

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426181
Report Date: 08/19/2024
Date Signed: 08/19/2024 04:58:39 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
FACILITY EVALUATION REPORT		COMMUNITY CARE LICENSING DIVISION	
		RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27	
		RIVERSIDE, CA 92507	
FACILITY NAME: BIANCA'S HOME CARE		FACILITY NUMBER:	336426181
ADMINISTRATOR/BIANCA IVASCU		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	12543 BOUGAINVILLEA WAY	TELEPHONE:	(951) 735-3937
CITY:	RIVERSIDE	STATE: CA	ZIP CODE: 92503
CAPACITY: 6		CENSUS: 5	DATE: 08/19/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCEDTIME VISIT/	
		INSPECTION	01:30 PM
		BEGAN:	
MET WITH:	Bianca Ivascu, Administrator	TIME VISIT/	
		INSPECTION	05:10 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analysts (LPAs), Stephanie Martinez and Ferrer Sabarias, conducted a required
2	annual inspection at the facility. The LPAs were allowed entrance into the facility and met with
3	Administrator, Bianca Ivascu. The LPAs informed the Administrator of the purpose for the visit. The
4	inspection included the following:
5	
6	<u>Physical Plant:</u> The facility consists of four (4) resident bedrooms, three staff bedrooms, four (4)
7	bathrooms, a kitchen and dinning area, a living room area, a garage and laundry room, and a patio and
8	yard with sufficient seating and space for activities. There are no bodies of water located on the
9	property. According to Administrator Ivascu, no weapons are stored in the home. All outdoor and indoor
10	passageways are kept free of obstruction and are free of debris and other trash. There are grab bars for
11	each toilet, bathtub and shower used by residents. Resident showers have non-skid mats present. The
12	carbon monoxide and smoke detectors were tested and observed to be in operating condition. The
13	home was kept clean and free of any odors.
14	
15	<u>Food Service:</u> There is a minimum of 2 days supply of perishable foods and 1 week's supply of non-
16	perishable foods available. Sufficient dinning supplies were available for residents in care. A variety of
17	food was available. Food appeared to be stored properly.
18	
19	<u>Record Review:</u> Staff present were observed to have appropriate fingerprint clearances. LPAs did not
20	observe any excluded individuals on the premises at time of visit. Staff responsible for direct care and
21	supervision have current first aid and CPR training, with the exception of Staff Two (S2). S2 does not
22	have CPR training on file. During the LPAs visit, on occasion, S2 was the only staff available in the
23	facility. An advisory notice is being issued. Medication training is on file for Staff Two (S2); however, the
24	full required 10 hours of training was not observed to be on file. An advisory notice will be issued.
25	Additional staff training included restricted healthcare training, hospice training, and postural supports
	training. LPA Martinez reviewed the LIC 501,

SUPERVISORS NAME: Rikesh Stamps

LICENSING EVALUATOR SIGNATURE:



DATE: 08/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 08/19/2024

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

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: BIANCA'S HOME CARE

FACILITY NUMBER: 336426181

VISIT DATE: 08/19/2024

NARRATIVE

1 Personnel Report. LPA observed the report to require more clarification to indicate what staff are
2 working at night. An advisory notice will be issued. Resident records had required documentation; such
3 as admission agreements, medical assessments, written records of care (appraisal/needs and service
4 plans), and pre-placement appraisals. However, no pre-placement appraisals were observed on file for
5 Resident Four (R4) or Resident Five (R5). An advisory notice will be issued. The facility currently has an
6 approved Hospice Waiver for five (5) residents and there are currently four (4) residents in care
7 receiving hospice services. The LPA reviewed hospice files for residents on services; no current care
8 plans were observed on file for four (4) of four (4) residents. According to Administrator, the plans were
9 removed from the facility by hospice personnel because the documents had to be updated. An advisory
10 notice will be issued. According to Administrator, the fire department was notified of there being oxygen
11 use inside the facility; however, there is no written documentation. An advisory notice will be issued.
12 There is a disaster and mass casualty plan in place. All records were observed to be well organized and
13 safely secured.
14
15 Medication Review: The LPA inspected resident medications. Medications were observed to be well
16 organized, appropriately labeled and inaccessible to unauthorized individuals.
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18 An exit interview was conducted with Administrator Ivascu, in which this report was reviewed and a copy
19 was provided. No citations were issued during this visit.
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SUPERVISORS NAME: Riksha Stamps

LICENSING EVALUATOR NAME: Stephanie Martinez

LICENSING EVALUATOR SIGNATURE:

DATE: 08/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 08/19/2024