

# Department of SOCIAL SERVICES

## Community Care Licensing

# FACILITY EVALUATION REPORT

Facility Number: 336427426  
Report Date: 10/19/2022  
Date Signed: 10/19/2022 11:57:37 AM

**Document Has Been Signed on 10/19/2022 11:57 AM - 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 , CA 92507
<b>FACILITY EVALUATION REPORT</b>	

FACILITY NAME: INSPIRATIONS HOME CARE VII	FACILITY NUMBER: 336427426
ADMINISTRATOR: GARCIA, DOMINIC	FACILITY TYPE: 740
ADDRESS: 1507 CHESTNUT CIR	TELEPHONE: (951) 870-5676
CITY: CORONA	STATE: CA
CAPACITY: 6	ZIP CODE: 92881
TYPE OF VISIT: Required - 1 Year	CENSUS: 6
MET WITH: Veronica Angulo-Caregiver	DATE: 10/19/2022
	UNANNOUNCED TIME BEGAN: 11:03 AM
	TIME COMPLETED: 12:07 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Ryan Gardner and Paola Guerrero made an unannounced visit to
2	the facility. The purpose of the visit was to conduct a required annual inspection, with an emphasis on
3	infection control due to the COVID-19 pandemic.
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5	LPAs met with Caregiver Veronica Angulo- Franco and was granted entry to the facility. At the time of the
6	visit there were two (2) staff, and six (6) residents present.
7	
8	LPAs toured the facility inside and out and went over COVID-19 best practices for infection control and
9	prevention with Veronica Angulo- Franco. The facility has a plan in place which follows Community Care
10	Licensing Division guidelines for COVID-19 testing, isolating/quarantining residents and properly caring
11	for residents with COVID-19 positive results and/or exposures. The facility has a designated infection
12	control lead person who has been tasked with tracking all COVID-19 cases and/or suspected cases,
13	ensuring PPE supplies are maintained, cleaning and disinfection provisions are in adequate quantities,
14	and that staff are trained in the proper use and disposal of PPE. The entrance of the facility has a check
15	in process for visitors that includes a temperature check and a symptom check. The residents have
16	hand sanitizer available to them throughout the facility, and the bathrooms were stocked with hand soap
17	and paper towels. The facility has postings throughout the facility for proper cough etiquette, proper
18	hand washing procedure, and/or social distancing guidelines. LPAs requested to inspect the facility's
19	Personal Protective Equipment (PPE) supply, which was located in the entry way closet. The facility has
20	a full thirty (30) day supply of PPE items such as gloves, face shields, gowns, disinfectant, surgical
21	masks, N95 masks, and hand sanitizer. All residents and staff are practicing all other COVID-19
22	precautions, which minimize the risk of them contracting COVID-19.
23	
24	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
25	of the California Code of Regulations.

<b>NAME OF LICENSING PROGRAM MANAGER:</b> Karen Clemons <b>NAME OF LICENSING PROGRAM ANALYST:</b> Ryan Gardner
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 10/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 10/19/2022

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  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 1650 SPRUCE ST STE 200  
MS29-27  
, CA 92507

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** INSPIRATIONS HOME CARE VII

**FACILITY NUMBER:** 336427426

**VISIT DATE:** 10/19/2022

**NARRATIVE**

1	An exit interview was conducted, and this report (LIC809) was discussed and provided to Caregiver
2	Veronica Angulo- Franco.
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**NAME OF LICENSING PROGRAM MANAGER:** Karen Clemons

**NAME OF LICENSING PROGRAM ANALYST:** Ryan Gardner

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 10/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 10/19/2022