

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336408220

Report Date: 05/20/2021

Date Signed: 05/20/2021 10:56:36 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: INSPIRATIONS HOME CARE II		FACILITY NUMBER:	336408220
ADMINISTRATOR: GARCIA, NOELIA		FACILITY TYPE:	740
ADDRESS: 2800 COTTAGE DR		TELEPHONE:	(951) 549-1693
CITY: CORONA	STATE: CA	ZIP CODE:	92881
CAPACITY: 6	CENSUS: 5	DATE:	05/20/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:40 AM
MET WITH: Noelia Garcia		TIME COMPLETED:	11:15 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Pauline Beschorner arrived at the facility on May 20, 2021 at 9:40 AM		
2	to conduct an Annual/Required Visit. Upon LPA arrival, caregiver Carla Campos greeted LPA at the door		
3	and LPA's temperature was checked and LPA signed in. Licensee Noelia Garcia was called and arrived		
4	at the facility approximately 10 minutes later. Garcia accompanied LPA on a tour of the inside and		
5	outside of the facility and the following was observed:		
6			
7	All staff and residents have been vaccinated. All staff are wearing a surgical mask while working at the		
8	facility. Garcia stated that she keeps the line list of employees in her office but all staff are tested for		
9	COVID at least monthly. Garcia sends 25% of her staff weekly.		
10			
11	LPA observed all COVID signs present including hand washing, donning and doffing of PPE, visitation		
12	policy and cough etiquette. LPA observed 3 residents in the living room sitting at least 6 feet from each		
13	other doing their morning exercises.		
14			
15	LPA observed all residents have an outside entrance door so that visitors do not need to enter into the		
16	facility and walk through the house. Visitors are screened at the front door and walked outdoors, by a		
17	caregiver to the entrance of the residents room.		
18			
19	The facility provides care to residents with dementia but the facility does not have a designated memory		
20	care ward.		
21			
22			
23	An exit interview was conducted and a copy of this report was provided to Licensee Noelia Garcia. No		
24	citations or technical violations are being issued at this time.		
25			
NAME OF LICENSING PROGRAM MANAGER: Karen Clemons			
NAME OF LICENSING PROGRAM ANALYST: Pauline Beschorner			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/20/2021

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