

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336402005

Report Date: 10/26/2022

Date Signed: 10/26/2022 02:50:09 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: INSPIRATIONS HOME CARE	FACILITY NUMBER: 336402005
ADMINISTRATOR: GARCIA, NOELIA	FACILITY TYPE: 740
ADDRESS: 2755 THACKER DR	TELEPHONE: (951) 735-6797
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Caregiver Rosemarie Macadangdang	DATE: 10/26/2022
	UNANNOUNCED TIME BEGAN: 02:00 PM
	TIME COMPLETED: 03:00 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Victoria Chitgian and Ryan Gardner made an unannounced visit to
2	the facility to conduct an annual inspection focused on infection control. At 2:00pm, LPAs were greeted
3	and granted entry by Caregiver Rosemarie Macadangdang and explained the purpose of the visit. At the
4	time of visit there was three (3) staff and three (3) residents present. One (1) resident was away from
5	the facility.
6	
7	During today's visit, LPAs toured the facility and made observations regarding the infection control
8	measures that the facility has implemented. The entrance of the facility has a check in process for staff
9	and visitors that includes a temperature and symptom check. LPAs observed Covid-19 postings and
10	proper cough etiquette postings throughout. The facility has an adequate amount of hand hygiene
11	supplies (soap, hand sanitizer). LPAs observed a thirty (30) day supply of Personal Protective
12	Equipment (PPE) which includes gloves, face shields, gowns, disinfectant, surgical masks, N95 masks,
13	and hand sanitizer. PPE was stored in a closet in the hallway.
14	
15	The facility staff has a plan in place to manage Covid-19 symptoms, which includes staff monitoring
16	residents regularly for any changes in condition and daily temperature checks. The facility will contact
17	the resident's physician in the event of any Covid-19 related illnesses. There is a symptom screening of
18	residents logged daily. The facility staff are responsible for cleaning and disinfecting the highly touched
19	surface areas during their shift. All staff and residents are practicing all other Covid-19 precautions,
20	which minimize the risk of them contracting Covid-19.
21	
22	LPAs toured the facility inside and out and there were no health and safety concerns.
23	
24	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
25	of the California Code of Regulations.
	An exit interview was conducted, and a copy of this report (LIC809) was provided to Caregiver Rosemarie Macadangdang.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Victoria Chitgian

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/26/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/26/2022

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