

Department of SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 366423875
Report Date: 01/19/2022
Date Signed: 01/19/2022 11:36:38 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: MISSION OF LOVE II	FACILITY NUMBER: 366423875
ADMINISTRATOR: JESSICA V. VILLANUEVA	FACILITY TYPE: 740
ADDRESS: 11991 7TH AVENUE	TELEPHONE: (760) 947-5211
CITY: HESPERIA	STATE: CA
CAPACITY: 14	ZIP CODE: 92345
TYPE OF VISIT: Required - 1 Year	CENSUS: 14
MET WITH: Jessica Villanueva	DATE: 01/19/2022
	UNANNOUNCED TIME BEGAN: 10:30 AM
	TIME COMPLETED: 11:45 AM

NARRATIVE	
1	Licensing Program Analyst (LPA) Stephanie Williams conducted an unannounced visit to the facility in
2	order to conduct a required annual inspection, with an emphasis on infection control, due to the COVID-
3	19 pandemic. LPA Williams identified herself to Administrator, Jessica Villanueva, who was also
4	informed of the purpose of the visit. Villanueva confirmed that the facility currently has no COVID-19
5	positive cases.
6	
7	During the inspection, LPA Williams interviewed Oja regarding the facility's infection control measures
8	and inspected the facility for regulatory compliance. LPA Williams observed appropriate postings in the
9	facility, including COVID-19 symptoms postings and visitation policies, which were in accordance with
10	the Department's guidelines. LPA Williams observed that the facility was also equipped with sufficient
11	hand hygiene supplies, sufficient cleaning/disinfecting provisions, and a supply of Personal Protective
12	Equipment (PPE). LPA Williams observed that the facility staff were wearing face coverings. The facility
13	has a designated infection control lead person who has been tasked with tracking all COVID-19 cases
14	and/or suspected cases and that staff are trained in the facility's infection control measures. The facility
15	has a plan in place which follows Community Care Licensing Division guidelines for COVID-19 testing,
16	isolation, and properly caring for clients with COVID-19 positive results and/or exposures. The facility
17	also has a plan in place to monitor residents regularly for any changes in condition and to subsequently
18	notify the resident's physician and emergency personnel in the event the resident presents any COVID-
19	19 symptoms.
20	
21	Furthermore, LPA Williams observed that the facility appeared to be meeting operational requirements.
22	LPA Williams observed that all utilities and appliances were functioning properly and all passageways
23	clear of obstruction, including emergency exits. The facility was equipped with sufficient food supply and
24	emergency supplies. All areas of the facility, including client bedrooms and restrooms, appeared clean
25	and in good repair. LPA Williams observed that medications and dangerous objects were kept
	inaccessible to clients in care. LPA Williams observed no apparent health and safety risks at the time of
	visit.

NAME OF LICENSING PROGRAM MANAGER: Efren Malagon
NAME OF LICENSING PROGRAM ANALYST: Stephanie Williams

LICENSING PROGRAM ANALYST SIGNATURE:



DATE: 01/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 01/19/2022

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
CCLD Regional Office, 1650 SPRUCE ST STE 200
MS29-27
RIVERSIDE, CA 92507

FACILITY EVALUATION REPORT (Cont)

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FACILITY NUMBER: 366423875

VISIT DATE: 01/19/2022

NARRATIVE

1 Based on interviews and observations made during today's inspection, no deficiencies were cited per
2 Title 22, Division 6, of the California Code of Regulations. An exit interview was conducted where this
3 report was discussed and a copy of this report was provided to Villanueva at the conclusion of the
4 inspection.
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NAME OF LICENSING PROGRAM MANAGER: Efren Malagon

NAME OF LICENSING PROGRAM ANALYST: Stephanie Williams

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 01/19/2022

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 01/19/2022