

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336424584

Report Date: 07/28/2021

Date Signed: 07/28/2021 03:31:29 PM

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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: BLESSED ELDER CARE, INC.		FACILITY NUMBER:	336424584
ADMINISTRATOR: CASANDRA GURAU		FACILITY TYPE:	740
ADDRESS: 5041 SIERRA ST.		TELEPHONE:	(951) 588-6533
CITY: RIVERSIDE	STATE: CA	ZIP CODE:	92504
CAPACITY: 12	CENSUS: 12	DATE:	07/28/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	02:40 PM
MET WITH: Casandra Gurau, Licensee		TIME COMPLETED:	03:45 PM
NARRATIVE			
1	Licensing Program Analyst (LPA) Tricia Danielson made an unannounced visit to the facility to conduct		
2	an annual inspection with an emphasis on infection control. LPA was greeted by and granted entry to the		
3	facility by Magdalena Gurau. Licensee Casandra Gurau joined LPA as well. Present in the facility during		
4	time of visit were three (3) staff as well as twelve (12) residents. There are currently no cases of COVID-		
5	19 within the facility.		
6			
7	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection		
8	control measures. LPA observed proper signage throughout the facility, sufficient hand hygiene supplies,		
9	sufficient cleaning and disinfecting provisions, and proper use of face coverings. The facility has a		
10	designated infection control lead person who has been tasked with tracking all COVID-19 cases and/or		
11	suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in		
12	adequate quantities, and that staff are trained in the proper use and disposal of PPE and overall		
13	infection control. The facility has a plan in place which follows Community Care Licensing guidelines for		
14	when and how long to test staff and residents for COVID-19, when and how to isolate/quarantine		
15	residents, and when to schedule cleaning and disinfection times of high traffic and frequently touched		
16	areas. The facility also has a plan in place to monitor residents regularly for any changes in condition		
17	and to subsequently notify the resident's physician and to notify all emergency agencies in the event of		
18	any COVID-19 related and/or suspected illnesses.		
19			
20	Based on the observations made during today's visit, no deficiencies were cited. An exit interview was		
21	conducted and a copy of this report was provided.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Reyna Lacey			
NAME OF LICENSING PROGRAM ANALYST: Tricia Danielson			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/28/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/28/2021

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