

Department of

SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881019

Report Date: 09/20/2021

Date Signed: 09/20/2021 10:43:19 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: WILDWOOD CANYON VILLA		FACILITY NUMBER:	361881019
ADMINISTRATOR: OSORIO, JULIUS		FACILITY TYPE:	740
ADDRESS: 33951 COLORADO ST		TELEPHONE:	(909) 446-0405
CITY: YUCAIPA	STATE: CA	ZIP CODE:	92399
CAPACITY: 130	CENSUS: 62	DATE:	09/20/2021
TYPE OF VISIT: Case Management - Health Checks	UNANNOUNCED	TIME BEGAN:	10:15 AM
MET WITH: Business Service Director, Pricilla Mancilla		TIME COMPLETED:	11:00 AM
NARRATIVE			
1	Licensing Program Analyst (LPA) Jennifer Semin conducted an unannounced visit to the facility for the		
2	purpose of completing a Health & Safety check in conjunction with complaint control # 18-AS-		
3	20210913125516. LPA met with Business Service Director, Pricilla Mancilla and explained the purpose		
4	of the inspection.		
5			
6	LPA toured the facility inside and out. No imminent health/safety concerns observed at the time of visit.		
7	LPA observed no health/safety hazards inside the facility. LPA inspected the outside perimeter of the		
8	facility and observed no health/safety hazards. There was a sufficient amount of staff present at the		
9	facility to provide care for residents. LPA inspected facility food supplies and observed an adequate		
10	supply of perishable and non-perishable food. Medications, sharps, and cleaning supplies were locked		
11	and inaccessible to residents. LPA observed proper signage throughout the facility, sufficient hand		
12	hygiene supplies and a sufficient supply of Personal Protective Equipment (PPE). The needs of the		
13	residents in care appeared to be met during the inspection.		
14			
15	An exit interview was conducted where this report was discussed and provided to Ms. Mancilla.		
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons			
NAME OF LICENSING PROGRAM ANALYST: Jennifer Semin			

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 09/20/2021

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/20/2021

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