

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361800071

Report Date: 02/23/2021

Date Signed: 02/25/2021 08:12:47 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: BLOSSOM GROVE ALZHEIMER'S SPECIAL CARE CENTER		FACILITY NUMBER:	361800071
ADMINISTRATOR: TORRES, VICKY		FACILITY TYPE:	740
ADDRESS: 11116 NEW JERSEY ST		TELEPHONE:	(909) 335-6660
CITY: REDLANDS	STATE: CA	ZIP CODE:	92373
CAPACITY: 66	CENSUS: 40	DATE:	02/23/2021
TYPE OF VISIT: Case Management - Other	UNANNOUNCED	TIME BEGAN:	04:24 PM
MET WITH: Yndira Lepe, Health Service Director		TIME COMPLETED:	04:39 PM
NARRATIVE			
1	Licensing Program Analyst (LPA), Stephanie Torres, contacted the facility via telephone to conduct an		
2	unannounced health and safety tele-inspection to address concerns relating to complaint #18-AS-		
3	20200731095043. The LPA identified herself and discussed the purpose of the call with Yndira Lepe,		
4	Health Service Director. The LPA conducted resident interviews; no reports of concerns were received.		
5	No health and safety concerns were observed at time of visit.		
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NAME OF LICENSING PROGRAM MANAGER: Reyna Lacey			
NAME OF LICENSING PROGRAM ANALYST: Stephanie Torres			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 02/23/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 02/23/2021

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