

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 277209489
Report Date: 09/17/2024
Date Signed: 09/20/2024 06:27:09 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SIERRA CASCADE AC/SC, 1314 E SHAW AVE FRESNO, CA 93710
FACILITY EVALUATION REPORT	

FACILITY NAME: COTTAGES OF CARMEL	FACILITY NUMBER: 277209489
ADMINISTRATOR/ESTRELLADO, JULE MAY DIRECTOR:	FACILITY TYPE: 740
ADDRESS: 26245 CARMEL RANCHO BLVD.	TELEPHONE: (831) 620-1800
CITY: CARMEL STATE: CA	ZIP CODE: 93923
CAPACITY: 78	CENSUS: 57 DATE: 09/17/2024
TYPE OF VISIT: Prelicensing	UNANNOUNCED TIME VISIT/ INSPECTION 10:28 AM
MET WITH: Administrator Julie May Estrellado	BEGAN: TIME VISIT/ INSPECTION 01:30 PM COMPLETED:

NARRATIVE	
1	On 09/17/2024, Licensing Program Analyst (LPA) V Gorban conducted an announced Pre-licensing
2	visit. LPA identified himself and discussed the purpose of the visit. LPA conducted the inspection with
3	the facility Administrator (AD) Julie Estrellado.
4	
5	An inside and outside tour of the facility was conducted with AD. Home is fire cleared for 74 (seventy
6	four) non-ambulatory and 4 (four) bed ridden residents. The facility provides 16 private rooms in memory
7	care and 58 private rooms on assisted living portion of the facility. Resident's each room have adequate
8	furnishings and lighting and all the required furnishings. Mattress and linen appeared to be in good
9	condition. LPA observed a supply of extra bed linens. Bathrooms were properly equipped, and trash
10	cans had a fitting lid.
11	
12	
13	Hot water temperature was observed to be 109 degrees F. Kitchen observed to have dishes, plates,
14	utensils. Sharps/knives and medications are locked in the kitchen. Groceries are delivered to the facility
15	every other day by Sysco food company. Cleaning supplies are stored. First aid kit contains all the
16	required items. The facility equipped with fire pool boxes throughout. Fire extinguishers are present and
17	was serviced on 06/27/2024. Smoke detectors and carbon monoxide are combined in one unit and were
18	operating properly.
19	
20	Outside of the facility toured. Exits open free of obstruction. Gate is self-latching. No outside hazards
21	were observed. All required postings are posted. Facility phone number will be 831-620-1800.
22	
23	Component III conducted during pre-licensing inspection.
24	
25	
	No deficiencies were observed during this inspection. LPA will submit documentation to CAB in Sacramento for final review prior to license being issued.

Pre-Licensing is complete, and this facility has no deficiencies.

Exit interview conducted, report is signed and copy of the report provided to the Administrator.

NAME OF LICENSING PROGRAM MANAGER: Brenda Chan

NAME OF LICENSING PROGRAM ANALYST: Vadim Gorban

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/17/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/17/2024

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