

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336402005  
Report Date: 11/14/2024  
Date Signed: 11/14/2024 11:41:58 AM

Document Has Been Signed on 11/14/2024 11:41 AM - It Cannot Be Edited

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
<b>FACILITY EVALUATION REPORT</b>		COMMUNITY CARE LICENSING DIVISION	
		SAN BERNARDINO, 1650 SPRUCE ST STE 200	
		MS29-27	
		RIVERSIDE, CA 92507	
FACILITY NAME: INSPIRATIONS HOME CARE		FACILITY NUMBER:	336402005
ADMINISTRATOR/GARCIA, NOELIA		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 735-6797
ADDRESS: 2755 THACKER DR	STATE: CA	ZIP CODE:	92881
CITY: CORONA	CENSUS: 5	DATE:	11/14/2024
CAPACITY: 6	UNANNOUNCED TIME VISIT/	INSPECTION	10:30 AM
TYPE OF VISIT: Required - 1 Year	BEGAN:	TIME VISIT/	
MET WITH: Staff- Rose Mcdangdang Staff- Sandy Flores De Los Santos	INSPECTION	COMPLETED:	12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Mary Rico made an unannounced visit to the facility. The purpose of
2	the visit was to conduct a required comprehensive annual inspection. LPA met with staff Rose Mary
3	Macdangdang and staff Sandy Flores De Los Santos was granted entry to the facility. Licensed capacity
4	is (6) current census (5). LPA was accompanied by staff Sandy De Los Santos to conduct a general
5	overall inspection, which included, but was not limited to, the following:
6	
7	<u>Physical Plant:</u> The facility is operating in the capacity approved by Community Care Licensing (CCL).
8	There are no obstructions to indoor and outdoor passageways. The facility is maintained at a
9	comfortable temperature. LPA inspected resident bedrooms; they are equipped with required furniture
10	such as: mattresses, night stands, storage space, and sufficient lighting; bathrooms were clean, and
11	appliances were operating appropriately. LPA observed sufficient furniture and lighting throughout the
12	facility. Posters such as personal rights, the CCL complaint poster, and the disaster plan were posted in
13	a common area. Cleaning supplies, toxins, sharps, and other dangerous items were kept inaccessible to
14	residents in care. There was a designate space for resident/staff files. Overall, the facility is clean, in
15	good repair, and operating in safe conditions for residents in care. <u>Food Service:</u> Non-perishable and
16	perishable food supply is sufficient for number of residents in care. Facility has a variety of food
17	available for residents. Dishes, cups, and utensils were also stored properly.
18	
19	<u>Care &amp; Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week.
20	
21	<u>Record Review:</u> LPA reviewed (3) resident files for admission agreements, updated physician reports,
22	and needs and services plans. LPA reviewed (3) resident medications and (3) hospice files. LPA also
23	reviewed (2) staff files for First Aid/CPR certification, criminal record clearance, training's, and health
24	screenings.
25	

Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted, and this report (LIC809) was discussed and provided to staff members Sandy Flores De Los Santos and Rose Macdangdang.

**NAME OF LICENSING PROGRAM MANAGER:** Efren Malagon

**NAME OF LICENSING PROGRAM ANALYST:** Mary Rico

**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 11/14/2024

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 11/14/2024

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