

Department of  
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881511  
Report Date: 07/29/2024  
Date Signed: 07/29/2024 11:58:23 AM

Document Has Been Signed on 07/29/2024 11:58 AM - It Cannot Be Edited

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

|                                            |                         |                         |                  |
|--------------------------------------------|-------------------------|-------------------------|------------------|
| FACILITY NAME:                             | AMPM COMFORT CARE, INC. | FACILITY NUMBER:        | 331881511        |
| ADMINISTRATOR/AGUINALDO, RUSSELL           |                         | FACILITY TYPE:          | 740              |
| DIRECTOR:                                  |                         |                         |                  |
| ADDRESS:                                   | 2 DICKENS COURT         | TELEPHONE:              | (818) 966-0088   |
| CITY:                                      | RANCHO MIRAGE           | STATE: CA               | ZIP CODE: 92270  |
| CAPACITY: 6                                |                         | CENSUS: 5               | DATE: 07/29/2024 |
| TYPE OF VISIT: Prelicensing                |                         | UNANNOUNCED TIME VISIT/ |                  |
|                                            |                         | INSPECTION              | 09:30 AM         |
|                                            |                         | BEGAN:                  |                  |
| MET WITH: Russell Aguinaldo, Administrator |                         | TIME VISIT/             |                  |
|                                            |                         | INSPECTION              | 12:00 PM         |
|                                            |                         | COMPLETED:              |                  |

| NARRATIVE |                                                                                                           |
|-----------|-----------------------------------------------------------------------------------------------------------|
| 1         | Licensing Program Analyst (LPA) Yolanda Delgado conducted an announced visit to the facility for          |
| 2         | purpose of a Pre-Licensing evaluation. At approximately 9:30 AM, LPA met with Administrator Russell       |
| 3         | Aguinaldo. An initial application for Change of Ownership to operate a Residential Care for the Elderly   |
| 4         | facility (RCFE) was submitted to the Central Applications Bureau (CAB) on 03/20/2024 for a total          |
| 5         | capacity of six; five (5) non-ambulatory and one (1) bedridden residents-approved for Room #1 only.       |
| 6         | Fire clearance was granted on 10/11/2023. Hospice waiver approved for six (6) residents. LPA Delgado      |
| 7         | observed the following:                                                                                   |
| 8         |                                                                                                           |
| 9         | <b>Structure:</b>                                                                                         |
| 10        | Facility was a one-story house with five (5) resident bedrooms, four (4) resident bathrooms, living room, |
| 11        | dining area, kitchen and casita for caregivers. There was an attached one car garage in the front of the  |
| 12        | house.                                                                                                    |
| 13        | <b>Heating/Cooling System:</b>                                                                            |
| 14        | Central heating and air conditioning system installed with a central panel located in the master bedroom  |
| 15        | to control entire house.                                                                                  |
| 16        | <b>Bedrooms:</b>                                                                                          |
| 17        | Each resident bedroom #2, #3, #4 and #5 will accommodate any non-ambulatory resident, shared              |
| 18        | bedroom #1 will accommodate one (1) bedridden resident and one (1) non-ambulatory resident; room          |
| 19        | was not set-up for two clients. Five (5) resident bedrooms were adequately furnished with bed, chair,     |
| 20        | closet, appropriate linens, adequate lighting, and an operable smoke alarm.                               |
| 21        |                                                                                                           |
| 22        |                                                                                                           |
| 23        | (CONTINUED ON LIC 809C)                                                                                   |
| 24        |                                                                                                           |
| 25        |                                                                                                           |

|                                           |
|-------------------------------------------|
| SUPERVISORS NAME: Jazmond D Harris        |
| LICENSING EVALUATOR NAME: Yolanda Delgado |

LICENSING EVALUATOR SIGNATURE:



DATE: 07/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/29/2024

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

LIC809 (FAS) - (06/04)

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

## FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: AMPM COMFORT CARE, INC.

FACILITY NUMBER: 331881511

VISIT DATE: 07/29/2024

### NARRATIVE

1 (Continued from Page 1)  
2  
3 **Bathrooms:**  
4 The four (4) resident bathrooms has a working toilet, wash basin, and shower with an adequate supply  
5 of paper towels, toilet paper, and soap. At 10:15 AM, LPA tested the water temperatures in the resident  
6 bathrooms. LPA verified water temperature was measured at 131.0 degrees Fahrenheit.  
7 **Kitchen/Laundry:**  
8 An adequate supply of dishes, glasses, utensils, pots and pans were observed. Knives/sharp  
9 instruments were secured in a locked cabinet with cleaning supplies located in the kitchen; sharps will  
10 be relocated in a drawer inside the kitchen. There was adequate room for food storage. LPA observed  
11 the stove to have two burners not working. Refrigerator/freezer were in working condition and had  
12 sufficient storage for perishable food; freezer handle missing. There was adequate seating for meals for  
13 all clients. Washer and dryer was located inside the garage. Laundry detergents and cleaning supplies  
14 were observed in a locked cabinet in the kitchen away from residents.  
15 **Living/Family room:**  
16 There was a living/family room for all residents with furniture for seating and TV.  
17 **Linens and Hygiene Supplies:**  
18 An adequate supply of linens was stored in a cabinet in the main hallway; no personal hygiene care  
19 supplies observed.  
20 **Yards/Outside:**  
21 Patio table and chairs were observed in the backyard. There was a gate on the East side of the property  
22 that needs a self-latching lock and the small gate needs a self-latching lock to be repaired. All outdoor  
23 pathways were free of obstructions. There is debris of medical equipment in front of the storage that  
24 needs to be discarded.  
25 **Emergency Phone Numbers, and Exit Plan:**  
26 Facility sketch were observed posted in the main hallway. Obudsman poster and Let-Us-No poster  
27 observed.  
28  
29 (Continued on Page 3)  
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31  
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SUPERVISORS NAME: Jazmond D Harris

LICENSING EVALUATOR NAME: Yolanda Delgado

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LIC809 (FAS) - (06/04)

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**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** AMPM COMFORT CARE, INC.**FACILITY NUMBER:** 331881511**VISIT DATE:** 07/29/2024**NARRATIVE**

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**General items:**

Two (2) fire extinguishers were charged and located in the kitchen and main hallway of bedrooms. Nine (9) smoke alarms and one (1) carbon monoxide detectors were tested and were observed to be in working order. Four (4) exterior window screens needs to be replaced. Facility has a pool with a perimeter gate that is 5 feet tall and locked. Client/staff records will be stored in a locked cabinet in the Family room. First Aid kit with required components, and locked area for medication storage was observed. LPA observed a facility phone and it was verified to be operational as evidenced by LPA dialing the number to trigger a ring. Insufficient Emergency food and water was observed. The facility sketch showed a laundry room and there were no machines to do laundry observed. Component III was completed on July 25, 2024 at the Riverside regional office. Pre-Licensing is incomplete and the following corrections to be resolved by 8/12/2024:

obtain additional 72-hour emergency food supply  
obtain additional emergency water  
obtain paper towels holders  
obtain warning hot water label  
obtain personal hygiene care supplies  
obtain a new location for sharps  
remove gate inside of kitchen  
remove debris in the backyard  
remove latch from pantry room door  
repair East gate and small gate with self-latching locks  
repair bathtub knob for room #1  
repair 2 stove burners  
repair slide-out drawers inside kitchen for pots/pans  
repair garbage compactor  
replace kitchen ceiling light bulb  
(Continued on Page 4)

**SUPERVISORS NAME:** Jazmond D Harris**LICENSING EVALUATOR NAME:** Yolanda Delgado**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/29/2024**I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/29/2024**FACILITY EVALUATION REPORT (Cont)****FACILITY NAME:** AMPM COMFORT CARE, INC.**FACILITY NUMBER:** 331881511**VISIT DATE:** 07/29/2024**NARRATIVE**

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replace bathroom drawers handles  
replace 4 exterior window screens  
replace all bathrooms with lidded trash cans  
set-up bedroom #1 for shared room  
update Facility sketch to CAB

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|---------------------------------------------------------------------------------------------------------|-------------------------|
| <b>SUPERVISORS NAME:</b> Jazmond D Harris                                                               |                         |
| <b>LICENSING EVALUATOR NAME:</b> Yolanda Delgado                                                        |                         |
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