

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336425913
Report Date: 08/15/2022
Date Signed: 08/15/2022 02:56:33 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: CITIVIEW RESIDENTIAL CARE	FACILITY NUMBER: 336425913
ADMINISTRATOR: EMIA, VIMINDA	FACILITY TYPE: 740
ADDRESS: 15646 RANCHO VIEJO DRIVE	TELEPHONE: (951) 780-1288
CITY: RIVERSIDE	STATE: CA
CAPACITY: 6	ZIP CODE: 92506
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: ADMINISTRATOR, JENELYN TAMAYOR	DATE: 08/15/2022
	UNANNOUNCED TIME BEGAN: 01:58 PM
	TIME COMPLETED: 02:55 PM

NARRATIVE	
1	On August 15, 2022, Licensing Program Analyst (LPA), Venus Mixson arrived at the above facility for an
2	unannounced annual with emphasis on infection control. LPA Mixson was greeted and granted entry by
3	Administrator, Jenelyn Tamayor introduced self and stated the purpose of the visit.
4	
5	Present in the facility were 6 residents and 4 staff. There are currently no cases of COVID-19 within the
6	facility.
7	
8	LPA Mixson toured the facility and made observations pertaining to the facility's infection control
9	measures. LPA observed sufficient hand hygiene supplies, sufficient cleaning and disinfecting provisions
10	and the proper use of face coverings.
11	
12	The facility has a designated infection control lead person who has been tasked with tracking all COVID-
13	19 cases and/or suspected cases, ensuring PPE supplies are maintained, and cleaning and disinfection
14	provisions are in adequate quantities.
15	
16	LPA Mixson later discussed infection control practices and procedures with Administrator.
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18	
19	An exit interview was conducted and a copy of this report, along with the LIC 811, was provided to
20	Administrator.
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24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris NAME OF LICENSING PROGRAM ANALYST: Venus Mixson
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 08/15/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/15/2022

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