

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336426546  
Report Date: 07/21/2021  
Date Signed: 07/21/2021 03:11:55 PM

Document Has Been Signed on 07/21/2021 03:11 PM - It Cannot Be Edited

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
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: SERENITY ASSISTED LIVING	FACILITY NUMBER: 336426546
ADMINISTRATOR: VIEYRA AVILES, YENNY	FACILITY TYPE: 740
ADDRESS: 3879 LAFAYETTE ST	TELEPHONE: (909) 653-7912
CITY: RIVERSIDE	STATE: CA
CAPACITY: 6	ZIP CODE: 92503
TYPE OF VISIT: Required - 1 Year	CENSUS: 2
MET WITH: Yenny Vieyra Aviles	DATE: 07/21/2021
	UNANNOUNCED TIME BEGAN: 01:45 PM
	TIME COMPLETED: 03:21 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Christine Le conducted an unannounced visit to the facility for an
2	annual inspection. LPA initially met with caregiver Alejandra Aviles. The licensee Yenny Vieyra Aviles
3	arrived during the visit.
4	
5	LPA toured the facility inside and out. The facility has no bodies of water. The facility has charged fire
6	extinguishers, operating smoke alarms, and carbon monoxide detectors. Outdoor and indoor
7	passageways were kept free of obstruction. Cleaning supplies, medications, and sharps were kept in a
8	safe and locked place. Cleaning supplies were stored in the laundry room and garage. Medications were
9	stored in the office. Sharps were stored in a secured area. The facility had a complete first aid kit. LPA
10	observed a two (2) day supply of perishable food items and seven (7) day supply of nonperishable food
11	items. The facility menu was available for review. The resident bedrooms had the required furniture and
12	functional lighting. The facility had a supply of additional linen and extra hygiene items for the residents.
13	LPA toured the resident bathrooms. LPA observed grab bars and non-skid mats. LPA measured the hot
14	water temperature in the bathrooms. The hot water temperature measured at 117 degrees F.
15	
16	LPA observed that the facility has a mitigation plan to mitigate the spread of COVID-19 in the facility.
17	One central entry point and sign-in policy has been designated for universal entry screening. Routine
18	symptom screening has been initiated at entry for all staff, residents, and visitors. Facility also
19	documents daily temperature and COVID-19 symptom checks, and any change in condition for staff and
20	residents. LPA observed hand sanitizer throughout the facility and a 30 day supply of PPE. All residents
21	have at least a 30 day supply of medications. LPA observed that all emergency contact information for
22	the residents have been updated.
23	
24	No deficiencies were cited during this visit. An exit interview was conducted where this report was
25	discussed and provided to the licensee.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons <b>NAME OF LICENSING PROGRAM ANALYST:</b> Christine Le
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**LICENSING PROGRAM ANALYST SIGNATURE:**



**DATE:** 07/21/2021

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

**FACILITY REPRESENTATIVE SIGNATURE:**



**DATE:** 07/21/2021

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