

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 331881584
Report Date: 08/30/2024
Date Signed: 08/30/2024 03:51:17 PM

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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:	ROUDEL'S PLACE	FACILITY NUMBER:	331881584
ADMINISTRATOR/PIANO, CECILE S DIRECTOR:		FACILITY TYPE:	740
ADDRESS:	46243 ROUDEL LANE	TELEPHONE:	(760) 238-0409
CITY:	LA QUINTA	STATE: CA	ZIP CODE: 92253
CAPACITY: 6		CENSUS: 0	DATE: 08/30/2024
TYPE OF VISIT: Prelicensing		ANNOUNCED	TIME VISIT/INSPECTION
			BEGAN: 02:30 PM
MET WITH: Cecile Piano, Licensee/Administrator & Lizajane Cortez, Licensee			TIME VISIT/INSPECTION
			COMPLETED: 03:50 PM

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 2:30 PM, LPA met with Licensee/Administrator
3	Cecile Piano. An initial application to operate a Residential Care for the Elderly facility (RCFE) was
4	submitted to the Central Applications Bureau (CAB) on 1/16/2024 for a total capacity of six (6) non-
5	ambulatory and zero (0) bedridden residents. Fire clearance was granted on 04/18/2024. LPA Delgado
6	observed the following:
7	Structure:
8	Facility was a one-story house with five (5) resident bedrooms, two and half (2.5) resident bathrooms,
9	living room, dining area and kitchen. Two (2) caregiver rooms on the east side of the home. There was
10	an attached two car garage in the front of the house.
11	Heating/Cooling System:
12	Central heating and air conditioning system installed with two central panel located in the hallway to
13	control each side of the house.
14	Bedrooms:
15	Each resident bedroom #1, #2, #3 and #4 will accommodate any private non-ambulatory resident,
16	bedroom #5 shared will accommodate two non-ambulatory residents. 5 resident bedrooms were
17	adequately furnished with bed, chair, closet, appropriate linens, adequate lighting, and an operable
18	smoke alarm.
19	Bathrooms:
20	The two and half (2.5) resident bathrooms has a working toilet, wash basin, and shower with an
21	adequate supply of paper towels, toilet paper, and soap. At 3:00 PM, LPA tested the water temperatures
22	in the resident bathrooms. LPA verified water temperature was measured at 130.3 degrees Fahrenheit
23	with warning labels posted.
24	
25	(CONTINUED ON LIC 809C)

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

LICENSING EVALUATOR SIGNATURE:



DATE: 08/30/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/30/2024

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

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: ROUDEL'S PLACE

FACILITY NUMBER: 331881584

VISIT DATE: 08/30/2024

NARRATIVE

1 (CONTINUED FROM LIC 809)
2 **Kitchen/Laundry:**
3 An adequate supply of dishes, glasses, utensils, pots and pans were observed. Knives/sharp
4 instruments were secured in a locked drawer located in the kitchen. There was adequate room for food
5 storage. LPA observed the stove to be operational. Refrigerator/freezer were in working condition and
6 had sufficient storage for perishable food. There was adequate seating for meals for all clients. Laundry
7 room with washer and dryer was located inside the home. Laundry detergents and cleaning supplies
8 were observed in locked cabinet away from residents.
9 **Living/Family room:**
10 There was a living/family room with seating for all clients and working TV with internet access.
11 **Linens and Hygiene Supplies:**
12 An adequate supply of linens was stored in a cabinet in the main hallway of the home and hygiene
13 supplies stored under the bathroom sinks.
14 **Yards/Outside:**
15 Patio table and six chairs were observed in the backyard. There was a gate on the South side of the
16 property with a self-latching lock. All outdoor pathways were free of obstructions.
17 **Emergency Phone Numbers, and Exit Plan:**
18 Facility sketch were observed posted in the main hallway. Obudsman poster and Let-Us-No poster
19 observed.
20 **General items:**
21 Three (3) fire extinguishers were charged and located in the kitchen, hallway ad entrance. Nine (9) dual
22 smoke/carbon monoxide alarm detectors were tested and were observed to be in working order. Client
23 records will be stored in a locked cabinet in the hallway. First Aid kit with required components, and
24 locked area for medication storage was observed. LPA observed a facility phone and it was verified to
25 be operational as evidenced by LPA dialing the number to trigger a ring. Emergency water and food
26 supply was observed. LPA did not observed any bodies of water and no fire arms will be stored at the
27 home. Component III was completed on August 20. 2024 at the Riverside RO.
28
29 Pre-Licensing is complete.
30
31 An exit interview was conducted with Cecile Piano, Licensee/Administrator & Lizajane Cortez, Licensee
32 and a copy of this report was given.

SUPERVISORS NAME: Jazmond D Harris

LICENSING EVALUATOR NAME: Yolanda Delgado

LICENSING EVALUATOR SIGNATURE:

DATE: 08/30/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/30/2024