	UNANNOUNCED TIME BEGAN: 10:29 AM
	TIME COMPLETED: 12:55 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Linda Almaraz conducted an annual required visit at the facility above.
2	LPA met with Licensee Gerry Markie and Administrator Alaina Hendrick and explained the reason for the
3	visit. LPA used the infection control tool to evaluate the facility. LPA observed the facility plant, COVID-
4	19 procedures, reviewed residents' medications and observed food supply. Facility has submitted a
5	mitigation plan and is pending approval.
6	
7	The facility is a 3 bedroom, 2 bathroom home located in a residential neighborhood. Facility has a main
8	entry point for screening. All 3 residents bedrooms were toured. Each bedroom had required furniture
9	and equipment. All bathrooms were toured and the toilets, hand washing and shower are safe and
10	sanitary. Bathrooms had paper towels and hand soap. The food in the kitchen was sufficient supply of 2
11	days perishable and 7 days non-perishable. The common areas such as living room and dining area are
12	clean and have the required furniture. The backyard has a shaded area and sitting area. Medications
13	are centrally stored, locked along with the records. Carbon monoxide and smoke alarm detectors were
14	tested and working. Water temperature in both bathrooms were within required range of 105-120 degree
15	F.
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19	An exit Interview was conducted with the Administrator and a hardcopy was provided.
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Christine Yee Linda M Almaraz



DATE: 06/04/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 06/04/2021

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