

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336407087
Report Date: 09/23/2024
Date Signed: 09/23/2024 06:18:41 PM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME:	COPPER CANYON SENIOR CARE	FACILITY NUMBER:	336407087
ADMINISTRATOR/TELECIA COOKE		FACILITY TYPE:	740
DIRECTOR:		TELEPHONE:	(951) 677-1349
ADDRESS:	37225 JEROME LANE	ZIP CODE:	92562
CITY:	MURRIETA	STATE:	CA
CAPACITY:	8	CENSUS:	7
TYPE OF VISIT:	Required - 1 Year	DATE:	09/23/2024
		UNANNOUNCED TIME VISIT/INSPECTION	12:59 PM
		BEGAN:	
MET WITH:	Administrator, Telecia Cooke	TIME VISIT/INSPECTION	02:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPAs) Kathleen Banrasavong and Armando Perez, along with CDSS's
2	Program Clinical Consultant, Dennis Bagayawa arrived unannounced to conduct an annual inspection.
3	Upon arrival LPAs were greeted by facility staff and granted entry. LPAs began inspection with
4	introduction and visit purpose. Upon arrival LPAs learned that seven (7) residents live at this facility.
5	There was two (2) staff members present. The Administrator, Telecia Cooke was advised of the annual
6	and came to conduct and completed the facility tour.
7	
8	Client Records/Incident Reports/Clients Rights Information: LPAs reviewed client records. Seven
9	(7) records were reviewed. LPAs reviewed for identification and emergency information, admission
10	agreement, medical assessment, and TB test results, needs and service plans, placement, functional
11	assessment, centrally stored medication/destruction records, safeguard for personal property/valuables,
12	and personal rights notification.
13	
14	Personnel Records/Training/ Staffing/ Administration: LPAs reviewed employee records. Two (2)
15	records were reviewed. LPAs reviewed employee records for first aid certification, criminal record
16	clearance or an exemption, health screening and TB test results, employee rights, training verification,
17	and current administrative organization. Telecia Cooke, Administrator's certificate expiration date was
18	04/08/2022. The Administrator submitted her renewal to the Department of Social Services on
19	07/11/2023.
20	
21	
22	Food Service: Food prep areas are clean and organized. Food supply meets the requirement of one (1)
23	week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply
24	is present. There is a location for sharps in the kitchen.
25	

SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Kathleen Banrasavong

LICENSING EVALUATOR SIGNATURE:



DATE: 09/23/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/23/2024

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
RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
RIVERSIDE, CA 92507

FACILITY NAME: COPPER CANYON SENIOR CARE

FACILITY NUMBER: 336407087

VISIT DATE: 09/23/2024

NARRATIVE

1 **Physical Plant and Safety of Environment/Operational Requirements:** LPAs toured the facility
2 inside and outside. LPAs observed the facility to be clean and in good repair. The facility is maintained at
3 76 degrees for the client's comfort. Lighting is sufficient for safety. Water temperature measured 108.0
4 degrees F. Laundry is done in the garage. There is a locked location for storing laundry soap, cleaning
5 supplies and chemicals in the closet in the garage. All outdoor and indoor passageways are free of
6 obstruction. Emergency lighting is available. There is a telephone working at this location. LPAs dialed
7 the facility's landline number, which rang and was operable. The LIC 610, emergency disaster plan is
8 maintained. There are no firearms at this facility. There are one (1) secured fireplace at this facility.
9 There are zero (0) pools at the facility. There are two (2) secured gates that has a self-latching lock
10 located on the northwest and northeast side of the house. LPAs observed emergency supplies and one
11 (1) first aid kit. The last emergency fire drill was conducted on 06/31/2024.
12
13 **Infection Control:** The LPAs observed the hand washing stations in the facility restrooms and kitchen
14 had hand hygiene supplies and hand washing signs. LPAs observed PPE equipment and cleaning
15 supplies to do regular cleaning of the facility. LPAs reviewed the facility's infection control plan which met
16 department requirements. LPAs reviewed staff records and found that staff had infection control training.
17
18 **Medications/Health Related Services/Incidental Medical Services:** The medications are centrally
19 stored. There is a locked cabinet allocated for medication storage. Centrally stored medication and
20 destruction logs are maintained separately. LPAs reviewed medication logs and observed that they were
21 dispensed accurately.
22
23 LPAs made observation throughout the inspection process to assess if the facility remains in conformity
24 with the State Fire Marshall regulations. LPAs observed nine (9) dual smoke detectors and two (2)
25 carbon monoxide detectors throughout the facility. There were three (3) fire extinguishers on site, date
26 charged was 05/30/2024.
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SUPERVISORS NAME: Jazmond D Harris

LICENSING EVALUATOR NAME: Kathleen Banrasavong

LICENSING EVALUATOR SIGNATURE:

DATE: 09/23/2024

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DATE: 09/23/2024

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COMMUNITY CARE LICENSING DIVISION
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NARRATIVE	
1	Pursuant to Title 22 of The California Code of Regulations Division 6, there are zero (0) deficiencies observed. An exit interview was conducted, this LIC 809 was reviewed with, and a copy of this report was provided to Administrator, Telecia Cooke.
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SUPERVISORS NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Kathleen Banrasavong	
LICENSING EVALUATOR SIGNATURE:	DATE: 09/23/2024
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