

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361880912

Report Date: 05/27/2021

Date Signed: 05/27/2021 11:16:12 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: A & A CARE AND WELLNESS		FACILITY NUMBER:	361880912
ADMINISTRATOR: AKOPYAN, HELEN		FACILITY TYPE:	740
ADDRESS: 16055 SEQUOIA STREET		TELEPHONE:	(818) 588-2894
CITY: HESPERIA	STATE: CA	ZIP CODE:	92345
CAPACITY: 6	CENSUS: 1	DATE:	05/27/2021
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED	TIME BEGAN:	09:55 AM
MET WITH: Licensee/Administrator Helen Akopyan		TIME COMPLETED:	11:30 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Javina George made an unannounced visit to the facility to conduct an		
2	annual inspection focused on infection control. LPA was greeted and granted entry by Caregiver Ana		
3	Hernandez and explained the purpose of the visit. Administrator arrived shortly after LPA's arrival. At the		
4	time of visit there were 1 staff and 1 resident present. The facility currently has zero positive or		
5	suspected Covid-19 cases.		
6			
7	During today's visit, LPA toured the facility and made observations regarding the infection control		
8	measures that the facility has implemented. LPA observed Covid-19 postings posted throughout the		
9	facility. The facility has at minimum of a 30 day supply of personal protective equipment (PPE). The		
10	facility also has an adequate amount of hand hygiene supplies (soap, hand sanitizer). Staff were also		
11	observed wearing appropriate face coverings (surgical masks).		
12			
13	The facility has a plan in place to monitor residents regularly for any changes in condition, which		
14	includes daily temperature checks. The Facility will contact the resident's physician should there be		
15	event of any COVID-19 related illnesses. The facility also has a designated infection control lead		
16	(Administrator). During each shift staff cleans and disinfects the highly touched surfaces multiple times		
17	during each shift, and as needed.		
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 of Regulations.		
21			
22	An exit interview was conducted, and a copy of this report was provided to Administrator Helen		
23	Akopyan.		
24			
25			
NAME OF LICENSING PROGRAM MANAGER: Joel Esquivel			
NAME OF LICENSING PROGRAM ANALYST: Javina George			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 05/27/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 05/27/2021

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