

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336425913
Report Date: 08/29/2024
Date Signed: 08/29/2024 11:40:18 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: CITIVIEW RESIDENTIAL CARE	FACILITY NUMBER: 336425913
ADMINISTRATOR/EMIA, VIMINDA	FACILITY TYPE: 740
DIRECTOR:	
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
	DATE: 08/29/2024
	UNANNOUNCED TIME VISIT/ INSPECTION
	BEGAN: 09:50 AM
MET WITH: ADMINISTRATOR, JENELYN TAMAYOR	TIME VISIT/ INSPECTION
	COMPLETED: 11:45 AM

NARRATIVE	
1	On August 29, 2024, Licensing Program Analyst (LPA), Venus Mixson, made an unannounced visit to
2	the facility for the purpose of conducting the Required Annual inspection, and met with Jenelyn
3	Tamayor, Administrator, introduced herself and stated the purpose for the visit.
4	
5	Infection Control: LPA Mixson observed the hand washing stations in the facility restrooms. LPA
6	observed PPE equipment and cleaning supplies to do regular cleaning of the facility. LPA reviewed the
7	facility's infection control plan and found all required infection control measures.
8	
9	PHYSICAL PLANT: Facility is licensed for 6 elderly adults and is operating at 100% capacity which is
10	within the conditions and limitations of the license. Outdoor and indoor passageways are kept free of
11	obstruction. No pool or body of water was observed on the property. According to staff, there are no
12	known weapons kept in the home. Disinfectants, cleaning solutions, and poisons were inaccessible to
13	clients in care. Temperature was within in regulations for this time of day and the season. There was
14	sufficient lighting throughout the facility and the Hot water tested within regulations at 105.5 degrees F.
15	Fire extinguisher located in kitchen area has proper inspection tag. The smoke and carbon monoxide
16	alarms were in the green and last inspected on June 2024, by the Fire department. The interior and
17	exterior areas of the home were observed to be clean and organized.
18	
19	FOOD SERVICE: There was a variety of food types which appeared to be selected and stored in a safe
20	and healthful manner. Food supply of nonperishable and perishable foods was sufficient. The kitchen
21	was observed to be clean. LPA observed the required two-day supply of perishable and seven-day
22	supply of non-perishable foods.
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris

NAME OF LICENSING PROGRAM ANALYST: Venus Mixson
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 08/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 08/29/2024

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
FACILITY EVALUATION REPORT (Cont)	COMMUNITY CARE LICENSING DIVISION
	CCLD Regional Office, 1650 SPRUCE ST STE 200
	MS29-27
	RIVERSIDE, CA 92507

FACILITY NAME: CITIVIEW RESIDENTIAL CARE **FACILITY NUMBER:** 336425913
VISIT DATE: 08/29/2024

NARRATIVE

1 **Care & Supervision/Administration:** Adequate staffs are present for the supervision of residents in
2 care. Floor plans, telephone numbers and personal rights were found posted in the facility. The listed
3 administrator possesses an administrator certificate and it is current.
4
5 **Record Review and Resident/Staff Files:** LPA reviewed two staff files and reviewed the facility's staff
6 schedule. All staff have criminal clearance and updated training along with CPR/First Aid Certification,
7 five resident files were reviewed and possessed all required paperwork.
8
9
10
11 **MEDICATION:** Medications were reviewed, and medications were labeled and maintained in
12 compliance with label instructions and State and Federal law. Medications were observed to be safe,
13 locked, and inaccessible to residents in care. Medications and medication documentation was observed
14 to be organized and maintained.
15
16 **Disaster preparedness:** LPA Mixson reviewed the facility's emergency and disaster plan as well as
17 disaster training binder. LPA observed the last fire drill met the department standards and was
18 conducted in June of 2024.
19
20
21 No deficiencies were cited per Title 22, Division 6 of the California Code of Regulations at the time of
22 this visit.
23
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25
26 An exit interview was conducted where a copy of this report was discussed and given to the
27 Administrator, Jenelyn Tamayor.
28
29
30
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32

NAME OF LICENSING PROGRAM MANAGER: Jazmond D Harris
NAME OF LICENSING PROGRAM ANALYST: Venus Mixson
LICENSING PROGRAM ANALYST SIGNATURE:
 **DATE:** 08/29/2024

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

FACILITY REPRESENTATIVE SIGNATURE:
 **DATE:** 08/29/2024