

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 | |

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|--|----------------------------------|
| 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 | An exit interview was conducted and a copy of this report was provided to Licensee Noelia Garcia. No |
| 23 | citations or technical violations are being issued at this time. |
| 24 | |
| 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.