

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 purpose of completing a Health & Safety check in conjunction with complaint control # 18-AS-20210913125516. LPA met with Business Service Director, Pricilla Mancilla and explained the purpose of the inspection.
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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.
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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.