

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881467
Report Date: 11/27/2024
Date Signed: 11/27/2024 11:00:23 AM

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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:	BIANCA'S HOME CARE I	FACILITY NUMBER:	331881467
ADMINISTRATOR/IVASCU, BIANCA		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	12353 MIMOSA LANE	TELEPHONE:	(951) 454-9287
CITY:	RIVERSIDE	STATE: CA	ZIP CODE: 92503
CAPACITY: 6		CENSUS: 2	DATE: 11/27/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	08:40 AM
		BEGAN:	
MET WITH:	Bianca Ivascu, Administrator	TIME VISIT/INSPECTION	11:15 AM
		COMPLETED:	

NARRATIVE	
1	
2	Licensing Program Analyst (LPA) Ferrer Sabarias conducted an unannounced annual required visit.
3	Upon entry, LPA was greeted by Administrator Bianca Ivascu and informed her of the purpose of the
4	visit. At the time of the visit, there were two (2) staff members and two (2) residents present.
5	Facility Overview: The facility is a one-story home with four (4) bedrooms and (2 ½) bathrooms for
6	residents, one (1) bedroom and one (1) bathroom for staff including an attached garage. There are no
7	pools or body of water on the premises.
8	
9	Infection Control: LPA observed that hygiene and cleaning supplies were available for regular facility
10	maintenance. The facility's infection control plan was reviewed and found to meet department
11	requirements.
12	
13	Physical Plant: The physical plant, including floors, windows, and doors, was clean and well maintained.
14	Fixtures and furniture were in good repair. The outdoor area was free of hazards. Laundry equipment
15	was in good working condition. Sharp and dangerous objects were securely locked and inaccessible to
16	residents. According to the Administrator there are no firearms and ammunition kept in the home. Both
17	the smoke detector and carbon monoxide detector were operational, and the hot water temperature was
18	119.4°F. Fire extinguishers are in working order, last service date 6/10/24.
19	
20	Continue to LIC809-C...
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25	

SUPERVISORS NAME: Rikesh Stamps
LICENSING EVALUATOR NAME: Ferrer Sabarias

LICENSING EVALUATOR SIGNATURE:

DATE: 11/27/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/27/2024

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

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 (Cont)	

FACILITY NAME: BIANCA'S HOME CARE I

FACILITY NUMBER: 331881467

VISIT DATE: 11/27/2024

NARRATIVE	
1	
2	Continue from LIC809...
3	
4	Food Service: The facility's kitchen was clean and equipped to prepare food. The facility maintained the
5	required two-day supply of perishable foods and a seven-day supply of non-perishable foods.
6	
7	Care & Supervision/Administration: Adequate staff were present to supervise clients during the visit. The
8	administrator holds a current administrator's certificate valid until 4/29/25.
9	
10	Record Review and Resident/Staff Files: LPA reviewed files for two staff members, confirming criminal
11	clearances, updated training, and CPR/First Aid certification. Two resident files were reviewed and
12	contained all required documentation.
13	
14	Health-Related Services/Incidental Medical Services: All resident medications were securely locked.
15	LPA reviewed medications for two residents, confirming that all medications were listed on the
16	Medication Administration Record (MAR) and accounted for.
17	
18	Disaster Preparedness: LPA reviewed the facility's emergency and disaster plan, including
19	documentation of the last fire drill conducted on 10/14/24, which met department requirements. All
20	facility exits were clear of obstructions.
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22	No deficiencies were cited during the visit. An exit interview was conducted, during which this report was
23	reviewed and provided to Administrator Bianca Ivascu.
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SUPERVISORS NAME: Rikeshia Stamps
LICENSING EVALUATOR NAME: Ferrer Sabarias
LICENSING EVALUATOR SIGNATURE:
DATE: 11/27/2024

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FACILITY REPRESENTATIVE SIGNATURE:
DATE: 11/27/2024