

Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

***FACILITY EVALUATION REPORT***

**Facility Number:** 336400587  
**Report Date:** 06/18/2024  
**Date Signed:** 06/18/2024 03:49:31 PM

**Document Has Been Signed on 06/18/2024 03:49 PM - 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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME:	GALLERIA VIEW VILLA II, THE	FACILITY NUMBER:	336400587
ADMINISTRATOR/MICLEA, DANIELA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 785-9960
ADDRESS:	10241 CALIFORNIA AVE	STATE: CA	ZIP CODE: 92503
CITY:	RIVERSIDE	CENSUS: 4	DATE: 06/18/2024
CAPACITY: 6		UNANNOUNCED TIME VISIT/INSPECTION	02:00 PM
TYPE OF VISIT: Required - 1 Year		BEGAN:	
MET WITH: Daniela and Andrei Miclea		TIME VISIT/INSPECTION	03:55 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA) Sara Martinez conducted an unannounced annual required visit . LPA
2	was granted entry and met with Licensee Daniela and Andrei Miclea, who was informed of the purpose
3	of the visit. At the time of the visit there was two (2) staff and four (4) residents present. The facility is
4	licensed for six (6) residents, whom may be non-ambulatory. LPA conducted a tour of the interior and
5	exterior, reviewed facility documents and conducted interviews. LPA observed the following:
6	
7	Physical plant, floors, windows, and doors were observed to be clean and fixtures and furniture were in
8	good repair were present. The outdoor area was observed to be free of hazards and contained outdoor
9	furniture and shaded area for residents. Facility contained PPE equipment and cleaning supplies to do
10	regular cleaning of the facility. Cleaning supplies, detergents, sharp and dangerous objects were
11	observed to be locked and inaccessible to residents. Facility sketch, exit routes, personal rights,
12	complaint information and emergency phone numbers were found posted in the facility. The smoke
13	detector and carbon monoxide was operational, and the hot water temperature met department
14	requirements. Facility kitchen had the ability to prepare food in clean environment and possessed
15	equipment in good working condition. LPA observed the facility met the required 2-day supply of
16	perishable and 7-day supply of non-perishable foods. Resident medication was centrally stored and
17	locked in a cabinet located in the kitchen. LPA reviewed medications prescribed to the residents and
18	found all medication with required labeling was found to be in place. LPA reviewed two (2) staff files and
19	training. All staff have the required personnel records on file and criminal record clearance and updated
20	training along with CPR/First Aid. Two (2) resident files were reviewed, and possessed all required
21	paperwork which included Admissions Agreement, Needs and Service Plan, and Physician's Report.
22	The listed administrator possesses a current administrator's certificate. LPA reviewed the facility's
23	emergency and disaster plan and infection control plan. LPA observed all facility exits were clear from
24	obstructions. LPA observed emergency supplies and first aid kit with all required items. Fire
25	extinguishers were fully charged and inspected. No deficiencies were cited at the time of the visit.

An exit interview was conducted where a copy of this report was provided to Licensee Miclea.

**NAME OF LICENSING PROGRAM MANAGER:** Tricia Danielson

**NAME OF LICENSING PROGRAM ANALYST:** Sara Martinez

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 06/18/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 06/18/2024

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