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Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336427235
Report Date: 08/24/2021
Date Signed: 08/24/2021 11:42:24 AM

Document Has Been Signed on 08/24/2021 11:42 AM **- It Cannot Be Edited**

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

FACILITY NAME:	CORONA RESIDENTIAL CARE CENTER LLC		FACILITY NUMBER:	336427235
ADMINISTRATOR:	AHARON STRIKS		FACILITY TYPE:	740
ADDRESS:	1400 CIRCLE CITY DR		TELEPHONE:	(951) 735-0252
CITY:	CORONA	STATE: CA	ZIP CODE:	92879
CAPACITY: 125		CENSUS: 91	DATE:	08/24/2021
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED	TIME BEGAN:	10:30 AM
MET WITH:	Mary Gonzales, Assistant Administrator		TIME COMPLETED:	12:00 PM

NARRATIVE

Licensing Program Analysts (LPA) Amy Goldenberg made an unannounced visit to the facility. The purpose of the visit was to conduct a required annual inspection, with an emphasis on infection control due to the COVID-19 pandemic. LPA observes that all staff are wearing face masks.

LPA conducted a brief tour of the facility and made observations pertaining to the facility's infection control measures. The facility was equipped with sufficient hand hygiene supplies, sufficient cleaning and disinfecting provisions, and a 30 day supply of Personal Protective Equipment (PPE). The facility has a designated infection control lead person who has been tasked with tracking all COVID-19 cases and or suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in adequate quantities, and that staff are trained in infection control. The facility continues to monitor client regularly for any changes in condition, and notify the client's physician and emergency personnel in the event the client presents any COVID-19 symptoms.

Based on observations made during today's inspection, no deficiencies were cited per Title 22, Division 6, of the California Code of Regulations. LPA reviewed this report with and a copy was provided to the facility representative.

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Amy Goldenberg

LICENSING PROGRAM ANALYST SIGNATURE:	
	DATE: 08/24/2021
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	
	DATE: 08/24/2021

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