

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336400587
Report Date: 07/22/2021
Date Signed: 07/22/2021 10:25:02 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: GALLERIA VIEW VILLA II, THE	FACILITY NUMBER: 336400587
ADMINISTRATOR: MICLEA, DANIELA	FACILITY TYPE: 740
ADDRESS: 10241 CALIFORNIA AVE	TELEPHONE: (951) 785-9960
CITY: RIVERSIDE	STATE: CA
CAPACITY: 6	ZIP CODE: 92503
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Ioana Nedelescu	DATE: 07/22/2021
	UNANNOUNCED TIME BEGAN: 09:00 AM
	TIME COMPLETED: 10:34 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christine Le conducted an unannounced visit to the facility for an
2	annual inspection. LPA met with caregiver Ioana Nedelescu. The license was not available during the
3	visit.
4	
5	LPA toured the facility inside and out. The facility has no bodies of water. The facility has charged fire
6	extinguishers, smoke alarms, and carbon monoxide detectors. Outdoor and indoor passageways were
7	kept free of obstruction. The outside of the facility had a shaded area with seating. Cleaning supplies,
8	medications, and sharps were kept in a safe and locked place. Cleaning supplies were stored
9	underneath the kitchen sink and in the garage. Medications were stored in a locked cabinet. Sharps
10	were stored in a secured area. The facility had a complete first aid kit. LPA observed a two (2) day
11	supply of perishable food items and seven (7) day supply of nonperishable food items. The facility menu
12	was available for review. The resident bedrooms had the required furniture and sufficient lighting. The
13	facility had a supply of additional linen and extra hygiene items for the residents. LPA toured the resident
14	bathrooms. LPA observed grab bars and non-skid mats. LPA measured the hot water temperature in the
15	bathroom. The hot water temperature measured at 105 degrees F.
16	
17	LPA observed that the facility has a mitigation plan to mitigate the spread of COVID-19 in the facility.
18	One central entry point and sign-in policy has been designated for universal entry screening. Routine
19	symptom screening has been initiated at entry for all staff, residents, and visitors. Facility also
20	documents daily temperature and COVID-19 symptom checks, and any change in condition for staff and
21	residents. LPA observed hand sanitizer throughout the facility and a 30 day supply of PPE. All residents
22	have at least a 30 day supply of medications. LPA observed that all emergency contact information for
23	the residents have been updated.
24	
25	No deficiencies were cited during this visit. An exit interview was conducted where this report was
	discussed and provided to the caregiver.

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Christine Le

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/22/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/22/2021

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