

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366413246
Report Date: 01/03/2023
Date Signed: 01/03/2023 01:59:23 PM

Document Has Been Signed on 01/03/2023 01:59 PM - It Cannot Be Edited

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	

FACILITY NAME: STERLING INN	FACILITY NUMBER: 366413246
ADMINISTRATOR: BARBER, DONALD	FACILITY TYPE: 740
ADDRESS: 17738 FRANCESCA ROAD	TELEPHONE: (760) 245-2999
CITY: VICTORVILLE	STATE: CA ZIP CODE: 92392
CAPACITY: 185	CENSUS: 113 DATE: 01/03/2023
TYPE OF VISIT: Required - 1 Year	UNANNOUNCED TIME BEGAN: 12:45 PM
MET WITH: Donald Barber, Administrator	TIME COMPLETED: 02:10 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Amber Coleman made an unannounced visit to the facility. The
2 purpose of the visit was to conduct a required annual inspection, with an emphasis on infection control
3 due to the COVID-19 pandemic. LPA identified self to Staff #1 (S1) and discussed the purpose of the
4 visit. Prior to entry, facility S1 ensured that LPA was masked and had temperature taken by kiosk at the
5 front. LPA observed the Kiosk taking photos, temperature and required all visitors to sign in via QR
6 code. LPA was later greeted by Administrator Donald Barber on the first floor, who also provided LPA
7 with walk through facility and a quiet place to work Administrator reports 1 case for COVID at this time.
8
9 During the inspection, LPA interviewed Administrator pertaining to the facility's infection control
10 measures and other health and safety concerns. LPA observed necessary signs posted throughout
11 facility, including signs related to COVID-19, which were in accordance with the Department's
12 guidelines. Administrator reports that the facility is equipped with sufficient PPE, hand hygiene supplies,
13 and sufficient cleaning/disinfecting provisions. The facility has a designated infection control lead person
14 which is their Client Services Director and has been tasked with tracking all COVID-19 cases and/or
15 suspected cases, ensuring PPE supplies are maintained, cleaning and disinfection provisions are in
16 adequate quantities, and that staff are trained in the facility's infection control measures. The facility has
17 a plan in place which follows Community Care Licensing Division guidelines for COVID-19 testing,
18 isolation of residents, and properly caring for residents with COVID-19 positive results and/or exposures.
19 The facility also has a plan in place to monitor residents regularly for any changes in condition and to
20 subsequently notify the resident's physician and emergency personnel in the event the resident presents
21 any COVID-19 symptoms. All staff and resident restrooms were observed to contain adequate hand
22 soap and paper supplies.
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25

NAME OF LICENSING PROGRAM MANAGER: Nedra Brown
NAME OF LICENSING PROGRAM ANALYST: Amber Coleman

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/03/2023

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/03/2023

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

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 (Cont)

FACILITY NAME: STERLING INN

FACILITY NUMBER: 366413246

VISIT DATE: 01/03/2023

NARRATIVE

- 1 Fire Drills are conducted on a monthly basis. Last drill conducted 11/30/2022 at 10am and 3:20pm.
- 2
- 3 Inspection Tool was utilized, Mitigation plan was reviewed. Facility was further inspected, and no
- 4 deficiencies were noted
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NAME OF LICENSING PROGRAM MANAGER: Nedra Brown

NAME OF LICENSING PROGRAM ANALYST: Amber Coleman

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/03/2023

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/03/2023