

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 342700648
Report Date: 09/03/2024
Date Signed: 09/03/2024 12:50:53 PM

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827	
FACILITY EVALUATION REPORT			
FACILITY NAME: HAPPY JOURNEY CARE HOME, LLC		FACILITY NUMBER:	342700648
ADMINISTRATOR/SU, QUANYING		FACILITY TYPE:	740
DIRECTOR:			
ADDRESS:	4728 JOHNSON DRIVE	TELEPHONE:	(415) 734-6836
CITY:	FAIR OAKS	STATE: CA	ZIP CODE: 95628
CAPACITY: 6		CENSUS: 6	DATE: 09/03/2024
TYPE OF VISIT:	Required - 1 Year	UNANNOUNCED TIME VISIT/INSPECTION	10:30 AM
MET WITH: Qiao Jiao, Administrator		BEGAN: TIME VISIT/INSPECTION	01:05 PM
		COMPLETED:	
NARRATIVE			
1	Licensing Program Analysts (LPAs) Michael Hood and Cassie Mikkelson arrived at the facility		
2	unannounced on 9/3/24 to conduct a Required-1 Year Inspection utilizing the inspection tool.		
3			
4	LPAs conducted an inspection of the care home to ensure compliance with Title 22 regulations. There		
5	are six (6) bedrooms and six (6) bathrooms for resident use. LPAs observed bedrooms to be properly		
6	furnished, with appropriate bedding and lighting. The bathrooms were in sanitary condition and properly		
7	maintained. Hot water temperature was observed to be 117.3 degrees F.		
8			
9	LPAs checked the kitchen area for the ability to prepare and store food. Care home has required two (2)		
10	day perishable and seven (7) day non-perishable food supply on cite. LPAs observed knives to be		
11	locked away and inaccessible to residents. LPAs observed the backyard and perimeter of the care home		
12	to be free of clutter and debris. LPAs observed smoke detectors and carbon monoxide detectors to be		
13	operational in the care home. First aid kit is maintained and ready for emergency use.		
14			
15	LPAs checked medication storage and found medication to be locked away and inaccessible to the		
16	residents. LPAs reviewed six (6) resident files and two (2) staff files. Facility has a current copy of		
17	certificate of liability insurance and LPAs obtained a copy.		
18			
19			
20	As a result of this visit, no deficiencies were cited per California Code of Regulations, Title 22. Exit		
21	interview conducted and copy of report given at the conclusion of this visit.		
22			
23			
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Anthony Perez			

NAME OF LICENSING PROGRAM ANALYST: Michael Hood

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/03/2024

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/03/2024

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