

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 361881151
Report Date: 07/21/2022
Date Signed: 07/21/2022 04:36:18 PM

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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 , CA 92507
FACILITY EVALUATION REPORT	

FACILITY NAME: HACIENDA LIVING	FACILITY NUMBER: 361881151
ADMINISTRATOR: VELAZQUEZ, RAUL	FACILITY TYPE: 740
ADDRESS: 11412 TELEPHONE AVE	TELEPHONE: (213) 440-4823
CITY: CHINO	STATE: CA
CAPACITY: 6	ZIP CODE: 91710
TYPE OF VISIT: Required - 1 Year	CENSUS: 4
MET WITH: Raul Velazquez	DATE: 07/21/2022
	UNANNOUNCED TIME BEGAN: 10:45 AM
	TIME COMPLETED: 12:45 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Javier Prieto made an unannounced visit to the facility to conduct an
2	annual inspection with an emphasis on infection control. LPA met with Raul Velazquez and explained
3	the purpose of the visit. There are currently no cases of COVID-19 within the facility.
4	
5	During today's visit, LPA toured the facility and made observations pertaining to the facility's infection
6	control measures. LPA observed proper signs throughout the facility, sufficient hand hygiene supplies,
7	sufficient cleaning and disinfecting provisions, and proper use of face coverings. The facility has a
8	designated infection control lead person who has been tasked with tracking all COVID-19 cases and/or
9	suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in
10	adequate quantities, and that staff are trained in the proper use and disposal of PPE and overall
11	infection control. The facility has a plan in place which follows Community Care Licensing guidelines for
12	when and how long to test staff and residents for COVID-19, when and how to isolate/quarantine
13	residents, and when to schedule cleaning and disinfection times of high traffic and frequently touched
14	areas. The facility also has a plan in place to monitor residents regularly for any changes in condition
15	and to subsequently notify the resident's physician and to notify all emergency agencies in the event of
16	any COVID-19 related and/or suspected illnesses.
17	
18	Based on the observations made during today's visit, no deficiencies were cited per Title 22, Division 6,
19	of the California Code or Regulations. An exit interview to review this report was conducted and a copy
20	of this report was provided.
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NAME OF LICENSING PROGRAM MANAGER: Karen Clemons NAME OF LICENSING PROGRAM ANALYST: Javier Prieto
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LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 07/21/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/21/2022

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