

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880546
Report Date: 09/09/2021
Date Signed: 09/10/2021 08:02:39 AM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: ESTANCIA DEL SOL	FACILITY NUMBER: 331880546
ADMINISTRATOR: LISA HUNT	FACILITY TYPE: 740
ADDRESS: 2489 CALIFORNIA AVE	TELEPHONE: (951) 268-9697
CITY: CORONA	STATE: CA ZIP CODE: 92881
CAPACITY: 135	CENSUS: 103 DATE: 09/09/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 11:58 AM
MET WITH: Lisa Hunt	TIME COMPLETED: 01:59 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Jennifer Semin arrived at the facility unannounced after completing a
2	COVID-19 Risk Assessment Screening for the facility. LPA met with administrator Lisa Hunt and advised
3	her of the purpose of the visit, and that the Annual Inspection will be limited to Infection Control only.
4	
5	LPA went over COVID-19 best practices for infection control and prevention with Ms. Hunt who is
6	successfully incorporating the facility's Mitigation Plan. Residents have hand sanitizer available to them
7	and the bathrooms were stocked with hand soap and paper towels. LPA observed the facility to have
8	multiple postings throughout the facility for cough etiquette, proper hand washing procedure, social
9	distancing, and emergency contact information for local fire department has been updated.
10	LPA requested to inspect the facility's Personal Protective Equipment (PPE) supply, which was located
11	at the central entry point for convenience. And in a large storage area for storing all PPE items such as
12	gloves, face shields, gowns, surgical masks, N95 masks, disinfectant and hand sanitizer supply and is
13	inaccessible to residents. LPA observed several prepared isolation carts containing all necessary PPE to
14	be used outside an isolation room, if needed.
15	LPA inquired as to if staff have been fit tested for N95 masks, and Ms. Hunt stated many of their staff
16	have been fit tested and the remaining staff are scheduled for 9/14/2021.
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18	An exit interview was conducted, and this report was discussed and provided to Ms. Hunt.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Jennifer Semin

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/09/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/09/2021

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