

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 360911233
Report Date: 02/02/2022
Date Signed: 02/02/2022 02:57:41 PM

Document Has Been Signed on 02/02/2022 02:57 PM - 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 RIVERSIDE, CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: LA POSADA II	FACILITY NUMBER: 360911233
ADMINISTRATOR: HERNANDEZ, ORFA RUTH	FACILITY TYPE: 740
ADDRESS: 3875 NORTH BELLE STREET	TELEPHONE: (909) 881-1344
CITY: SAN BERNARDINO	STATE: CA
CAPACITY: 11	ZIP CODE: 92404
TYPE OF VISIT: Required - 1 Year	CENSUS: 7
MET WITH: Orfa Ruth Hernandez	DATE: 02/02/2022
	UNANNOUNCED TIME BEGAN: 12:15 PM
	TIME COMPLETED: 01:30 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Javier Prieto made an unannounced visit to the facility to conduct an
2	annual inspection with an emphasis on infection control. Annual inspection is a continuation from a
3	previous visit on 01/25/2022. LPA met with Orfa Ruth Hernandez and explained the purpose of the visit.
4	There are currently no cases of COVID-19 within the facility.
5	
6	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection
7	control measures. LPA observed proper signs throughout the facility, sufficient hand hygiene supplies,
8	sufficient cleaning and disinfecting provisions, and proper use of face coverings. The facility has a
9	designated infection control lead person who has been tasked with tracking all COVID-19 cases and/or
10	suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in
11	adequate quantities, and that staff are trained in the proper use and disposal of PPE and overall
12	infection control. The facility has a plan in place which follows Community Care Licensing guidelines for
13	when and how long to test staff and residents for COVID-19, when and how to isolate/quarantine
14	residents, and when to schedule cleaning and disinfection times of high traffic and frequently touched
15	areas. The facility also has a plan in place to monitor residents regularly for any changes in condition
16	and to subsequently notify the resident's physician and to notify all emergency agencies in the event of
17	any COVID-19 related and/or suspected illnesses.
18	
19	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
20	of the California Code or Regulations. An exit interview to review this report was conducted and a copy
21	of this report was provided.
22	
23	
24	
25	

NAME OF LICENSING PROGRAM MANAGER: Karen Clemons
NAME OF LICENSING PROGRAM ANALYST: Javier Prieto

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/02/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/02/2022

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