

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 336427428
Report Date: 03/23/2022
Date Signed: 03/24/2022 11:10:03 AM

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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
FACILITY EVALUATION REPORT	

FACILITY NAME: LOREN'S GOOD LIFE CARE INC	FACILITY NUMBER: 336427428
ADMINISTRATOR: ELVAIN, LOREN MC	FACILITY TYPE: 740
ADDRESS: 16631 CANYON VIEW DRIVE	TELEPHONE: (951) 780-6570
CITY: RIVERSIDE	STATE: CA
CAPACITY: 6	ZIP CODE: 92504
TYPE OF VISIT: Required - 1 Year	CENSUS: 5
MET WITH: Jerry McElvain, Staff	DATE: 03/23/2022
	UNANNOUNCED TIME BEGAN: 02:25 PM
	TIME COMPLETED: 03:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA), Stephanie Torres and Chinwe Nwogene, made an unannounced visit
2	to the facility to conduct an annual inspection, with an emphasis on infection control. The LPA met with
3	Staff, Jerry McElvain, and informed him of the purpose of their visit. There are currently no cases of
4	COVID-19 within the facility.
5	
6	During today's visit, the LPAs toured the facility and made observations pertaining to the facility's
7	infection control measures. The LPAs observed sufficient hand hygiene supplies and sufficient cleaning
8	and disinfecting provisions. The facility has a designated infection control lead person who has been
9	tasked with tracking all COVID-19 cases and/or suspected cases, ensuring PPE supplies are
10	maintained, cleaning and disinfection provisions are in adequate quantities, and that staff are trained in
11	the proper use and disposal of PPE and overall infection control. The facility has a plan in place which
12	follows Community Care Licensing guidelines for when and how long to test staff and residents for
13	COVID-19, when and how to isolate/quarantine residents, and when to schedule cleaning and
14	disinfection times of high traffic and frequently touched areas. The facility also has a plan in place to
15	monitor residents regularly for any changes in condition and to subsequently notify the resident's
16	physician and to notify all emergency agencies in the event of any COVID-19 related and/or suspected
17	illnesses.
18	
19	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
20	Chapter 8 of the California Code of Regulations. An exit interview to review this report was conducted
21	with McElvain and a copy of this report was provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Deborah Mullen
NAME OF LICENSING PROGRAM ANALYST: Stephanie Torres

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 03/23/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/23/2022

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