

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 BEGAN: 10:30 AM
MET WITH: Qiao Jiao, Administrator	TIME VISIT/ INSPECTION COMPLETED: 01:05 PM

NARRATIVE	
1	Licensing Program Analysts (LPAs) Michael Hood and Cassie Mikkelsen 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 site. 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	As a result of this visit, no deficiencies were cited per California Code of Regulations, Title 22. Exit
20	interview conducted and copy of report given at the conclusion of this visit.
21	
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.