

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331880784
Report Date: 10/03/2024
Date Signed: 10/03/2024 10:44:53 AM

Document Has Been Signed on 10/03/2024 10:44 AM - It Cannot Be Edited

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

FACILITY NAME:	AUBREY'S VILLAS	FACILITY NUMBER:	331880784
ADMINISTRATOR/DIRECTOR:	JOSEPH JHAY GATUS	FACILITY TYPE:	740
ADDRESS:	68640 SENORA ROAD	TELEPHONE:	(760) 832-7884
CITY:	CATHEDRAL CITY	STATE:	CA
CAPACITY:	10	ZIP CODE:	92234
TYPE OF VISIT:	Required - 1 Year	CENSUS:	9
		DATE:	10/03/2024
		UNANNOUNCED TIME VISIT/INSPECTION	09:15 AM
		BEGAN:	
MET WITH:	Jonie Gatus, administrator	TIME VISIT/INSPECTION	10:55 AM
		COMPLETED:	

NARRATIVE	
1	
2	Licensing Program Analyst (LPA) Seo Jeon and Andrei Castillo conducted an unannounced annual required visit. Upon entry, LPA was greeted by Christopher Dantes and informed them of the purpose of the visit. At the time of the visit, there were three (3) staff members and nine (9) residents present. Jonie Gatus, administrator, arrived minutes later and joined LPAs for facility tour.
3	
4	
5	
6	
7	Facility Overview: The facility is a one-story home with six (6) bedrooms and five (5) bathrooms, including an attached garage with locked gate, but with no direct access. There are no pools or firearms on the premises.
8	
9	
10	
11	
12	Infection Control: LPA observed that hygiene and cleaning supplies were available for regular facility maintenance. The facility's infection control plan was reviewed and found to meet department requirements.
13	
14	
15	
16	
17	Physical Plant: The physical plant, including floors, windows, and doors, was clean and well maintained. Fixtures and furniture were in good repair. The outdoor area was free of hazards. Laundry equipment was in good working condition. Sharp and dangerous objects were securely locked and inaccessible to residents. Both the smoke detector and carbon monoxide detector were operational, and the hot water temperature was 113.3°F.
18	
19	
20	
21	
22	Food Service: The facility's kitchen was clean and equipped to prepare food. The facility maintained the required two-day supply of perishable foods and a seven-day supply of non-perishable foods.
23	
24	
25	
26	

SUPERVISORS NAME:	Rikesha Stamps
LICENSING EVALUATOR NAME:	Seo Jeon

LICENSING EVALUATOR SIGNATURE:



DATE: 10/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/03/2024

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

LIC809 (FAS) - (06/04)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT (Cont)

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: AUBREY'S VILLAS

FACILITY NUMBER: 331880784

VISIT DATE: 10/03/2024

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

Care & Supervision/Administration: Adequate staff were present to supervise clients during the visit. The administrator holds a current administrator's certificate.

Record Review and Resident/Staff Files: LPA reviewed files for three staff members, confirming criminal clearances, updated training, and CPR/First Aid certification. Six resident files were reviewed and contained all required documentation.

Health-Related Services/Incidental Medical Services: All resident medications were securely locked. LPA reviewed medications for three (3) residents, confirming that all medications were listed on the Medication Administration Record (MAR) and accounted for.

Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan, including documentation of the last fire drill conducted on 9-1-2024, which met department requirements. All facility exits were clear of obstructions.

No deficiencies were cited during the visit. An exit interview was conducted, during which this report was reviewed and provided.

SUPERVISORS NAME: Rikesh Stamps
LICENSING EVALUATOR NAME: Seo Jeon
LICENSING EVALUATOR SIGNATURE:

DATE: 10/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/03/2024

LIC809 (FAS) - (06/04)

Page: 2 of 2