

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336426686
Report Date: 12/04/2024
Date Signed: 12/04/2024 12:40:00 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME:	A PLACE CALLED HOME - LA QUINTA	FACILITY NUMBER:	336426686
ADMINISTRATOR/LORAIN W. SHOW		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	81-657 HIDDEN LINKS DR.	TELEPHONE:	(760) 550-9401
CITY:	LA QUINTA	STATE: CA	ZIP CODE: 92253
CAPACITY: 6		CENSUS: 2	DATE: 12/04/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/	
		INSPECTION	09:50 AM
		BEGAN:	
MET WITH:	Administrator Loraine Show and Clarence Perreras	TIME VISIT/	
		INSPECTION	12:50 PM
		COMPLETED:	

NARRATIVE	
1	Licensing Program Analyst (LPA), Armando Perez made an unannounced visit to the facility for the purpose of conducting a required annual inspection. The LPA was granted entry by staff to conduct the inspection and met with administrators, Loraine Show and Clarence Perreras. The LPA informed the Administrators of the purpose for the visit. The inspection included the following:
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6	The facility consists of four (4) resident bedrooms, two (2) staff bedrooms, 4 (4) bathrooms, a kitchen and dinning area, a living room area, a garage and laundry room, and a patio and yard with sufficient seating and space for activities. LPA observed a pool with the required fencing and is secured with a locked gate. According to Administrator, no weapons are stored in the home. All outdoor and indoor passageways are kept free of obstruction and are free of debris and other trash. There are grab bars for each toilet, bathtub and shower used by residents. Resident showers have non-skid mats present. The carbon monoxide and smoke detectors were hard wired, tested and observed to be in operating condition. The home was kept clean and free of any odors.
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11	LPA began review of client records. Two (2) records were reviewed. LPA reviewed for identification and emergency information, admission agreement, medical assessment, and TB test results, needs and service plans, placement, functional assessment, centrally stored medication/destruction records, safeguard for personal property/valuables, and personal rights notification.
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16	LPA began review of employee records- Three (3) records were reviewed. LPA reviewed employee records for first aid certification, criminal record clearance or an exemption, health screening and TB test results, employee rights, training verification, and current administrator certification; expiration date 10/18/2025. During staff file review LPA observed the CPR/First Aid certificate to be expired on three out of three staff. Administrator stated that the CPR was completed and will email LPA with the current certificates. A deficiency was issued.
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SUPERVISORS NAME: Jazmond D Harris
LICENSING EVALUATOR NAME: Armando Perez

LICENSING EVALUATOR SIGNATURE:

DATE: 12/04/2024

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 12/04/2024

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

LIC809 (FAS) - (06/04)

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Created By: Armando Perez On 12/04/2024 at 12:13 PM
Link to Parent Document Below:

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION , 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT (Cont)	

FACILITY NAME: A PLACE CALLED HOME - LA QUINTA

FACILITY NUMBER: 336426686

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 12/04/2024

DEFICIENCIES & PLANS OF CORRECTION (POCs)

	Type B	Section Cited	HSC	1569.618(c)(3)	
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Other Provisions

(c)The facility shall employ, and the administrator shall schedule, a sufficient number of staff members to do all of the following: (3) Ensure that at least one staff member who has cardiopulmonary resuscitation (CPR) training and first aid training is on duty and on the premises at all times. This paragraph shall not be construed to require staff to provide CPR.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in three out of three staff files which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/13/2024
	Plan of Correction
1 2 3 4	Administrator will email the valid CPR/First Aid for three out of three staff.

	Type B	Section Cited	HSC	1569.695(c)	
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Other Provisions

(c) A facility shall conduct a drill at least quarterly for each shift. The type of emergency covered in a drill shall vary from quarter to quarter, taking into account different emergency scenarios. An actual evacuation of residents is not required during a drill. While a facility may provide an opportunity for residents to participate in a drill, it shall not require any resident participation. Documentation of the drills shall include the date, the type of emergency covered by the drill, and the names of staff participating in the drill.

This requirement is not met as evidenced by:

	Deficient Practice Statement
1 2 3 4	Based on record review, the licensee did not comply with the section cited above in one out of one emergency drill folder which poses/posed a potential health, safety or personal rights risk to persons in care.
	POC Due Date: 12/13/2024

	Plan of Correction
1	Administrator stated they believed the emergency drill was yearly and will conduct and document quarterly moving forward. Administrator will email LPA proof of an emergency drill conducted by POC date.
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Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Armando Perez	
LICENSING EVALUATOR SIGNATURE:	
	DATE: 12/04/2024
I acknowledge receipt of this form and understand my appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 12/04/2024

LIC809 (FAS) - (06/04)		Page: 2 of 3
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
FACILITY EVALUATION REPORT (Cont)		COMMUNITY CARE LICENSING DIVISION
		RIVERSIDE ASC, 1650 SPRUCE ST STE 200 MS29-27
		RIVERSIDE, CA 92507
FACILITY NAME: A PLACE CALLED HOME - LA QUINTA		FACILITY NUMBER: 336426686
		VISIT DATE: 12/04/2024

NARRATIVE	
1	LPA observed facility kitchen had the ability to prepare food in clean environment and possessed equipment in good working condition. Food supply meets the requirement of one (1) week supply of nonperishable and two (2) day supply of perishables. Emergency food and water supply is present. There is a locked location for chemicals in the kitchen and laundry room. Knives and shards have a locked drawer next to the sink. Medications are centrally stored. There is a locked cabinet allocated for medication storage. Centrally stored medication and destruction logs are maintained. Medications reviewed appear to have been dispensed accurately. LPA made observation throughout the inspection process to assess if the facility remains in conformity with the State Fire Marshall regulations. Fire extinguisher was recharged and valid until, 12/31/2024. The facility is conducting yearly emergency disaster/fire drills, last done on 01/2024. LPA informed administrator emergency drills need to be quarterly. Administrator stated they will make that change and will be providing proof of completion by email. A deficiency was issued. Based on the information received during this visit today in the areas reviewed, there are two deficiencies that are being cited per Title 22, Division 6 of The California Code of Regulations. This LIC 809 report was reviewed with the facility representatives and a copy was provided.
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SUPERVISORS NAME: Jazmond D Harris	
LICENSING EVALUATOR NAME: Armando Perez	

LICENSING EVALUATOR SIGNATURE:	DATE: 12/04/2024
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FACILITY REPRESENTATIVE SIGNATURE:	DATE: 12/04/2024