

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361800233
Report Date: 11/19/2024
Date Signed: 11/19/2024 01:16:18 PM

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507 |
| FACILITY EVALUATION REPORT | |

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| FACILITY NAME: CARMEL CARE HOME | FACILITY NUMBER: 361800233 |
| ADMINISTRATOR/DENSEN, ROMMEL | FACILITY TYPE: 740 |
| DIRECTOR: | |
| ADDRESS: 11971 4TH AVE | TELEPHONE: (760) 488-1828 |
| CITY: HESPERIA | STATE: CA |
| CAPACITY: 10 | ZIP CODE: 92345 |
| TYPE OF VISIT: Required - 1 Year | CENSUS: 4 |
| | DATE: 11/19/2024 |
| | UNANNOUNCED TIME VISIT/ INSPECTION BEGAN: 11:50 AM |
| MET WITH: Caroline Densen- Assistant Administrator | TIME VISIT/ INSPECTION COMPLETED: 01:34 PM |

| NARRATIVE | |
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| 1 | Licensing Program Analyst (LPA) Michelle Echeverria made an unannounced visit to the facility. The |
| 2 | purpose of the visit was to conduct a required comprehensive annual inspection. LPA met with Assistant |
| 3 | Administrator, Caroline Densen and was granted entry to the facility. LPA was accompanied by Caroline |
| 4 | to conduct a general overall inspection, which included, but was not limited to, the following: |
| 5 | |
| 6 | The facility has 7 bedrooms, 3 bathrooms, kitchen, dining area, living room, family room, laundry room, |
| 7 | office area, garage and backyard. LPA completed a walk through of facility, review of records and |
| 8 | medication audit. |
| 9 | |
| 10 | Physical Plant: The facility is operating in the capacity approved by Community Care Licensing (CCL). |
| 11 | There are no obstructions to indoor and outdoor passageways. The facility is maintained at a |
| 12 | comfortable temperature of 76 degrees fahrenheit. LPA inspected resident bedrooms; they are equipped |
| 13 | with required furniture such as: mattresses, night stands, storage space, chairs and sufficient lighting. |
| 14 | LPA inspected resident bathrooms; bathrooms were clean and appliances were found functional. Water |
| 15 | temperatures tested at 109.2 degrees fahrenheit. The facility is equipped with operational smoke |
| 16 | detectors, carbon monoxide alarms, charged fire extinguisher, and first aid kit. Posters such as; the |
| 17 | personal rights, CCL complaint poster, ombudsman, and license were posted in a common area. |
| 18 | Cleaning supplies, toxins, sharps, medications and other dangerous items were kept in secure cabinets |
| 19 | inaccessible to residents. Residents/Staff files were observed locked and made inaccessible. There are |
| 20 | no bodies of water, firearms or ammunition in the facility. Overall, the facility is clean, in good repair, and |
| 21 | operating in safe conditions for residents in care. |
| 22 | |
| 23 | Food Service: LPA observed 2 days of perishables and 7 days non-perishables food, pantry stocked |
| 24 | and up to date. Facility has a variety of food available. Dishes, cups, and utensils were stored properly. |
| 25 | |

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/19/2024

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

FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/19/2024

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

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| STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont) | CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN BERNARDINO, 1650 SPRUCE ST STE 200 MS29-27 RIVERSIDE, CA 92507 |
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FACILITY NAME: CARMEL CARE HOME **FACILITY NUMBER:** 361800233
VISIT DATE: 11/19/2024

NARRATIVE

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| 1 | <u>Yards/Outside:</u> One shaded patio, two sheds used for storage, and a side gate with an exit to the |
| 2 | facility on the left side. All outdoor pathways were free of obstructions. |
| 3 | |
| 4 | <u>Care & Supervision:</u> Facility has sufficient care staff for coverage 24 hours a day, 7 days a week. |
| 5 | |
| 6 | <u>Record Review:</u> LPA reviewed resident files for admission agreements, updated physician reports, and |
| 7 | needs and services plans. LPA also reviewed staff files for First Aid/CPR certification, criminal record |
| 8 | clearance, trainings, and health screenings. Medication was audited and appeared to be dispensed |
| 9 | appropriately. LPA reviewed emergency disaster plan, disaster drills, and liability insurance. |
| 10 | |
| 11 | No deficiencies were cited during this visit. An exit interview was conducted where this report LIC809, |
| 12 | and LIC809C were discussed and copies were provided to Assistant Administrator, Caroline Densen. |
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Michelle Echeverria
LICENSING PROGRAM ANALYST SIGNATURE:  **DATE:** 11/19/2024

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FACILITY REPRESENTATIVE SIGNATURE:  **DATE:** 11/19/2024