

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336424203
Report Date: 10/19/2022
Date Signed: 10/19/2022 10:51:08 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 , CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: INSPIRATIONS HOME CARE IV	FACILITY NUMBER: 336424203
ADMINISTRATOR: GARCIA, ROMULO	FACILITY TYPE: 740
ADDRESS: 1540 HEARTLAND WAY	TELEPHONE: (951) 870-5676
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Rosemarie Macadangdang- Caregiver	DATE: 10/19/2022
	UNANNOUNCED TIME BEGAN: 09:49 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Ryan Gardner and Paola Guerrero made an unannounced visit to
2	the facility. The purpose of the visit was to conduct a required annual inspection, with an emphasis on
3	infection control due to the COVID-19 pandemic.
4	
5	LPAs met with Caregiver Rosemarie Macadangdang and was granted entry to the facility. At the time of
6	the visit there were three (3) staff, and four (4) residents present.
7	
8	LPAs toured the facility inside and out and went over COVID-19 best practices for infection control and
9	prevention with Rosemarie Macadangdang. The facility has a plan in place which follows Community
10	Care Licensing Division guidelines for COVID-19 testing, isolating/quarantining residents and properly
11	caring for residents with COVID-19 positive results and/or exposures. The facility has a designated
12	infection control lead person who has been tasked with tracking all COVID-19 cases and/or suspected
13	cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in adequate
14	quantities, and that staff are trained in the proper use and disposal of PPE. The entrance of the facility
15	has a check in process for visitors that includes a temperature check and a symptom check. The
16	residents have hand sanitizer available to them throughout the facility, and the bathrooms were stocked
17	with hand soap and paper towels. The facility has postings throughout the facility for proper cough
18	etiquette, proper hand washing procedure, and/or social distancing guidelines. LPAs requested to
19	inspect the facility's Personal Protective Equipment (PPE) supply, which was located in the entry way
20	closet. The facility has a full thirty (30) day supply of PPE items such as gloves, face shields, gowns,
21	disinfectant, surgical masks, N95 masks, and hand sanitizer.
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23	All residents and staff are practicing all other COVID-19 precautions, which minimize the risk of them
24	contracting COVID-19.
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Ryan Gardner

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/19/2022

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

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
, CA 92507

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: INSPIRATIONS HOME CARE IV

FACILITY NUMBER: 336424203

VISIT DATE: 10/19/2022

NARRATIVE

1 Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
2 of the California Code of Regulations.

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4 An exit interview was conducted, and this report (LIC809) was discussed and provided to Caregiver
5 Rosemarie Macadangdang.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons

NAME OF LICENSING PROGRAM ANALYST: Ryan Gardner

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/19/2022

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/19/2022