

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336412126
Report Date: 05/20/2021
Date Signed: 05/20/2021 11:44:56 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 V	FACILITY NUMBER: 336412126
ADMINISTRATOR: GARCIA, NOELIA	FACILITY TYPE: 740
ADDRESS: 2865 COTTAGE DR	TELEPHONE: (951) 898-1425
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Noelia Garcia	DATE: 05/20/2021
	UNANNOUNCED TIME BEGAN: 11:05 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Pauline Beschorner arrived at the facility on May 20, 2021 at 11:05 AM
2	to conduct an Annual/Required Visit. Upon LPA arrival, caregiver Noel Malixi greeted LPA at the door
3	and LPA's temperature was checked and LPA signed in. Licensee Noelia Garcia accompanied LPA on a
4	tour of the inside and outside of the facility and the following was observed:
5	
6	All staff and residents have been vaccinated. All staff are wearing a surgical mask while working at the
7	facility. Garcia stated that she keeps the line list of employees in her office but all staff are tested for
8	COVID at least monthly. Garcia sends 25% of her staff weekly.
9	
10	LPA observed all COVID signs present including hand washing, donning and doffing of PPE, visitation
11	policy and cough etiquette. LPA observed 2 residents in the living room sitting at least 6 feet from each
12	other watching television.
13	
14	LPA observed all residents have an outside entrance door so that visitors do not need to enter into the
15	facility and walk through the house. Visitors are screened at the front door and walked outdoors, by a
16	caregiver to the entrance of the residents room.
17	
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.