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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 275202817
Report Date: 02/20/2025
Date Signed: 03/03/2025 11:01:22 AM

Document Has Been Signed on 03/03/2025 11:01 AM **- It Cannot Be Edited**

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

FACILITY NAME:	VISTA HARDEN RANCH		FACILITY NUMBER:	275202817
ADMINISTRATOR/ DIRECTOR:	CARTER, JOY		FACILITY TYPE:	740
ADDRESS:	290 REGENCY CIRCLE		TELEPHONE:	(805) 319-7370
CITY:	SALINAS	STATE: CA	ZIP CODE:	93906
CAPACITY: 83		CENSUS: 67	DATE:	02/20/2025
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME VISIT/ INSPECTION BEGAN:	09:00 AM
MET WITH:	Executive Director, Maria Perez		TIME VISIT/ INSPECTION COMPLETED:	03:30 PM

NARRATIVE

Licensing Program Analyst (LPA) Sarah Hurt conducted an unannounced visit today for the facility's annual inspection. LPA met with Executive Director, Maria Perez , Continual Administrator's Certification expires 12/05/2025. There are currently 67 residents who reside at this home and there is 6 residents on hospice at this time. LPA inspected the interior and the exterior of the facility including the common living spaces, resident bedrooms and bathrooms, activity rooms, medication storage, kitchen, and outdoor areas. Bedrooms were clean and in good repair. There is a locked storage for medications. Food supply is adequate for 2-day perishable and 7-day nonperishable.

Fire extinguisher is within the safety regulation period. Smoke alarms were tested and are operational. The facility has a carbon monoxide detector and performs disaster drills as required. Water temperature was tested at 117 degrees. First Aid kit is on site and complete. Toxins and cleaning supplies are locked and inaccessible. LPA reviewed facilities Emergency Disaster Plan, and Infection Control Plan. LPA reviewed 7 resident files, and 7 staff files. LPA reviewed hospice care plans for 2 facility residents.

No deficiencies observed or cited during today's inspection per California Code of Regulations, Title 22.

LPA requested the following documents: LIC 500 Personnel Report, LIC 308 Designation of Administrative Responsibility, LIC 610-E the Emergency Disaster Plan and copy of current Administrator's Certificate to update the facility file. *Listed documents shall be sent to Licensing.*

Exit interview conducted with Executive Director, Maria Perez and copy of report left at facility

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Sarah Hurt
LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 02/20/2025

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/20/2025

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